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

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I.	**Oversight**	**Section 1**	**Section 1: Oversight**
I.A.	**Sponsoring Institution** **The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.** **When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.**	**[None]**	***Sponsoring Institution*** ***The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.*** ***When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the 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 one ACGME-accredited Sponsoring Institution. (Core)**
I.B.	**Participating Sites** **A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.**	**[None]**	***Participating Sites*** ***A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.***
I.B.1.	**The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)**	**1.2.**	**The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)**
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 sponsor an ACGME-accredited program in diagnostic radiology. (Core)
I.B.1.b)	There should be ACGME-accredited residencies or subspecialty programs available in gastroenterology, general surgery, obstetrics and gynecology, oncology, pathology, and urology, at the primary clinical site. (Core)	1.2.b.	There should be ACGME-accredited residencies or subspecialty programs available in gastroenterology, general surgery, obstetrics and gynecology, oncology, pathology, and urology, at the primary clinical site. (Core)
I.B.2.	**There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)**	**1.3.**	**There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)**
I.B.2.a)	**The PLA must:**	**[None]**	
I.B.2.a).(1)	**be renewed at least every 10 years; and, (Core)**	**1.3.a.**	**The PLA must be renewed at least every 10 years. (Core)**
I.B.2.a).(2)	**be approved by the designated institutional official (DIO). (Core)**	**1.3.b.**	**The PLA must be approved by the designated institutional official (DIO). (Core)**
I.B.3.	**The program must monitor the clinical learning and working environment at all participating sites. (Core)**	**1.4.**	**The program must monitor the clinical learning and working environment at all participating sites. (Core)**
I.B.3.a)	**At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)**	**1.5.**	**At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)**
I.B.4.	**The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME’s Accreditation Data System (ADS). (Core)**	**1.6.**	**The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME’s Accreditation Data System (ADS). (Core)**

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

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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 adequate volume and variety of imaging studies and image-guided invasive procedures available for the 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 Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow 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/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (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 lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)**
I.D.2.d)	**security and safety measures appropriate to the participating site; and, (Core)**	**1.9.d.**	**security and safety measures appropriate to the participating site; and, (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 disabilities consistent with the Sponsoring Institution's policy. (Core)**
I.D.3.	**Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)**	**1.10.**	**Fellows must have ready access to 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)**
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 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)**
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 from the educational opportunities available to residents in the core diagnostic radiology residency program. (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 diagnostic radiology residents and the abdominal radiology fellows must be clearly defined. (Core)
II.	**Personnel**	**Section 2**	**Section 2: Personnel**
II.A.	**Program Director**	**2.1.**	**Program Director** **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)**
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 appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)**
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 Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)**
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 resides with the Review Committee. (Core)**

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II.A.2.	**The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)**	**2.3.**	**The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)**
II.A.2.a)	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core) Number of Approved Fellow Positions: 1 to 6 | Minimum Support Required (FTE): 0.1 Number of Approved Fellow Positions: 7 to 8 | Minimum Support Required (FTE): 0.2 Number of Approved Fellow Positions: 9 or more | Minimum Support Required (FTE): 0.3	2.3.a.	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core) Number of Approved Fellow Positions: 1 to 6 | Minimum Support Required (FTE): 0.1 Number of Approved Fellow Positions: 7 to 8 | Minimum Support Required (FTE): 0.2 Number of Approved Fellow Positions: 9 or more | Minimum Support Required (FTE): 0.3
II.A.3.	**Qualifications of the program director:**	**2.4.**	**Qualifications of the Program Director: The program director must possess subspecialty expertise and qualifications acceptable to the Review Committee. (Core)**
II.A.3.a)	**must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)**	**2.4.**	**Qualifications of the Program Director The program director must possess subspecialty expertise and qualifications acceptable to the Review Committee. (Core)**
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 post-residency experience in abdominal radiology, including fellowship education and training, or five years of practice 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 experience as an educator and supervisor of fellows in abdominal radiology. (Core)
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 least three years' experience as a faculty member in an ACGME-accredited or AOA-approved diagnostic radiology or interventional radiology residency, or abdominal radiology fellowship program. (Core)
II.A.3.b)	**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)** [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.**	**The program director must possess 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)** [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]
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 least 80 percent of professional clinical contributions in abdominal radiology. (Core)
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 sufficient time to fulfill all responsibilities inherent to meeting the educational goals of the program. (Core)

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II.A.4.	**Program Director Responsibilities** The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	**Program Director Responsibilities** The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role model of professionalism. (Core)
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and 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)
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer and maintain a learning environment conducive to educating the fellows in each of the ACGME 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 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)
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 authority to remove fellows from supervising interactions and/or learning environments that do not meet 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 accurate and complete information required and requested by the DIO, GMEC, and ACGME. (Core)
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 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)
II.A.4.a).(8)	ensure the program’s compliance with the Sponsoring Institution’s policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the 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)
II.A.4.a).(9)	ensure the program’s compliance with the Sponsoring Institution’s policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the program’s compliance with the Sponsoring Institution’s policies and procedures on employment 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 a non-competition guarantee or restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document verification of education for all fellows within 30 days of completion of or departure from the program. (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 verification of an individual fellow’s education upon the fellow’s request, within 30 days. (Core)

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II.A.4.a).(12)	**provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)**	**2.5.l.**	**The program director must provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)**
II.B.	**Faculty** **Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.** **Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.**	**[None]**	***Faculty*** ***Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.*** ***Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.***
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 faculty members with competence to instruct and supervise all fellows. (Core)**
II.B.1.a)	To ensure adequate teaching, supervision, and evaluation of the fellows' academic progress, there must be a ratio of at least one full-time faculty member for every fellow in the program. (Core)	2.6.a.	To ensure adequate teaching, supervision, and evaluation of the fellows' academic progress, there must be a ratio of at least one full-time faculty member for every fellow in the program. (Core)
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 models of professionalism. (Core)**
II.B.2.b)	**demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)**	**2.7.a.**	**Faculty members must demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care. (Core)**
II.B.2.c)	**demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)**	**2.7.b.**	**Faculty members must demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. (Core)**
II.B.2.d)	**administer and maintain an educational environment conducive to educating fellows; (Core)**	**2.7.c.**	**Faculty members must administer and maintain an educational environment conducive to educating fellows. (Core)**
II.B.2.e)	**regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)**	**2.7.d.**	**Faculty members must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Core)**
II.B.2.f)	**pursue faculty development designed to enhance their skills at least annually. (Core)**	**2.7.e.**	**Faculty members must pursue faculty development designed to enhance their skills at least annually. (Core)**

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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 teaching and supervision of the fellows’ performance and interpretation of all abdominal imaging procedures. (Core)
II.B.3.	**Faculty Qualifications**	**2.8.**	**Faculty Qualifications** **Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)**
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 appropriate qualifications in their field and hold appropriate institutional appointments. (Core)**
II.B.3.b)	**Subspecialty physician faculty members must:**	**2.9.**	
II.B.3.b).(1)	**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 AOA board that offers certification in this subspecialty]	**2.9.**	**Subspecialty Physician Faculty Members** **Subspecialty physician faculty members must 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. (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 AOA board that offers certification in this subspecialty]
II.B.3.b).(2)	have post-residency experience in abdominal radiology, including fellowship education. (Core)	2.9.b.	Subspecialty physician faculty members must have post-residency experience in abdominal radiology, including fellowship education. (Core)
II.B.3.c)	**Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)**	**2.9.a.**	**Any other specialty physician faculty 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)**
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 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)**
II.B.4.a)	**Faculty members must complete the annual ACGME Faculty Survey. (Core)**	**2.10.a.**	**Faculty members must complete the annual ACGME Faculty Survey. (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 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)
II.C.	**Program Coordinator**	**2.11.**	**Program Coordinator** **There must be a program coordinator. (Core)**
II.C.1.	**There must be a program coordinator. (Core)**	**2.11.**	**Program Coordinator** **There must be a program coordinator. (Core)**
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 provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)**

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

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

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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 protected time to participate in core 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 promote patient safety-related goals, tools, and techniques. (Core)**
IV.B.	**ACGME Competencies**	**[None]**	**ACGME Competencies** ***The Competencies provide a conceptual framework describing the required domains for a trusted physician to enter autonomous practice. These Competencies are core to the practice of all physicians, although the specifics are further defined by each subspecialty. The developmental trajectories in each of the Competencies are articulated through the Milestones for each subspecialty. The focus in fellowship is on subspecialty-specific patient care and medical knowledge, as well as refining the other competencies acquired in residency.***
IV.B.1.	**The program must integrate the following ACGME Competencies into the curriculum:**	**[None]**	**The program must integrate all ACGME Competencies into the curriculum.**
IV.B.1.a)	**Professionalism** **Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)**	**4.3.**	**ACGME Competencies – Professionalism** **Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)**
IV.B.1.b)	**Patient Care and Procedural Skills**	**[None]**	
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 and Procedural Skills (Part A)** **Fellows must be able to provide patient care that is patient- and family-centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)**
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 in providing consultation with referring 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 in following standards of care for practicing in a safe environment, attempting to reduce errors, and improving patient outcomes. (Core)

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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 in the interpretation of all specified exams and/or invasive studies under close, graded responsibility and 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 in the interpretation of the range of abdominal imaging studies, encompassing: (Core)
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 conventional radiography studies of the gastrointestinal (GI) and genitourinary (GU) tracts, including Barium contrast 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 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)
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 hollow organs and conduits of the GI and GU tract and associated vessels and spaces; and, (Core)
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, including magnetic resonance cholangiopancreatography and magnetic resonance angiography. (Core)

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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 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)
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 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)
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 Care and Procedural Skills (Part B)** **Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)**
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 in applying low dose radiation techniques for both adults and children. (Core)
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 in the performance of all specified exams and/or invasive studies under close, graded responsibility and 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 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)**
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 expertise in the knowledge of those areas appropriate for an abdominal radiology specialist. (Core)
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 and understanding of the indications and complications of percutaneous nephrostomy, and transhepatic cholangiography, tumor embolization, and percutaneous ablation. (Core)
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 and understanding of the indications, performance, and interpretation of positron emission tomography (PET) and PET/CT in relation to abdominal disease. (Core)
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 low dose radiation techniques for 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 the prevention and treatment of complications of contrast administration. (Core)
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 and skills in preparing and presenting educational material for medical students, graduate medical staff members, and allied health personnel. (Core)

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IV.B.1.d)	**Practice-based Learning and Improvement** **Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)**	**4.7.**	**ACGME Competencies – Practice-Based Learning and Improvement** **Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)**
IV.B.1.e)	**Interpersonal and Communication Skills** **Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)**	**4.8.**	**ACGME Competencies – Interpersonal and Communication Skills** **Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)**
IV.B.1.f)	**Systems-based Practice** **Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)**	**4.9.**	**ACGME Competencies – Systems-Based Practice** **Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)**
IV.C.	**Curriculum Organization and Fellow Experiences**	**4.10. and 4.11.**	**Curriculum Organization and Fellow Experiences** **4.10. Curriculum Structure** **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)** **4.11. Didactic and Clinical Experiences** **Fellows must be provided with protected time to participate in core didactic activities. (Core)** **4.12. Pain Management** **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)**
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 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)**
IV.C.1.a)	The assignment of educational experiences should be structured to minimize the frequency of transitions. (Detail)	4.10.a.	The assignment of educational experiences should be structured to minimize the frequency of transitions. (Detail)
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 sufficient length to provide a quality educational experience defined by ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Detail)

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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 and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)**
IV.C.3.	Didactic Experiences	4.11.a.	Didactic Experiences Didactic activities must provide for progressive fellow participation, including: (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 progressive fellow participation, including: (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, (Core)
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 morbidity and mortality conferences. (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 basis. (Core)
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 attend didactic activities, directed to the level of the individual fellow, that provide formal review of the topics in the 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 presentations by the fellows. (Detail)
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 at least twice per month. (Detail)
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 local conferences and at least one national meeting or medical education course in abdominal radiology during the fellowship program. (Core)
IV.C.4.	Fellow Experiences	4.11.e.	Fellow Experiences 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)
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 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)
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 didactic experiences that encompass the spectrum of abdominal diseases and their pathophysiology. (Core)
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 uncommon problems involving the gastrointestinal tract, genitourinary tract, and abdomen. (Core)
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 interpretation sessions, under faculty review and critique, in which fellows reach their own diagnostic conclusions. (Core)
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 log and record their involvement in both 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 indications, risks, limitations, alternatives, and appropriate utilization of imaging and image-guided invasive procedures. (Core)

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IV.D.	**Scholarship** **Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through 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.**	[None]	**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.***
IV.D.1.	**Program Responsibilities**	4.13.	**Program Responsibilities** **The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)**
IV.D.1.a)	**The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)**	4.13.	**Program Responsibilities** **The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)**
IV.D.1.b)	**The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)**	4.13.a.	**The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)**
IV.D.2.	**Faculty Scholarly Activity**	4.14.	**Faculty Scholarly Activity** **Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)** **•Research in basic science, education, translational science, patient care, or population health** **•Peer-reviewed grants** **•Quality improvement and/or patient safety initiatives** **•Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports** **•Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials** **•Contribution to professional committees, educational organizations, or editorial boards** **•Innovations in education**

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IV.D.2.a)	**Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)** **•Research in basic science, education, translational science, patient care, or population health** **•Peer-reviewed grants** **•Quality improvement and/or patient safety initiatives** **•Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports** **•Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials** **•Contribution to professional committees, educational organizations, or editorial boards** **•Innovations in education**	**4.14.**	**Faculty Scholarly Activity** **Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)** **•Research in basic science, education, translational science, patient care, or population health** **•Peer-reviewed grants** **•Quality improvement and/or patient safety initiatives** **•Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports** **•Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials** **•Contribution to professional committees, educational organizations, or editorial boards** **•Innovations in education**
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 dissemination of scholarly activity within and external to the program by the following methods:**
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, 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)**
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 in the fundamentals of experimental design, performance, and interpretation of results. (Core)
IV.D.3.b)	All fellows must engage in a scholarly project. (Core)	4.15.b.	All fellows must engage in a scholarly project. (Core)
IV.D.3.b).(1)	Scholarly projects should demonstrate the fellows' competence in the fundamentals of research by the completion of and/or participation in one of the following projects, but not limited to:	4.15.b.1.	Scholarly projects should demonstrate the fellows' competence in the fundamentals of research by the completion of and/or participation in one of the following projects, but not limited to: •laboratory research; (Detail) •clinical research; or, (Detail) •analysis of disease processes, imaging techniques, or practice management issues. (Detail)

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IV.D.3.b).(1).(a)	laboratory research; (Detail)	4.15.b.1.	Scholarly projects should demonstrate the fellows' competence in the fundamentals of research by the completion of and/or participation in one of the following projects, but not limited to: •laboratory research; (Detail) •clinical research; or, (Detail) •analysis of disease processes, imaging techniques, or practice management issues. (Detail)
IV.D.3.b).(1).(b)	clinical research; or, (Detail)	4.15.b.1.	Scholarly projects should demonstrate the fellows' competence in the fundamentals of research by the completion of and/or participation in one of the following projects, but not limited to: •laboratory research; (Detail) •clinical research; or, (Detail) •analysis of disease processes, imaging techniques, or practice management issues. (Detail)
IV.D.3.b).(1).(c)	analysis of disease processes, imaging techniques, or practice management issues. (Detail)	4.15.b.1.	Scholarly projects should demonstrate the fellows' competence in the fundamentals of research by the completion of and/or participation in one of the following projects, but not limited to: •laboratory research; (Detail) •clinical research; or, (Detail) •analysis of disease processes, imaging techniques, or practice management issues. (Detail)
IV.D.3.b).(2)	The results of such projects should be disseminated in the academic community by either submission for publication within a printed journal or online educational resource, or presentation at departmental, institutional, local, regional, national, or international meetings. (Outcome)	4.15.b.2.	The results of such projects should be disseminated in the academic community by either submission for publication within a printed journal or online educational resource, or presentation at departmental, institutional, local, regional, national, or international meetings. (Outcome)
V.	**Evaluation**	**Section 5**	**Section 5: Evaluation**
V.A.	**Fellow Evaluation**	**5.1.**	**Fellow Evaluation: Feedback and Evaluation** **Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)**
V.A.1.	**Feedback and Evaluation**	**5.1.**	**Fellow Evaluation: Feedback and Evaluation** **Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)**

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V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the completion of the assignment. (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; (Core)	5.1.c.	The program director or their designee, with input from the Clinical Competency Committee, must meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones. (Core)
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designee, with input from the Clinical Competency Committee, must assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designee, with input from the Clinical Competency Committee, must develop plans for fellows failing to progress, following institutional policies and procedures. (Core)
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a final evaluation for each fellow upon completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a final evaluation for each fellow upon completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)

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V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow’s permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become 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)
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 the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous 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 with the fellow upon completion of 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 must be appointed by the program 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 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)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee must review all fellow evaluations at least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow’s progress on achievement of the subspecialty-specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee must determine each fellow’s progress on achievement of the subspecialty-specific Milestones. (Core)
V.A.3.b).(3)	meet prior to the fellows’ semi-annual evaluations and advise the program director regarding each fellow’s progress. (Core)	5.3.d.	The Clinical Competency Committee must meet prior to the fellows’ semi-annual evaluations and advise the program director regarding each fellow’s progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to evaluate each faculty member’s performance as it relates to the educational program at least annually. (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 evaluate each faculty member’s performance as it relates to the educational program at least annually. (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 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)
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, confidential evaluations by the fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback on their evaluations at least annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)

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V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities must include review of the program's self-determined goals and progress toward meeting them. (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 responsibilities must include guiding ongoing program improvement, including development of new goals, based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities must include review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate 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 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)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)
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 Self-Study and submit it to the DIO. (Core)
V.C.3.	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	Board Certification *One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.* *The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.*

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V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	**Board Certification** For subspecialties in which the ABMS 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)
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS 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)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS 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)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS 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)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5.6. – 5.6.c., 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)
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 certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)

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VI.	**The Learning and Working Environment** ***Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:*** ***•Excellence in the safety and quality of care rendered to patients by fellows today*** ***•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice*** ***•Excellence in professionalism*** ***•Appreciation for the privilege of providing care for patients*** ***•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team***	Section 6	**Section 6: The Learning and Working Environment** **The Learning and Working Environment** ***Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:*** ***•Excellence in the safety and quality of care rendered to patients by fellows today*** ***•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice*** ***•Excellence in professionalism*** ***•Appreciation for the privilege of providing care for patients*** ***•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team***
VI.A.	**Patient Safety, Quality Improvement, Supervision, and Accountability**	[None]	
VI.A.1.	**Patient Safety and Quality Improvement**	[None]	
VI.A.1.a)	**Patient Safety**	[None]	
VI.A.1.a).(1)	**Culture of Safety** ***A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.***	[None]	**Culture of Safety** ***A culture of safety requires 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.***
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)
VI.A.1.a).(2)	**Patient Safety Events** ***Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.***	[None]	**Patient Safety Events** ***Reporting, investigation, and follow-up 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.***
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, and other clinical staff members must know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events. (Core)

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

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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 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)**
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 supervision while providing for graded authority and responsibility, the program must use the following classification of supervision.***
VI.A.2.b).(1)	**Direct Supervision:**	**6.7.**	**Direct Supervision** **The supervising physician is physically present with the fellow during the key portions of the patient interaction.** **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.**
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 physically present with the fellow during the key portions of the patient interaction.*** ***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.***
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 physically present with the fellow during the key portions of the patient interaction.*** ***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.***
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 guidelines that delineate which competencies must be met to determine when a fellow can progress to indirect supervision. (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 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)
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 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.***
VI.A.2.b).(3)	**Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.**	**[None]**	**Oversight** ***The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.***
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 physical presence of a supervising physician is required. (Core)**

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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 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)
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 each fellow's abilities based on specific criteria, guided by the Milestones. (Core)
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 supervising physicians must delegate portions of care to fellows based on the needs of the patient and the 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 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)
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 circumstances and events in which fellows must communicate with the supervising faculty member(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 their scope of authority, and the circumstances under which the fellow is permitted to act with 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 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)
VI.B.	Professionalism	6.12.	Professionalism 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)
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 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)
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 program must be accomplished without excessive reliance on fellows to fulfill non-physician obligations. (Core)
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program must ensure manageable patient care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program must 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)

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VI.B.3.	**The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)**	6.12.d.	**The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)**
VI.B.4.	**Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)**	6.12.e.	**Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)**
VI.B.5.	**Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)**	6.12.f.	**Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)**
VI.B.6.	**Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)**	6.12.g.	**Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)**
VI.C.	**Well-Being** ***Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.*** ***Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.***	[None]	**Well-Being** ***Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.*** ***Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.***
VI.C.1.	**The responsibility of the program, in partnership with the Sponsoring Institution, must include:**	6.13.	**The responsibility of the program, in partnership with the Sponsoring Institution, must include:**
VI.C.1.a)	**attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)**	6.13.a.	**attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)**
VI.C.1.b)	**evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)**	6.13.b.	**evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)**
VI.C.1.c)	**policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)**	6.13.c.	**policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)**
VI.C.1.c).(1)	**Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)**	6.13.c.1.	**Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)**
VI.C.1.d)	**education of fellows and faculty members in:**	6.13.d.	**education of fellows and faculty members 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 burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)
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 themselves and how to seek 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-screening. (Core)
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, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)
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 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)
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 procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)
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 without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation 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)
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 and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)
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 environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
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 assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)

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VI.E.3.b)	**Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)**	**6.19.a.**	**Programs, in partnership with their 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)**	**6.21.b.**	**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**	**6.23.**	**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 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)**
VI.F.4.b)	**These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)**	**6.23.a.**	**These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)**
VI.F.4.c)	**A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.** The Review Committee for Radiology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	**6.24.**	**A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.** The Review Committee for Radiology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.
VI.F.5.	**Moonlighting**	**6.25.**	**Moonlighting** **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)**
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 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)**
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 external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour 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 context of the 80-hour and one-day-off-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 Frequency** **Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)**
VI.F.8.	**At-Home Call**	**6.28.**	**At-Home Call** **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)**

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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 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)
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 or taxing as to preclude rest or reasonable personal time for each fellow. (Core)

