Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
	Definition of Graduate Medical Education		Definition of Graduate Medical Educ Fellowship is advanced graduate me residency program for physicians w
	Fellowship is advanced graduate medical education beyond a core		practice. Fellowship-trained physicia
	residency program for physicians who desire to enter more specialized		subspecialty care, which may also in
	practice. Fellowship-trained physicians serve the public by providing		a community resource for expertise
	subspecialty care, which may also include core medical care, acting as a		integrating new knowledge into prac
	community resource for expertise in their field, creating and integrating		generations of physicians. Graduate
	new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a		strength that a diverse group of phy- the importance of inclusive and psyc
	diverse group of physicians brings to medical care, and the importance		environments.
	of inclusive and psychologically safe learning environments.		environments.
	or inclusive and psychologically sale learning environments.		Fellows who have completed resider
	Fellows who have completed residency are able to practice		autonomously in their core specialty
	autonomously in their core specialty. The prior medical experience and		expertise of fellows distinguish then
	expertise of fellows distinguish them from physicians entering residency.		residency. The fellow's care of patie
	The fellow's care of patients within the subspecialty is undertaken with		undertaken with appropriate faculty
	appropriate faculty supervision and conditional independence. Faculty		independence. Faculty members ser
	members serve as role models of excellence, compassion, cultural		compassion, cultural sensitivity, pro
	sensitivity, professionalism, and scholarship. The fellow develops deep		fellow develops deep medical knowl
	medical knowledge, patient care skills, and expertise applicable to their		expertise applicable to their focused
	focused area of practice. Fellowship is an intensive program of		intensive program of subspecialty c
	subspecialty clinical and didactic education that focuses on the		focuses on the multidisciplinary car
	multidisciplinary care of patients. Fellowship education is often		is often physically, emotionally, and
	physically, emotionally, and intellectually demanding, and occurs in a		occurs in a variety of clinical learnin
	variety of clinical learning environments committed to graduate medical		graduate medical education and the
	education and the well-being of patients, residents, fellows, faculty		fellows, faculty members, students,
Int.A.	members, students, and all members of the health care team.	[None]	team.
			In addition to clinical education, mar
	In addition to clinical education, many fellowship programs advance		fellows' skills as physician-scientist
	fellows' skills as physician-scientists. While the ability to create new		knowledge within medicine is not ex
	knowledge within medicine is not exclusive to fellowship-educated		physicians, the fellowship experience
	physicians, the fellowship experience expands a physician's abilities to		pursue hypothesis-driven scientific
	pursue hypothesis-driven scientific inquiry that results in contributions		to the medical literature and patient
	to the medical literature and patient care. Beyond the clinical		subspecialty expertise achieved, fel
	subspecialty expertise achieved, fellows develop mentored relationships		relationships built on an infrastructu
Int.A (Continued)	built on an infrastructure that promotes collaborative research.	[None] - (Continued)	research.
	Definition of Subspecialty		Definition of Subspecialty
	Abdominal radiology constitutes the application and interpretation of		Abdominal radiology constitutes the ap
	conventional techniques and procedures as they apply to diseases involving		conventional techniques and procedure
	the gastrointestinal tract, genitourinary tract, and the intraperitoneal and extra		the gastrointestinal tract, genitourinary
	peritoneal abdominal organs. These techniques and procedures include		peritoneal abdominal organs. These te
	computed tomography (CT), ultrasonography, magnetic resonance imaging		computed tomography (CT), ultrasonog
Int.B.	(MRI), nuclear medicine, and fluoroscopy.	[None]	(MRI), nuclear medicine, and fluorosco
	Length of Educational Program		Length of Program
	The educational program in abdominal radiology must be at least 12 months in		The educational program in abdominal
Int.C.	length. (Core)	4.1.	in length. (Core)

cation

nedical education beyond a core who desire to enter more specialized cians serve the public by providing include core medical care, acting as e in their field, creating and actice, and educating future te medical education values the hysicians brings to medical care, and ychologically safe learning

ency are able to practice by. The prior medical experience and em from physicians entering ients within the subspecialty is y supervision and conditional erve as role models of excellence, rofessionalism, and scholarship. The wledge, patient care skills, and ed area of practice. Fellowship is an clinical and didactic education that are of patients. Fellowship education of intellectually demanding, and ing environments committed to be well-being of patients, residents, s, and all members of the health care

any fellowship programs advance sts. While the ability to create new exclusive to fellowship-educated nce expands a physician's abilities to c inquiry that results in contributions t care. Beyond the clinical ellows develop mentored ture that promotes collaborative

application and interpretation of tres as they apply to diseases involving y tract, and the intraperitoneal and extra techniques and procedures include ography, magnetic resonance imaging copy.

al radiology must be at least 12 months

Roman Numeral		Reformatted	
Requirement Number		Requirement Number	
I .	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		
	The Changering Institution is the experimetion or entity that ecourses the		Sponsoring Institution
	The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate		The Sponsoring Institution is the org the ultimate financial and academic
	medical education consistent with the ACGME Institutional		graduate medical education consiste
	Requirements.		Requirements.
	When the Sponsoring Institution is not a rotation site for the program, the		When the Sponsoring Institution is r
	most commonly utilized site of clinical activity for the program is the		the most commonly utilized site of c
I.A.	primary clinical site.	[None]	primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by Institution. (Core)
I.A. I.		1.1.	
	Participating Sites		Participating Sites
	A participating site is an organization providing educational experiences		A participating site is an organizatio
I.B.		[None]	experiences or educational assignm
	The program, with approval of its Sponsoring Institution, must designate		The program, with approval of its Sp
	a primary clinical site. (Core)	4.0	designate a primary clinical site. (Co
I.B.1.	The Changering Institution must also an appear on ACCME approximation program	1.2.	The Chenceving Institution must also an
I.B.1.a)	The Sponsoring Institution must also sponsor an ACGME-accredited program in diagnostic radiology. (Core)	1.2.a.	The Sponsoring Institution must also sp in diagnostic radiology. (Core)
	There should be ACGME-accredited residencies or subspecialty programs		There should be ACGME-accredited re
	available in gastroenterology, general surgery, obstetrics and gynecology,		available in gastroenterology, general s
I.B.1.b)	oncology, pathology, and urology, at the primary clinical site. (Core)	1.2.b.	oncology, pathology, and urology, at th
	There must be a program letter of agreement (PLA) between the program		There must be a program letter of ag
	and each participating site that governs the relationship between the		program and each participating site
I.B.2.	program and the participating site providing a required assignment. (Core)	1.3.	between the program and the partici assignment. (Core)
I.B.2.a)		[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
			The PLA must be approved by the de
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
	The program must monitor the clinical learning and working environment		The program must monitor the clinic
I.B.3.		1.4.	environment at all participating sites
	At each participating site there must be one faculty member, designated		At each participating site there must
I.B.3.a)	by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	by the program director, who is according to a second site, in collaboration with the progra
		····	
	The program director must submit any additions or deletions of participating sites routinely providing an educational experience,		The program director must submit a participating sites routinely providin
	required for all fellows, of one month full time equivalent (FTE) or more		required for all fellows, of one month
	through the ACGME's Accreditation Data System (ADS). (Core)		through the ACGME's Accreditation
I.B.4.		1.6.	

organization or entity that assumes ic responsibility for a program of stent with the ACGME Institutional

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

oy one ACGME-accredited Sponsoring

tion providing educational ments/rotations for fellows.

Sponsoring Institution, must Core)

sponsor an ACGME-accredited program

residencies or subspecialty programs Il surgery, obstetrics and gynecology, the primary clinical site. (Core)

agreement (PLA) between the te that governs the relationship icipating site providing a required

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

nical learning and working es. (Core)

ist be one faculty member, designated countable for fellow education for that ram director. (Core)

any additions or deletions of ling an educational experience, onth full time equivalent (FTE) or more on Data System (ADS). (Core)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	Workforce Recruitment and Retention		Workforce Recruitment and Retentio
	The program, in partnership with its Sponsoring Institution, must engage		The program, in partnership with its
	in practices that focus on mission-driven, ongoing, systematic		engage in practices that focus on m
	recruitment and retention of a diverse and inclusive workforce of		recruitment and retention of a divers
	residents (if present), fellows, faculty members, senior administrative		residents (if present), fellows, faculty
	GME staff members, and other relevant members of its academic		GME staff members, and other releva
I.C.	community. (Core)	1.7.	community. (Core)
			Resources
			The program, in partnership with its
I.D.	Resources	1.8.	the availability of adequate resource
			Resources
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its
	the availability of adequate resources for fellow education. (Core)		the availability of adequate resource
I.D.1.		1.8.	
	There must be adequate office space for abdominal radiology faculty members,		There must be adequate office space for
I.D.1.a)	program administration, and fellows. (Core)	1.8.a.	members, program administration, and
	The program must have appropriate facilities and space for the education of		The program must have appropriate fac
I.D.1.b)	the fellows. (Core)	1.8.b.	the fellows. (Core)
	There must be adequate study space, conference space, and access to		There must be adequate study space, o
I.D.1.b).(1)	computers. (Core)	1.8.b.1.	computers. (Core)
	Adequate space for image display, interpretation, and consultation with		Adequate space for image display, inte
I.D.1.b).(2)	clinicians and referring physicians must be available. (Core)	1.8.b.2.	clinicians and referring physicians must
, , ,			
	Modern imaging equipment must be available to accomplish the overall educational program in abdominal radiology, and must include access to		Modern imaging equipment must be av educational program in abdominal radio
	routine equipment for conventional radiography, digital fluoroscopy, computed		routine equipment for conventional radi
	tomography, ultrasonography, nuclear medicine, and magnetic resonance		tomography, ultrasonography, nuclear i
I.D.1.c)	imaging. (Core)	1.8.c.	imaging. (Core)
I.D.1.d)	Adequate laboratory and pathology services must be available. (Core)	1.8.d.	Adequate laboratory and pathology ser

ion

s Sponsoring Institution, must mission-driven, ongoing, systematic rse and inclusive workforce of Ity members, senior administrative evant members of its academic

ts Sponsoring Institution, must ensure ces for fellow education. (Core)

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

for abdominal radiology faculty d fellows. (Core)

acilities and space for the education of

, conference space, and access to

terpretation, and consultation with ist be available. (Core)

available to accomplish the overall diology, and must include access to diography, digital fluoroscopy, computed r medicine, and magnetic resonance

ervices must be available. (Core)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
I.D.1.e)	The program must ensure there are an adequate volume and variety of imaging studies and image-guided invasive procedures available for the fellows' education. (Core)	1.8.e.	The program must ensure there are an imaging studies and image-guided inva fellows' education. (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 healthy and safe learning and workir 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/r accessible for fellows with proximity (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatic capabilities, with proximity appropriate
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with dis Sponsoring Institution's policy. (Cor
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 s 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 Pers The presence of other learners and c including but not limited to residents fellows, and advanced practice provi the appointed fellows' education. (Co
I.E.1.	The fellows must not dilute or detract from the educational opportunities available to residents in the core diagnostic radiology residency program. (Core)	1.11.a.	The fellows must not dilute or detract fr available to residents in the core diagno (Core)
I.E.2.	Lines of responsibilities for the diagnostic radiology residents and the abdominal radiology fellows must be clearly defined. (Core)	1.11.b.	Lines of responsibilities for the diagnos abdominal radiology fellows must be cle
II. II.A.	Personnel Program Director	Section 2 2.1.	Section 2: Personnel Program Director There must be one faculty member a authority and accountability for the c compliance with all applicable progra
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 a authority and accountability for the o compliance with all applicable progra
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 Gradua (GMEC) must approve a change in p program director's licensure and clin
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director Committee. (Core)

an adequate volume and variety of vasive procedures available for the

ts Sponsoring Institution, must ensure king environments that promote fellow

e)

p/rest facilities available and ity appropriate for safe patient care;

ation that have refrigeration priate for safe patient care; (Core)

ropriate to the participating site; and,

disabilities consistent with the ore)

o subspecialty-specific and other print or electronic format. This must cal literature databases with full text

ersonnel

d other health care personnel, hts from other programs, subspecialty oviders, must not negatively impact Core)

from the educational opportunities nostic radiology residency program.

ostic radiology residents and the clearly defined. (Core)

r appointed as program director with e overall program, including gram requirements. (Core)

appointed as program director with overall program, including gram requirements. (Core)

uate Medical Education Committee program director and must verify the clinical appointment. (Core)

ctor resides with the Review

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Dominomont
Requirement Number	The program director and, as applicable, the program's leadership team,	Requirement Number	Requirement The program director and, as applica
II.A.2.	must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	must be provided with support adeque program based upon its size and con
		2.0.	
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director must and support specified below for adminis
	Number of Approved Fellow Positions: 1 to 6 Minimum Support Required (FTE): 0.1		Number of Approved Fellow Positions: 7 (FTE): 0.1
	Number of Approved Fellow Positions: 7 to 8 Minimum Support Required (FTE): 0.2		Number of Approved Fellow Positions: 7 (FTE): 0.2
II.A.2.a)	Number of Approved Fellow Positions: 9 or more Minimum Support Required (FTE): 0.3	2.3.a.	Number of Approved Fellow Positions: 9 (FTE): 0.3
			Qualifications of the Program Director The program director must possess s
II.A.3.	Qualifications of the program director:	2.4.	qualifications acceptable to the Revie
		A .T.	Qualifications of the Program Directo
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	The program director must possess a qualifications acceptable to the Review
II.A.3.a).(1)	post-residency experience in abdominal radiology, including fellowship education and training, or five years of practice in the subspecialty; (Core)	2.4.b.	The program director must possess pos radiology, including fellowship education in the subspecialty. (Core)
II.A.3.a).(2)	experience as an educator and supervisor of fellows in abdominal radiology; and, (Core)	2.4.c.	The program director must possess exp supervisor of fellows in abdominal radio
II.A.3.a).(3)	at least three years' experience as a faculty member in an ACGME-accredited	2.4.d.	The program director must possess at le faculty member in an ACGME-accredite radiology or interventional radiology res fellowship program. (Core)
	must include current certification in the specialty by the American Board of Radiology or by the American Osteopathic Board of Radiology, or subspecialty qualifications that are acceptable to the Review Committee; (Core)		The program director must possess of by the American Board of Radiology of Board of Radiology, or subspecialty q the Review Committee. (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program I certifying board of the American Board of American Osteopathic Association (AO/ AOA board that offers certification in this
II.A.3.c)	must include devotion of at least 80 percent of professional clinical contributions in abdominal radiology; and, (Core)	2.4.e.	The program director must devote at lea contributions in abdominal radiology. (C
II.A.3.d)	must include devotion of sufficient time to fulfill all responsibilities inherent to meeting the educational goals of the program. (Core)	2.4.f.	The program director must devote suffic inherent to meeting the educational goa

cable, the program's leadership team, equate for administration of the onfiguration. (Core)

nust be provided with the dedicated time nistration of the program: (Core)

: 1 to 6 | Minimum Support Required

: 7 to 8 | Minimum Support Required

: 9 or more | Minimum Support Required

ctor:

s subspecialty expertise and view Committee. (Core)

ctor

s subspecialty expertise and view Committee. (Core)

ost-residency experience in abdominal ion and training, or five years of practice

xperience as an educator and liology. (Core)

t least three years' experience as a ited or AOA-approved diagnostic esidency, or abdominal radiology

s current certification in the specialty / or by the American Osteopathic r qualifications that are acceptable to

n Requirements deem certification by a d of Medical Specialties (ABMS) or the OA) acceptable, there is no ABMS or this subspecialty]

east 80 percent of professional clinical (Core)

ficient time to fulfill all responsibilities bals of the program. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Program Director Responsibilities		
	The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of		Program Director Responsibilities The program director must have resp accountability for: administration and scholarly activity; fellow recruitment
	fellows, and disciplinary action; supervision of fellows; and fellow	o	promotion of fellows, and disciplinar
II.A.4. II.A.4.a)	education in the context of patient care. (Core) The program director must:	2.5. [None]	and fellow education in the context o
II.A.4.a)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role
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)		The program director must be a role consistent with the needs of the com Sponsoring Institution, and the missi
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to ev (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 supervising interactions and/or learn the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
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 in which fellows have the opportunity mistreatment, and provide feedback appropriate, without fear of intimidat
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)		The program director must ensure th Sponsoring Institution's policies and and due process, including when act not to promote, or renew the appoint
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure th Sponsoring Institution's policies and non-discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must documen fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide v education upon the fellow's request,

sponsibility, authority, and nd operations; teaching and nt and selection, evaluation, and ary action; supervision of fellows; of patient care. (Core)

e model of professionalism. (Core) and conduct the program in a fashion mmunity, the mission(s) of the ssion(s) of the program. (Core)

ster and maintain a learning ng the fellows in each of the ACGME

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

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

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

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

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

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

n a non-competition guarantee or

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			The program director must provide a
	provide applicants who are offered an interview with information related		interview with information related to
II.A.4.a).(12)	to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	specialty board examination(s). (Cor
	Faculty		
	Faculty members are a foundational element of graduate medical		Faculty
	education – faculty members teach fellows how to care for patients.		Faculty members are a foundational education – faculty members teach f
	Faculty members provide an important bridge allowing fellows to grow		Faculty members provide an importa
	and become practice ready, ensuring that patients receive the highest		and become practice ready, ensuring
	quality of care. They are role models for future generations of physicians		quality of care. They are role models
	by demonstrating compassion, commitment to excellence in teaching and		physicians by demonstrating compa
	patient care, professionalism, and a dedication to lifelong learning.		teaching and patient care, profession
	Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced		learning. Faculty members experience
	by the opportunity to teach and model exemplary behavior. By employing		growth and development of future co enhanced by the opportunity to teac
	a scholarly approach to patient care, faculty members, through the		By employing a scholarly approach t
	graduate medical education system, improve the health of the individual		through the graduate medical educa
	and the population.		the individual and the population.
	Faculty members ensure that patients receive the level of care expected		Faculty members ensure that patient
	from a specialist in the field. They recognize and respond to the needs of		from a specialist in the field. They re
	the patients, fellows, community, and institution. Faculty members		of the patients, fellows, community,
	provide appropriate levels of supervision to promote patient safety.		provide appropriate levels of superv
	Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and		Faculty members create an effective professional manner and attending t
II.B.	themselves.	[None]	themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of to instruct and supervise all fellows.
	To ensure adequate teaching, supervision, and evaluation of the fellows'		To ensure adequate teaching, supervis
	academic progress, there must be a ratio of at least one full-time faculty		academic progress, there must be a rat
II.B.1.a)	member for every fellow in the program. (Core)	2.6.a.	member for every fellow in the program
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role mode
II.D.2.a)	demonstrate commitment to the delivery of safe, equitable, high-quality,	2.1.	Faculty members must demonstrate
II.B.2.b)	cost-effective, patient-centered care; (Core)	2.7.a.	equitable, high-quality, cost-effective
	demonstrate a strong interest in the education of fellows, including		Faculty members must demonstrate
	devoting sufficient time to the educational program to fulfill their	0.7.6	fellows, including devoting sufficient
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.7.b.	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
	regularly participate in organized clinical discussions, rounds, journal	£.1.0.	Faculty members must regularly part
II.B.2.e)	clubs, and conferences; and, (Core)	2.7.d.	discussions, rounds, journal clubs, a
···· · · · · · · · · · · · · · · · · ·	pursue faculty development designed to enhance their skills at least		Faculty members must pursue facult
II.B.2.f)	annually. (Core)	2.7.e.	enhance their skills at least annually

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

al element of graduate medical h fellows how to care for patients. rtant bridge allowing fellows to grow ing that patients receive the highest els for future generations of passion, commitment to excellence in ionalism, and a dedication to lifelong ence the pride and joy of fostering the colleagues. The care they provide is ach and model exemplary behavior. h to patient care, faculty members, cation system, improve the health of

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

of faculty members with competence vs. (Core)

vision, and evaluation of the fellows' ratio of at least one full-time faculty am. (Core)

dels of professionalism. (Core)

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

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

and maintain an educational ng fellows. (Core)

articipate in organized clinical , and conferences. (Core)

ulty development designed to lly. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.2.g)	provide didactic teaching and supervision of the fellows' performance and interpretation of all abdominal imaging procedures. (Core)	2.7.f.	Faculty members must provide didactic fellows' performance and interpretation (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have approp hold appropriate institutional appoin
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have approp hold appropriate institutional appoin
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	
	have current certification in the specialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee; and, (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) acceptable, there is no ABMS or		Subspecialty Physician Faculty Mem Subspecialty physician faculty meml in the specialty by the American Boa Osteopathic Board of Radiology, or p acceptable to the Review Committee [Note that while the Common Program certifying board of the American Board American Osteopathic Association (AO
II.B.3.b).(1)	AOA board that offers certification in this subspecialty] have post-residency experience in abdominal radiology, including fellowship	2.9.	AOA board that offers certification in thi Subspecialty physician faculty members
II.B.3.b).(2)	education. (Core)	2.9.b.	in abdominal radiology, including fellow
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 Medical Specialties (ABMS) member Association (AOA) certifying board, acceptable to the Review Committee
, II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a s supervision of fellows and must dev entire effort to fellow education and/ component of their activities, teach, feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the (Core)
II.B.4.b)	The abdominal radiology faculty must have a minimum of two FTE core faculty members, which must include the program director and at least one other full-time radiologist specializing in abdominal radiology. (Core)	2.10.b.	The abdominal radiology faculty must h faculty members, which must include th other full-time radiologist specializing in
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinato
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinato
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 pr support adequate for administration and configuration. (Core)

tic teaching and supervision of the on of all abdominal imaging procedures.

opriate qualifications in their field and bintments. (Core)

opriate qualifications in their field and bintments. (Core)

embers

mbers must have current certification oard of Radiology or the American r possess qualifications judged ee. (Core)

m Requirements deem certification by a rd of Medical Specialties (ABMS) or the AOA) acceptable, there is no ABMS or this subspecialty]

ers must have post-residency experience owship education. (Core)

Ity members must have current ne appropriate American Board of er board or American Osteopathic d, or possess qualifications judged ee. (Core)

a significant role in the education and evote a significant portion of their d/or administration, and must, as a h, evaluate, and provide formative

ne annual ACGME Faculty Survey.

t have a minimum of two FTE core the program director and at least one in abdominal radiology. (Core)

ator. (Core)

ator. (Core)

provided with dedicated time and on of the program based upon its size

Roman Numeral Requirement Number	Poquiromont Longuago	Reformatted	Demi
Requirement Number		Requirement Number	Requirement
	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 time and support specified below for ad (Core)
	Number of Approved Fellow Positions: 1-3 Minimum Support Required (FTE): 0.3		Number of Approved Fellow Positions: (FTE): 0.3
	Number of Approved Fellow Positions: 4-7 Minimum Support Required (FTE): 0.4		Number of Approved Fellow Positions: (FTE): 0.4
II.C.2.a)	Number of Approved Fellow Positions: 8 or more Minimum Support Required (FTE): 0.5	2.11.b.	Number of Approved Fellow Positions: Required (FTE): 0.5
	Other Program Personnel		
	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective	2.42	Other Program Personnel The program, in partnership with its ensure the availability of necessary p
II.D. III.	administration of the program. (Core) Fellow Appointments	2.12. Section 3	administration of the program. (Core Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs		 Eligibility Requirements – Fellowshir
	All required clinical education for entry into ACGME-accredited fellowship		All required clinical education for en
	programs must be completed in an ACGME-accredited residency		fellowship programs must be comple
	program, an AOA-approved residency program, a program with ACGME		residency program, an AOA-approve
	International (ACGME-I) Advanced Specialty Accreditation, or a Royal		with ACGME International (ACGME-I)
	College of Physicians and Surgeons of Canada (RCPSC)-accredited or		or a Royal College of Physicians and
III.A.1.	College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	accredited or College of Family Phys residency program located in Canada
	Fellowship programs must receive verification of each entering fellow's	0.2.	Fellowship programs must receive v
	level of competence in the required field using ACGME, ACGME-I, or		level of competence in the required f
	CanMEDS Milestones evaluations from the core residency program.		CanMEDS Milestones evaluations fro
III.A.1.a)	(Core)	3.2.a.	(Core)
	Prerequisite experience for entry into the fellowship program should include the		Prerequisite experience for entry into th
	satisfactory completion of a diagnostic radiology or interventional radiology		the satisfactory completion of a diagnos
III.A.1.b)	residency program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	radiology residency program that satisfi
	Fellow Eligibility Exception		Fellow Eligibility Exception
	The Review Committee for Radiology will allow the following exception to		The Review Committee for Radiology
III.A.1.c)	the fellowship eligibility requirements:	3.2.b.	to the fellowship eligibility requireme
	An ACGME-accredited fellowship program may accept an exceptionally		An ACGME-accredited fellowship pro
	qualified international graduate applicant who does not satisfy the		qualified international graduate appli
	eligibility requirements listed in III.A.1., but who does meet all of the		eligibility requirements listed in 3.2, I
III.A.1.c).(1)	following additional qualifications and conditions: (Core)	3.2.b.1.	following additional qualifications an
	evaluation by the program director and fellowship selection committee of		evaluation by the program director a
	the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty;		of the applicant's suitability to enter training and review of the summative
III.A.1.c).(1).(a)	and, (Core)	3.2.b.1.a.	specialty; and, (Core)
	review and approval of the applicant's exceptional qualifications by the		review and approval of the applicant
III.A.1.c).(1).(b)	GMEC; and, (Core)	3.2.b.1.b.	GMEC; and, (Core)

nt Language or must be provided with the dedicated administration of the program as follows: : 1-3 | Minimum Support Required : 4-7 | Minimum Support Required 8: 8 or more | Minimum Support s Sponsoring Institution, must jointly personnel for the effective re) nip Programs entry into ACGME-accredited oleted in an ACGME-accredited ved residency program, a program -I) Advanced Specialty Accreditation, d Surgeons of Canada (RCPSC)vsicians of Canada (CFPC)-accredited da. (Core) verification of each entering fellow's I field using ACGME, ACGME-I, or rom the core residency program. the fellowship program should include ostic radiology or interventional sfies the requirements in 3.2. (Core) y will allow the following exception nents: program may accept an exceptionally plicant who does not satisfy the , but who does meet all of the and conditions: (Core) and fellowship selection committee er the program, based on prior ve evaluations of training in the core

nt's exceptional qualifications by the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Deminent
Requirement Number	verification of Educational Commission for Foreign Medical Graduates	Requirement Number	Requirement verification of Educational Commissi
III.A.1.c).(1).(c)	(ECFMG) certification. (Core)	3.2.b.1.c.	(ECFMG) certification. (Core)
	Applicants accepted through this exception must have an evaluation of		Applicants accepted through this exe
	their performance by the Clinical Competency Committee within 12 weeks		their performance by the Clinical Cor
III.A.1.c).(2)	of matriculation. (Core)	3.2.b.2.	weeks of matriculation. (Core)
	Fellow Complement		Fellow Complement
	The program director must not appoint more fellows than approved by		The program director must not appoi
III.B.	the Review Committee. (Core)	3.3.	the Review Committee. (Core)
	Fellow Transfers		
	The program must obtain verification of previous educational		Fellow Transfers The program must obtain verification
	experiences and a summative competency-based performance evaluation		experiences and a summative compe
	prior to acceptance of a transferring fellow, and Milestones evaluations		evaluation prior to acceptance of a tr
III.C.	upon matriculation. (Core)	3.4.	evaluations upon matriculation. (Cor
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence		The ACGME accreditation system is
	and innovation in graduate medical education regardless of the		and innovation in graduate medical e
	organizational affiliation, size, or location of the program.		organizational affiliation, size, or loca
	The educational program must support the development of		The educational program must supp
	knowledgeable, skillful physicians who provide compassionate care.		knowledgeable, skillful physicians w
	It is recognized that programs may place different emphasis on research,		It is recognized that programs may p
	leadership, public health, etc. It is expected that the program aims will		research, leadership, public health, e
	reflect the nuanced program-specific goals for it and its graduates; for		aims will reflect the nuanced program
	example, it is expected that a program aiming to prepare physician-		graduates; for example, it is expected
N /	scientists will have a different curriculum from one focusing on		physician-scientists will have a differ
IV.	community health. Educational Components	Section 4	on community health.
			Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the folle
	a set of program aims consistent with the Sponsoring Institution's		a set of program aims consistent wit
	mission, the needs of the community it serves, and the desired distinctive		mission, the needs of the community
	capabilities of its graduates, which must be made available to program	4.2.0	distinctive capabilities of its graduate
IV.A.1.	applicants, fellows, and faculty members; (Core)	4.2.a.	program applicants, fellows, and fact
	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in		competency-based goals and objecti experience designed to promote prop
	their subspecialty. These must be distributed, reviewed, and available to		autonomous practice in their subspe
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	reviewed, and available to fellows an
	delineation of fellow responsibilities for patient care, progressive		delineation of fellow responsibilities
	responsibility for patient management, and graded supervision in their		responsibility for patient management
IV.A.3.	subspecialty; (Core)	4.2.c.	subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities bey

nt Language ssion for Foreign Medical Graduates

exception must have an evaluation of ompetency Committee within 12

ooint more fellows than approved by

on of previous educational petency-based performance transferring fellow, and Milestones ore)

is designed to encourage excellence I education regardless of the ocation of the program.

port the development of who provide compassionate care.

Place different emphasis on , etc. It is expected that the program am-specific goals for it and its ted that a program aiming to prepare ferent curriculum from one focusing

ollowing educational components:

vith the Sponsoring Institution's ity it serves, and the desired ates, which must be made available to aculty members; (Core)

ctives for each educational ogress on a trajectory to pecialty. These must be distributed, and faculty members; (Core)

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

eyond direct patient care; and, (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with prote 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 pro tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by end developmental trajectories in each of through the Milestones for each sub- on subspecialty-specific patient care refining the other competencies acquired
	The program must integrate the following ACGME Competencies into the		The program must integrate all ACG
IV.B.1.	curriculum:	[None]	curriculum.
IV.B.1.a) IV.B.1.b)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	ACGME Competencies – Professiona Fellows must demonstrate a commit adherence to ethical principles. (Core
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patio centered, compassionate, equitable, treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in providing consultation with referring physicians or services. (Core)	4.4.a.	Fellows must demonstrate competence physicians or services. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in following standards of care for practicing in a safe environment, attempting to reduce errors, and improving patient outcomes. (Core)	4.4.b.	Fellows must demonstrate competence practicing in a safe environment, attemp patient outcomes. (Core)

tected time to participate in core

romote patient safety-related goals,

eptual framework describing the visician to enter autonomous practice. The practice of all physicians, although veach subspecialty. The of the Competencies are articulated ubspecialty. The focus in fellowship is ore and medical knowledge, as well as equired in residency.

GME Competencies into the

nalism nitment to professionalism and an ore)

are and Procedural Skills (Part A)

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

ce in providing consultation with referring

ce in following standards of care for mpting to reduce errors, and improving

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(c)	Fellows must demonstrate competence in the interpretation of all specified exams and/or invasive studies under close, graded responsibility and supervision. (Core)	4.4.c.	Fellows must demonstrate competence exams and/or invasive studies under c supervision. (Core)
IV.B.1.b).(1).(d)	Fellows must demonstrate competence in the interpretation of the range of abdominal imaging studies, encompassing: (Core)	4.4.d.	Fellows must demonstrate competence abdominal imaging studies, encompas
IV.B.1.b).(1).(d).(i)	plain films and contrast enhanced conventional radiography studies of the gastrointestinal (GI) and genitourinary (GU) tracts, including Barium contrast studies and urography; (Core)	4.4.d.1.	plain films and contrast enhanced conv gastrointestinal (GI) and genitourinary (studies and urography; (Core)
IV.B.1.b).(1).(d).(ii)	all ultrasonic examinations of the solid and hollow organs and conduits of the GI tract and of the kidneys, retroperitoneal spaces, the bladder, and male and female reproductive organs and conduits; (Core)	4.4.d.2.	all ultrasonic examinations of the solid GI tract and of the kidneys, retroperitor female reproductive organs and condu
IV.B.1.b).(1).(d).(iii)	all CT examinations of the solid and hollow organs and conduits of the GI and GU tract and associated vessels and spaces; and, (Core)	4.4.d.3.	all CT examinations of the solid and ho GU tract and associated vessels and s
IV.B.1.b).(1).(d).(iv)	all MRI examinations of the abdomen, including magnetic resonance cholangiopancreatography and magnetic resonance angiography. (Core)	4.4.d.4.	all MRI examinations of the abdomen, i cholangiopancreatography and magnet

nce in the interpretation of all specified close, graded responsibility and

nce in the interpretation of the range of assing: (Core)

onventional radiography studies of the ry (GU) tracts, including Barium contrast

id and hollow organs and conduits of the toneal spaces, the bladder, and male and duits; (Core)

hollow organs and conduits of the GI and I spaces; and, (Core)

n, including magnetic resonance netic resonance angiography. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
IV.B.1.b).(1).(e)	Fellows should demonstrate competence in educating diagnostic and interventional radiology residents, and if appropriate, medical students, and other professional personnel, in the care and management of patients. (Core)	4.4.e.	Fellows should demonstrate competen interventional radiology residents, and other professional personnel, in the car
IV.B.1.b).(1).(f)	Fellows should demonstrate competence in integrating invasive procedures during conferences and individual consultation, where indicated, into optimal care plans for patients, even if formal responsibility for performing the procedures may not be part of the program. (Core)	4.4.f.	Fellows should demonstrate competen during conferences and individual cons care plans for patients, even if formal re procedures may not be part of the prog
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 – Patient Car Fellows must be able to perform all procedures considered essential for
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in applying low dose radiation techniques for both adults and children. (Core)	4.5.a.	Fellows must demonstrate competence techniques for both adults and children
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in the performance of all specified exams and/or invasive studies under close, graded responsibility and supervision. (Core)	4.5.b.	Fellows must demonstrate competence exams and/or invasive studies under cl supervision. (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 Kn Fellows must demonstrate knowledg biomedical, clinical, epidemiological including scientific inquiry, as well a to patient care. (Core)
, IV.B.1.c).(1)	Fellows must demonstrate a level of expertise in the knowledge of those areas appropriate for an abdominal radiology specialist. (Core)	4.6.a.	Fellows must demonstrate a level of ex areas appropriate for an abdominal rad
IV.B.1.c).(2)	Fellows must demonstrate knowledge and understanding of the indications and complications of percutaneous nephrostomy, and transhepatic cholangiography, tumor embolization, and percutaneous ablation. (Core)	4.6.b.	Fellows must demonstrate knowledge a and complications of percutaneous nep cholangiography, tumor embolization, a
IV.B.1.c).(3)	Fellows must demonstrate knowledge and understanding of the indications, performance, and interpretation of positron emission tomography (PET) and PET/CT in relation to abdominal disease. (Core)	4.6.c.	Fellows must demonstrate knowledge a performance, and interpretation of posite PET/CT in relation to abdominal diseas
IV.B.1.c).(4)	Fellows must demonstrate knowledge of low dose radiation techniques for both adults and children. (Core)	4.6.d.	Fellows must demonstrate knowledge of both adults and children. (Core)
IV.B.1.c).(5)	Fellows must demonstrate knowledge of the prevention and treatment of complications of contrast administration. (Core)	4.6.e.	Fellows must demonstrate knowledge of complications of contrast administration
IV.B.1.c).(6)	Fellows should demonstrate knowledge and skills in preparing and presenting educational material for medical students, graduate medical staff members, and allied health personnel. (Core)	4.6.f.	Fellows should demonstrate knowledge educational material for medical studen and allied health personnel. (Core)

nce in educating diagnostic and d if appropriate, medical students, and are and management of patients. (Core)

nce in integrating invasive procedures nsultation, where indicated, into optimal responsibility for performing the ogram. (Core)

are and Procedural Skills (Part B) I medical, diagnostic, and surgical or the area of practice. (Core)

ce in applying low dose radiation en. (Core)

ce in the performance of all specified close, graded responsibility and

nowledge

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

expertise in the knowledge of those adiology specialist. (Core)

e and understanding of the indications ephrostomy, and transhepatic , and percutaneous ablation. (Core)

e and understanding of the indications, sitron emission tomography (PET) and ase. (Core)

of low dose radiation techniques for

e of the prevention and treatment of on. (Core)

ge and skills in preparing and presenting ents, graduate medical staff members,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Boguiromont
Requirement Number	Practice-based Learning and Improvement	Requirement Number	Requirement
IV.B.1.d)	Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Ba Fellows must demonstrate the ability care of patients, to appraise and ass continuously improve patient care ba and lifelong learning. (Core)
	Interpersonal and Communication Skills		
IV.B.1.e)	Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interperson Fellows must demonstrate interpersor result in the effective exchange of int patients, their families, and health pr
	Systems-based Practice		
IV.B.1.f)	Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Ba Fellows must demonstrate an awarer larger context and system of health of social determinants of health, as well other resources to provide optimal heads
			Curriculum Organization and Fellow
			 4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experience of supervised patient care responsibility didactic educational events. (Core) 4.11. Didactic and Clinical Experience Fellows must be provided with protect didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10. and 4.11.	4.12. Pain Management The program must provide instructio management if applicable for the sub the signs of substance use disorder.
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 Structure The curriculum must be structured to experiences, the length of the experi- continuity. These educational experi- of supervised patient care responsib didactic educational events. (Core)
	The assignment of educational experiences should be structured to minimize		The assignment of educational experier
IV.C.1.a)	the frequency of transitions. (Detail) Educational experiences should be of sufficient length to provide a quality	4.10.a.	the frequency of transitions. (Detail) Educational experiences should be of s
IV.C.1.b)	educational experiences should be of sufficient length to provide a quality educational experience defined by ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Detail)	4.10.b.	educational experiences should be of s educational experience defined by ongo relationships with faculty members, and feedback. (Detail)

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

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

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

w Experiences

to optimize fellow educational priences, and the supervisory priences include an appropriate blend ibilities, clinical teaching, and

nces

tected time to participate in core

tion and experience in pain ubspecialty, including recognition of er. (Core)

to optimize fellow educational eriences, and the supervisory eriences include an appropriate blend ibilities, clinical teaching, and

iences should be structured to minimize

f sufficient length to provide a quality going supervision, longitudinal nd high-quality assessment and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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.	Pain Management The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.3.	Didactic Experiences	4.11.a.	Didactic Experiences Didactic activities must provide for prog (Core)
IV.C.3.a)	Didactic activities must provide for progressive fellow participation, including: (Core)	4.11.a.	Didactic Experiences Didactic activities must provide for prog (Core)
IV.C.3.a).(1)	intradepartmental conferences; (Core)	4.11.a.1.	intradepartmental conferences; (Core)
IV.C.3.a).(2)	multidisciplinary conferences; and, (Core)	4.11.a.2.	multidisciplinary conferences; and, (Cor
IV.C.3.a).(3)	peer-review case conferences and/or morbidity and mortality conferences. (Core)	4.11.a.3.	peer-review case conferences and/or m (Core)
IV.C.3.b)	Journal club must be held on a quarterly basis. (Core)	4.11.b.	Journal club must be held on a quarterly
IV.C.3.c)	Fellows must participate in and regularly attend didactic activities, directed to the level of the individual fellow, that provide formal review of the topics in the subspecialty curriculum. (Core)	4.11.c.	Fellows must participate in and regularly the level of the individual fellow, that pro subspecialty curriculum. (Core)
/ IV.C.3.c).(1)	This should include scheduled presentations by the fellows. (Detail)	4.11.c.1	This should include scheduled presenta
IV.C.3.c).(2)	These didactic activities should occur at least twice per month. (Detail)	4.11.c.2.	These didactic activities should occur a
IV.C.3.d)	Fellows should attend and participate in local conferences and at least one national meeting or medical education course in abdominal radiology during the fellowship program. (Core)	4.11.d.	Fellows should attend and participate in national meeting or medical education of the fellowship program. (Core)
IV.C.4.	Fellow Experiences	4.11.e.	Fellow Experiences The program must provide the fellows a designed to develop expertise in the ap diagnostic imaging and interventions to (Core)
IV.C.4.a)	The program must provide the fellows a structured learning experience designed to develop expertise in the appropriate application of all forms of diagnostic imaging and interventions to problems of the abdomen and pelvis. (Core)	4.11.e.	Fellow Experiences The program must provide the fellows a designed to develop expertise in the ap diagnostic imaging and interventions to (Core)
IV.C.4.b)	Fellows must have both clinical and didactic experiences that encompass the spectrum of abdominal diseases and their pathophysiology. (Core)	4.11.f.	Fellows must have both clinical and did spectrum of abdominal diseases and th
IV.C.4.b).(1)	This experience must include uncommon problems involving the gastrointestinal tract, genitourinary tract, and abdomen. (Core)	4.11.f.1.	This experience must include uncommo gastrointestinal tract, genitourinary tract
IV.C.4.c)	Fellows must have daily image interpretation sessions, under faculty review and critique, in which fellows reach their own diagnostic conclusions. (Core)	4.11.g.	Fellows must have daily image interpret and critique, in which fellows reach their
IV.C.4.d)	All fellows must maintain a procedure log and record their involvement in both diagnostic and invasive cases. (Core)	4.11.h.	All fellows must maintain a procedure lo diagnostic and invasive cases. (Core)
IV.C.4.e)	Fellows should be instructed in the indications, risks, limitations, alternatives, and appropriate utilization of imaging and image-guided invasive procedures. (Core)	4.11.i.	Fellows should be instructed in the indic and appropriate utilization of imaging ar (Core)

tion and experience in pain ubspecialty, including recognition of er. (Core)

ogressive fellow participation, including:

ogressive fellow participation, including:

ore)

morbidity and mortality conferences.

rly basis. (Core)

arly attend didactic activities, directed to provide formal review of the topics in the

itations by the fellows. (Detail) at least twice per month. (Detail)

in local conferences and at least one or course in abdominal radiology during

s a structured learning experience appropriate application of all forms of to problems of the abdomen and pelvis.

a structured learning experience appropriate application of all forms of to problems of the abdomen and pelvis.

idactic experiences that encompass the their pathophysiology. (Core)

non problems involving the act, and abdomen. (Core)

retation sessions, under faculty review eir own diagnostic conclusions. (Core)

log and record their involvement in both

dications, risks, limitations, alternatives, and image-guided invasive procedures.

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Requirement Language	Requirement Number	Requirement
Scholarship		
 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 		Scholarship Medicine is both an art and a science scientist who cares for patients. This critically, evaluate the literature, app knowledge, and practice lifelong lea must create an environment that fos through fellow participation in schol subspecialty-specific Program Requi include discovery, integration, applie 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 program activity on quality improvement, pop while other programs might choose biomedical research as the focus for
		Program Responsibilities The program must demonstrate evic
Program Responsibilities	4.13.	consistent with its mission(s) and ai
The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evid consistent with its mission(s) and ai
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 allocate adequate resources to facili in scholarly activities. (Core)
Eaculty Scholarly Activity	4 14	Faculty Scholarly Activity Among their scholarly activity, prograccomplishments in at least three of •Research in basic science, education care, 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 commi- editorial boards •Innovations in education
	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 research as the focus for scholarship. Program Responsibilities The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core) The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in	Requirement Language Requirement Number 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 follow 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 research as the focus for scholarship. Program Responsibilities 4.13. The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core) 4.13.

ice. The physician is a humanistic his requires the ability to think propriately assimilate new earning. The program and faculty osters the acquisition of such skills olarly activities as defined in the quirements. Scholarly activities may lication, and teaching.

ity 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, e to utilize more classic forms of for scholarship.

idence of scholarly activities, aims. (Core)

idence of scholarly activities, aims. (Core)

s Sponsoring Institution, must ilitate fellow and faculty involvement

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

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progr accomplishments in at least three of
	 Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants 		•Research in basic science, educatio care, or population health •Peer-reviewed grants
	•Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical		•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 within and external to the program by
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	faculty participation in grand rounds improvement presentations, podium non-peer-reviewed print/electronic re book chapters, textbooks, webinars, committees, or serving as a journal r member, or editor; (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)	The program must provide instruction in the fundamentals of experimental design, performance, and interpretation of results. (Core)	4.15.a.	The program must provide instruction ir design, performance, and interpretation
IV.D.3.b)	All fellows must engage in a scholarly project. (Core)	4.15.b.	All fellows must engage in a scholarly p
			Scholarly projects should demonstrate t fundamentals of research by the comple the following projects, but not limited to:
			 laboratory research; (Detail)
	Scholarly projects should demonstrate the fellows' competence in the		 clinical research; or, (Detail)
IV.D.3.b).(1)	fundamentals of research by the completion of and/or participation in one of the following projects, but not limited to:	4.15.b.1.	•analysis of disease processes, imaging issues. (Detail)

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

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

ssemination of scholarly activity by the following methods:

ds, posters, workshops, quality m presentations, grant leadership, resources, articles or publications, s, service on professional I reviewer, journal editorial board

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in the fundamentals of experimental on of results. (Core)

project. (Core)

e the fellows' competence in the pletion of and/or participation in one of to:

ing techniques, or practice management

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
			Scholarly projects should demonstrate
			fundamentals of research by the compl
			the following projects, but not limited to
			 laboratory research; (Detail)
			•clinical research; or, (Detail)
			•analysis of disease processes, imaging
IV.D.3.b).(1).(a)	laboratory research; (Detail)	4.15.b.1.	issues. (Detail)
			Scholarly projects should demonstrate
			fundamentals of research by the compl the following projects, but not limited to
			 laboratory research; (Detail)
			•clinical research; or, (Detail)
IV.D.3.b).(1).(b)	clinical research; or, (Detail)	4.15.b.1.	•analysis of disease processes, imagin issues. (Detail)
			Scholarly projects should demonstrate
			fundamentals of research by the compl the following projects, but not limited to
			•laboratory research; (Detail)
			•clinical research; or, (Detail)
	analysis of disease processes, imaging techniques, or practice management		•analysis of disease processes, imaging
IV.D.3.b).(1).(c)	issues. (Detail)	4.15.b.1.	issues. (Detail)
	The results of such projects should be disseminated in the academic		The results of such projects should be
	community by either submission for publication within a printed journal or online educational resource, or presentation at departmental, institutional, local,		community by either submission for pul online educational resource, or present
IV.D.3.b).(2)	regional, national, or international meetings. (Outcome)	4.15.b.2.	local, regional, national, or international
V.	Evaluation	Section 5	Section 5: Evaluation
			Fellow Evaluation: Feedback and Ev
			Faculty members must directly obse
V.A.	Fellow Evaluation	5.1.	provide feedback on fellow performa educational assignment. (Core)
			Fellow Evaluation: Feedback and Ev
			Faculty members must directly obse
V.A.1.	Feedback and Evaluation	5.1.	provide feedback on fellow performa educational assignment. (Core)
v. <i>r</i> \.l.		0.1.	

te the fellows' competence in the pletion of and/or participation in one of to:

ing techniques, or practice management

te the fellows' competence in the npletion of and/or participation in one of to:

ing techniques, or practice management

te the fellows' competence in the pletion of and/or participation in one of to:

ing techniques, or practice management

be disseminated in the academic publication within a printed journal or entation at departmental, institutional, nal meetings. (Outcome)

Evaluation

serve, evaluate, and frequently mance during each rotation or similar

Evaluation

serve, evaluate, and frequently mance during each rotation or similar

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
•			Fellow Evaluation: Feedback and Ev
	Faculty members must directly observe, evaluate, and frequently provide		Faculty members must directly obse
	feedback on fellow performance during each rotation or similar		provide feedback on fellow performa
V.A.1.a)		5.1.	educational assignment. (Core)
	Evaluation must be documented at the completion of the assignment.	F 4 -	Evaluation must be documented at t
V.A.1.b)		5.1.a.	(Core)
V.A.1.b).(1)		5.1.a.1.	For block rotations of greater than the must be documented at least every t
	Longitudinal experiences such as continuity clinic in the context of other		Longitudinal experiences such as co
	clinical responsibilities must be evaluated at least every three months		other clinical responsibilities must b
V.A.1.b).(2)		5.1.a.2.	months and at completion. (Core)
	The program must provide an objective performance evaluation based on		The program must provide an object
	the Competencies and the subspecialty-specific Milestones, and must:	E 4 h	on the Competencies and the subspo
V.A.1.c)		5.1.b.	must: (Core)
$V \wedge 1 \rightarrow (1)$	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
V.A.1.c).(1)		5.1.0.1.	other professional staff members); a
	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward		provide that information to the Clinic synthesis of progressive fellow perfe
V.A.1.c).(2)	unsupervised practice. (Core)	5.1.b.2.	unsupervised practice. (Core)
V.A. 1.0J.(2)	The program director or their designee, with input from the Clinical	0.1.0.2.	
V.A.1.d)		[None]	
		[]	The program director or their design
	meet with and review with each fellow their documented semi-annual		Competency Committee, must meet
	evaluation of performance, including progress along the subspecialty-		their documented semi-annual evalu
V.A.1.d).(1)		5.1.c.	progress along the subspecialty-spe
			The program director or their design
			Competency Committee, must assist
	assist fellows in developing individualized learning plans to capitalize on		individualized learning plans to capit
V.A.1.d).(2)	their strengths and identify areas for growth; and, (Core)	5.1.d.	areas for growth. (Core)
			The program director or their design
	develop plans for fellows failing to progress, following institutional		Competency Committee, must devel
V.A.1.d).(3)		5.1.e.	progress, following institutional poli
	At least annually, there must be a summative evaluation of each fellow		At least annually, there must be a su
	that includes their readiness to progress to the next year of the program,	F 4 5	that includes their readiness to prog
V.A.1.e)		5.1.f.	program, if applicable. (Core)
V A 4 F)	The evaluations of a fellow's performance must be accessible for review	51 a	The evaluations of a fellow's perform
V.A.1.f)	by the fellow. (Core)	5.1.g.	by the fellow. (Core)
			Fellow Evaluation: Final Evaluation The program director must provide a
V.A.2.	Final Evaluation	5.2.	upon completion of the program. (Co
		0.2.	Fellow Evaluation: Final Evaluation
	The program director must provide a final evaluation for each fellow upon		The program director must provide a
V.A.2.a)		5.2.	upon completion of the program. (Co
,	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, mu
	is a severally specific succession and the used as tools to clighte fellows		
	are able to engage in autonomous practice upon completion of the		fellows are able to engage in autono

Evaluation serve, evaluate, and frequently nance during each rotation or similar

the completion of the assignment.

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

continuity clinic in the context of be evaluated at least every three

ective performance evaluation based specialty-specific Milestones, and

ty members, peers, patients, self, and ; and, (Core)

nical Competency Committee for its rformance and improvement toward

gnee, with input from the Clinical et with and review with each fellow luation of performance, including pecific Milestones. (Core)

gnee, with input from the Clinical ist fellows in developing pitalize on their strengths and identify

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

summative evaluation of each fellow ogress to the next year of the

rmance must be accessible for review

e a final evaluation for each fellow Core)

e a final evaluation for each fellow Core)

nes, and when applicable the must be used as tools to ensure nomous practice upon completion of

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.A.2.a).(2)	The final evaluation must:	[None]	Kequitement
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)		The final evaluation must become pa maintained by the institution, and mu fellow in accordance with institution
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that knowledge, skills, and behaviors neo practice. (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee m director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competen members, at least one of whom is a c be faculty members from the same p health professionals who have exten the program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core) determine each fellow's progress on achievement of the subspecialty-	5.3.b.	The Clinical Competency Committee at least semi-annually. (Core) The Clinical Competency Committee
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.c.	progress on achievement of the sub-
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	semi-annual evaluations and advise each fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educ (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educ (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with t participation in faculty development educator, clinical performance, profe (Core)
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedb annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evinto program-wide faculty developme

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

at the fellow has demonstrated the ecessary to enter autonomous

d with the fellow upon completion of

must be appointed by the program

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

e must review all fellow evaluations

ee must determine each fellow's bspecialty-specific Milestones. (Core)

e must meet prior to the fellows' e the program director regarding

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

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

iew of the faculty member's clinical n the educational program, nt related to their skills as an ofessionalism, and scholarly activities.

en, confidential evaluations by the

dback on their evaluations at least

evaluations should be incorporated ment plans. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint to to conduct and document the Annua program's continuous improvement
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint to to conduct and document the Annua program's continuous improvement
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)		The Program Evaluation Committee program faculty members, at least of member, and at least one fellow. (Co
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 response the program's self-determined goals (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 resp ongoing program improvement, inclu 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 responsible the current operating environment to opportunities, and threats as related (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), evaluations of the program, and othe the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee mission and aims, strengths, areas f
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, incl 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 Se (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 educ seek and achieve board certification. of the educational program is the ult
	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		The program director should encour to take the certifying examination of Board of Medical Specialties (ABMS)
V.C.3.	Association (AOA) certifying board.	[None]	Osteopathic Association (AOA) certi

ent

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

ent

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

e must be composed of at least two one of whom is a core faculty core)

sponsibilities must include review of Is and progress toward meeting them.

ponsibilities must include guiding cluding development of new goals,

sponsibilities must include review of to identify strengths, challenges, ed to the program's mission and aims.

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

e must evaluate the program's s for improvement, and threats. (Core)

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

Self-Study and submit it to the DIO.

ucation is to educate physicians who on. One measure of the effectiveness Iltimate pass rate.

urage all eligible program graduates offered by the applicable American S) member board or American rtifying board.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 ABM certifying board offer(s) an annual w years, the program's aggregate pass examination for the first time must b percentile of programs in that subsp
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABM certifying board offer(s) a biennial w years, the program's aggregate pass examination for the first time must b percentile of programs in that subsp
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABM certifying board offer(s) an annual or years, the program's aggregate pass examination for the first time must b percentile of programs in that subsp
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABM certifying board offer(s) a biennial or the program's aggregate pass rate o the first time must be higher than the in that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in graduates over the time period speci achieved an 80 percent pass rate wil matter the percentile rank of the prog subspecialty. (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 ((Core)

MS member board and/or AOA written exam, in the preceding three ss rate of those taking the be higher than the bottom fifth specialty. (Outcome)

MS member board and/or AOA written exam, in the preceding six ss rate of those taking the be higher than the bottom fifth specialty. (Outcome)

MS member board and/or AOA oral exam, in the preceding three ss rate of those taking the be higher than the bottom fifth specialty. (Outcome)

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

in 5.6. – 5.6.c., any program whose ecified in the requirement have will have met this requirement, no rogram for pass rate in that

ard certification status annually for the at graduated seven years earlier.

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	The Learning and Working Environment		Section 6: The Learning and Working
			The Learning and Working Environm
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in working environment that emphasize
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality today's fellows in their future practic
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of pro
	•Commitment to the well-being of the students, residents, fellows, faculty		•Commitment to the well-being of the faculty members, and all members o
VI.	members, and all members of the health care team	Section 6	raculty members, and an members o
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
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 continuo and a willingness to transparently de organization has formal mechanisms and attitudes of its personnel toward improvement.
, , , ,	The program, its faculty, residents, and fellows must actively participate		The program, its faculty, residents, a
VI.A.1.a).(1).(a)	in patient safety systems and contribute to a culture of safety. (Core)	6.1.	in patient safety systems and contrik
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- and unsafe conditions are pivotal me safety, and are essential for the succ Feedback and experiential learning a competence in the ability to identify systems-based changes to amelioration
	Residents, fellows, faculty members, and other clinical staff members		
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, events. (Core)
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ng Environment

ment n the context of a learning and izes the following principles:

ty of care rendered to patients by

ty of care rendered to patients by lice

roviding care for patients

he students, residents, fellows, of the health care team

Jous identification of vulnerabilities deal with them. An effective ns to assess the knowledge, skills, rd safety in order to identify areas for

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

w-up of safety events, near misses, mechanisms for improving patient ccess of any patient safety program. g are essential to developing true by causes and institute sustainable rate patient safety vulnerabilities.

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

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	be provided with summary information of their institution's patient safety		Residents, fellows, faculty members must be provided with summary info
VI.A.1.a).(2).(a).(ii)	reports. (Core)	6.2.a.	safety reports. (Core)
	Fellows must participate as team members in real and/or simulated		Fellows must participate as team me
	interprofessional clinical patient safety and quality improvement		interprofessional clinical patient safe
$V(1 \land 1 \Rightarrow) (2) (b)$	activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	activities, such as root cause analys analysis, as well as formulation and
VI.A.1.a).(2).(b)		0.3.	analysis, as well as formulation and
	Quality Metrics		Quality Metrics
	Access to data is essential to prioritizing activities for care improvement		Access to data is essential to prioriti
VI.A.1.a).(3)	and evaluating success of improvement efforts.	[None]	improvement and evaluating succes
	Fellows and faculty members must receive data on quality metrics and		Fellows and faculty members must r
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4.	benchmarks related to their patient p
			Supervision and Accountability Although the attending physician is of the patient, every physician share accountability for their efforts in the programs, in partnership with their S widely communicate, and monitor a and accountability as it relates to the Supervision in the setting of graduat and effective care to patients; ensure skills, knowledge, and attitudes requipractice of medicine; and establishe
VI.A.2.	Supervision and Accountability	[None]	professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the		Supervision and Accountability Although the attending physician is of the patient, every physician share accountability for their efforts in the programs, in partnership with their S widely communicate, and monitor a and accountability as it relates to the Supervision in the setting of graduat and effective care to patients; ensure
	skills, knowledge, and attitudes required to enter the unsupervised		skills, knowledge, and attitudes requ
	practice of medicine; and establishes a foundation for continued		practice of medicine; and establishe
VI.A.2.a)	professional growth.	[None]	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 respective roles in that patient's care This information must be available to members of the health care team, an
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 respective roles in that patient's care This information must be available to members of the health care team, an

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

nembers in real and/or simulated afety and quality improvement vses or other activities that include d implementation of actions. (Core)

itizing activities for care ass of improvement efforts. receive data on quality metrics and populations. (Core)

s ultimately responsible for the care res in the responsibility and e provision of care. Effective Sponsoring Institutions, define, a structured chain of responsibility he supervision of all patient care.

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

s ultimately responsible for the care res in the responsibility and e provision of care. Effective Sponsoring Institutions, define, a structured chain of responsibility he supervision of all patient care.

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

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

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

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Requirement Number	Requirement Language	Requirement Number	Requirement
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 in place for all fellows is based on ea ability, as well as patient complexity exercised through a variety of metho (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow super authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient intera The supervising physician and/or pa the fellow and the supervising physic patient care through appropriate tele
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.	Direct Supervision The supervising physician is physica the key portions of the patient intera The supervising physician and/or pa the fellow and the supervising physi patient care through appropriate tele
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient intera The supervising physician and/or pa the fellow and the supervising physi patient care through appropriate tele
VI.A.2.b).(1).(b).(i)	The program must have clear guidelines that delineate which competencies must be met to determine when a fellow can progress to indirect supervision. (Core)	6.7.a.	The program must have clear guideline must be met to determine when a fellov (Core)
VI.A.2.b).(1).(b).(ii)	The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow would still require direct supervision. (Core)	6.7.b.	The program director must ensure that communicated to the fellows, and that t situations in which a fellow would still re
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not pro visual or audio supervision but is im guidance and is available to provide
VI.A.2.b).(3)		[None]	Oversight The supervising physician is availab procedures/encounters with feedbac
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 phys physician is required. (Core)

at the appropriate level of supervision each fellow's level of training and ty and acuity. Supervision may be hods, as appropriate to the situation.

pervision while providing for graded rogram must use the following

ically present with the fellow during raction.

patient is not physically present with rsician is concurrently monitoring the elecommunication technology.

ically present with the fellow during graction.

patient is not physically present with vsician is concurrently monitoring the elecommunication technology.

ically present with the fellow during raction.

patient is not physically present with sician is concurrently monitoring the elecommunication technology.

nes that delineate which competencies low can progress to indirect supervision.

at clear expectations exist and are to these expectations outline specific require direct supervision. (Core)

roviding physical or concurrent immediately available to the fellow for le appropriate direct supervision.

able to provide review of ack provided after care is delivered. ysical presence of a supervising

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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 authorit independence, and a supervisory rol fellow must be assigned by the prog (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 specific criteria, guided by the Milest
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 sup portions of care to fellows based on skills 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 supervisor residents in recognition of their prog on the needs of each patient and the fellow. (Detail)
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 cir fellows must communicate with the s (Core)
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 t circumstances under which the fello conditional independence. (Outcome
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mu assess the knowledge and skills of e fellow the appropriate level of patien (Core)
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S educate fellows and faculty members ethical responsibilities of physicians obligation to be appropriately rested by their patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S educate fellows and faculty members ethical responsibilities of physicians obligation to be appropriately rested by their 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 progra excessive reliance on fellows to fulfi
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the progra care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the progra the meaning that each fellow finds in physician, including protecting time administrative support, promoting pr flexibility, and enhancing profession

rity and responsibility, conditional ole in patient care delegated to each ogram director and faculty members.

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

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

ory role to junior fellows and ogress toward independence, based he skills of the individual resident or

circumstances and events in which e supervising faculty member(s).

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

nust be of sufficient duration to f each fellow and to delegate to the ent care authority and responsibility.

Sponsoring Institutions, must ers concerning the professional and ns, including but not limited to their ed and fit to provide the care required

Sponsoring Institutions, must ers concerning the professional and ns, including but not limited to their ed and fit to provide the care required

gram must be accomplished without Ifill non-physician obligations. (Core) gram must ensure manageable patient

gram must include efforts to enhance in the experience of being a ne with patients, providing progressive independence and onal relationships. (Core)

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	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety		The program director, in partnership must provide a culture of profession
VI.B.3.		6.12.d.	and personal responsibility. (Core)
	Fellows and faculty members must demonstrate an understanding of		Fellows and faculty members must d
	their personal role in the safety and welfare of patients entrusted to their		their personal role in the safety and v
	care, including the ability to report unsafe conditions and safety events.		care, including the ability to report u
VI.B.4.	(Core)	6.12.e.	(Core)
	Programs, in partnership with their Sponsoring Institutions, must provide		Programs, in partnership with their S
	a professional, equitable, respectful, and civil environment that is		provide a professional, equitable, res
	psychologically safe and that is free from discrimination, sexual and		is psychologically safe and that is fre
	other forms of harassment, mistreatment, abuse, or coercion of students,		other forms of harassment, mistreatr
VI.B.5.		6.12.f.	students, fellows, faculty, and staff. (
	Programs, in partnership with their Sponsoring Institutions, should have		Programs, in partnership with their S
	a process for education of fellows and faculty regarding unprofessional		a process for education of fellows an
	behavior and a confidential process for reporting, investigating, and	0.40 -	behavior and a confidential process
VI.B.6.	addressing such concerns. (Core)	6.12.g.	addressing such concerns. (Core)
	Well-Being		Well-Being
			Psychological, emotional, and physic
	Psychological, emotional, and physical well-being are critical in the		development of the competent, carin
	development of the competent, caring, and resilient physician and		require proactive attention to life inst
	require proactive attention to life inside and outside of medicine. Well-		being requires that physicians retain
	being requires that physicians retain the joy in medicine while managing		managing their own real-life stresses
	their own real-life stresses. Self-care and responsibility to support other		support other members of the health
	members of the health care team are important components of		components of professionalism; they
	professionalism; they are also skills that must be modeled, learned, and		modeled, learned, and nurtured in the
	nurtured in the context of other aspects of fellowship training.		fellowship training.
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at I
	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-l
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and		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]	throughout their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.O.T.	attention to scheduling, work intensity, and work compression that	0.13.	attention to scheduling, work intensi
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	and faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourag
VI.C.1.c)		6.13.c.	member well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportuni
	and dental care appointments, including those scheduled during their		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 men

ip with the Sponsoring Institution, onalism that supports patient safety

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

Sponsoring Institutions, must espectful, and civil environment that free from discrimination, sexual and atment, abuse, or coercion of . (Core)

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

sical well-being are critical in the ring, and resilient physician and aside and outside of medicine. Wellin the joy in medicine while es. Self-care and responsibility to th care team are important ney are also skills that must be the context of other aspects of

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

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows

age optimal fellow and faculty

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

embers in:

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VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bui use disorders, suicidal ideation, or p means to assist those who experience
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-s
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including care 24 hours a day, seven days a we
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fel including but not limited to fatigue, il medical, parental, or caregiver leave. appropriate length of absence for fel care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows a of the signs of fatigue and sleep dep and fatigue mitigation processes. (De
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 a of the signs of fatigue and sleep dep and fatigue mitigation processes. (De
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 adequate sleep facilities and safe tra may be too fatigued to safely return
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	inay be too latigued to salely return i
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each patient safety, fellow ability, severity illness/condition, and available supp
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an communication and promotes safe, i in the subspecialty and larger health
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assig patient care, including their safety, fi
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 assig patient care, including their safety, fr

urnout, depression, and substance potential for violence, including nce these conditions; (Core)

hemselves and how to seek

-screening. (Core)

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

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

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

ed without fear of negative s or was unable to provide the clinical

and faculty members in recognition eprivation, alertness management, Detail)

and faculty members in recognition privation, alertness management, Detail)

s Sponsoring Institution, must ensure ransportation options for fellows who n home. (Core)

ch fellow must be based on PGY level, ty and complexity of patient oport services. (Core)

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

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

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

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/I.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)		Requirement Language 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)
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 are competent in communicating with team members in the hand-off process. (Outcome)
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 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.
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 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)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work and Education Fellows should have eight hours off between scheduled clinical work and 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 and Education Fellows should have eight hours off between scheduled clinical work and 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 free of clinical work and education 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). At home call cannot be assigned on these free days. (Core)		Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Period Length Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)
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 Education Period Length Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)
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 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)
VI.F.4.	Clinical and Educational Work Hour Exceptions		Clinical and Educational Work Hour Exceptions 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)

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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 I In rare circumstances, after handing fellow, on their own initiative, may el- clinical site in the following circumst to a single severely ill or unstable pa to the needs of a patient or patient's educational events. (Detail)
	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.b)	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.	0.23.d.	A Review Committee may grant rotat percent or a maximum of 88 clinical a individual programs based on a sour
VI.F.4.c)	The Review Committee for Radiology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Radiology w to the 80-hour limit to the fellows' work v
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the fellow's fitness for safety. (Core)
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 the goals and objectives of the educa interfere with the fellow's fitness for safety. (Core)
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 in the ACGME Glossary of Terms) mu maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off- in-seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the con in-seven requirements. (Core)
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 Frequence Fellows must be scheduled for in-ho every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities count toward the 80-hour maximum v home call is not subject to the every- satisfy the requirement for one day in education, when averaged over four

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r Exceptions g off all other responsibilities, a elect to remain or return to the stances: to continue to provide care patient; to give humanistic attention 's family; or to attend unique

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

will not consider requests for exceptions k week.

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

es by fellows on at-home call must n weekly limit. The frequency of atry-third-night limitation, but must r in seven free of clinical work and n weeks. (Core) Abdominal Radiology Crosswalk

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Requirement Number	Requirement Language	Requirement Number	Requirement
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities count toward the 80-hour maximum v home call is not subject to the every- satisfy the requirement for one day in education, when averaged over four v
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 fe

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es by fellows on at-home call must n weekly limit. The frequency of atry-third-night limitation, but must a in seven free of clinical work and ar weeks. (Core)

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