Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requiremen
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.	<ul> <li>Fellowship is advanced graduate residency program for physicial practice. Fellowship-trained physics subspecialty care, which may community resource for experinew knowledge into practice, a physicians. Graduate medical group of physicians brings to inclusive and psychologically</li> <li>Fellows who have completed r in their core specialty. The prior fellows distinguish them from care of patients within the sub faculty supervision and condit serve as role models of excelled professionalism, and scholars knowledge, patient care skills, area of practice. Fellowship is clinical and didactic education of patients. Fellowship educated intellectually demanding, and environments committed to grip being of patients, residents, fellows of patients, residents, fellows and patients, residents, fellowship educated to grip being of patients, residents, fellows of patients, residents, fellows and patients, fellows and patients.</li> </ul>	Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians will practice. Fellowship-trained physicial subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed physicians. Graduate medical educa group of physicians brings to medical inclusive and psychologically safe left Fellows who have completed resider in their core specialty. The prior medi- fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional i serve as role models of excellence, of professionalism, and scholarship. Th knowledge, patient care skills, and e- area of practice. Fellowship is an inte- clinical and didactic education that for of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, mai fellows' skills as physician-scientist knowledge within medicine is not ex physicians, the fellowship experience pursue hypothesis-driven scientific the medical literature and patient can expertise achieved, fellows develop infrastructure that promotes collabo
Int.B.	Definition of Subspecialty Adult congenital heart disease (ACHD) encompasses the unique knowledge and skills required to care for adult patients who experienced developmental defects in one or more structures of the heart or blood vessels. This care regularly requires coordination of multiple health-related influences or providers, potentially over a prolonged or indefinite timeframe.		Definition of Subspecialty Adult congenital heart disease (ACHD) and skills required to care for adult patie defects in one or more structures of the regularly requires coordination of multip providers, potentially over a prolonged

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nedical education beyond a core who desire to enter more specialized ians serve the public by providing include core medical care, acting as a in their field, creating and integrating educating future generations of ration values the strength that a diverse ical care, and the importance of learning environments.

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

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

*c) encompasses the unique knowledge tients who experienced developmental the heart or blood vessels. This care tiple health-related influences or d or indefinite timeframe.* 

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
	Length of Educational Program		
Int.C.	The educational program in ACHD must be 24 months in length. (Core)	4.1.	Length of Educational Program The educational program in ACHD must
IIII.U.		Section 1	Section 1: Oversight
-	Oversight		
	Sponsoring Institution		
	The Sponsoring Institution is the organization or entity that assumes the		Sponsoring Institution The Sponsoring Institution is the orga
	ultimate financial and academic responsibility for a program of graduate		ultimate financial and academic respo
	medical education consistent with the ACGME Institutional Requirements.		medical education consistent with the
	When the Sponsoring Institution is not a rotation site for the program, the		When the Sponsoring Institution is no
	most commonly utilized site of clinical activity for the program is the		most commonly utilized site of clinica
I.A.	primary clinical site.	[None]	primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by o
I.A.1.	Institution. (Core)	1.1.	Institution. (Core)
	Participating Sites		
			Participating Sites
	A participating site is an organization providing educational experiences		A participating site is an organization
I.B.	or educational assignments/rotations for fellows.	[None]	or educational assignments/rotations
	The program, with approval of its Sponsoring Institution, must designate a		The program, with approval of its Spo
I.B.1.	primary clinical site. (Core)	1.2.	primary clinical site. (Core)
	An ACHD fellowship must function as an integral part of an ACGME-accredited fellowship in cardiovascular disease. (Core)	1.2.0	An ACHD fellowship must function as an
I.B.1.a)	leilowship in cardiovascular disease. (Core)	1.2.a.	fellowship in cardiovascular disease. (Co
	There must be a collaborative relationship with the program director of the		There must be a collaborative relationsh
	cardiovascular disease program to ensure compliance with the ACGME		cardiovascular disease program to ensur
I.B.1.b)	accreditation requirements. (Core)	1.2.b.	accreditation requirements. (Core)
	There must be a program letter of agreement (PLA) between the program		There must be a program letter of agr
	and each participating site that governs the relationship between the		and each participating site that gover
I.B.2.	program and the participating site providing a required assignment. (Core)		program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
	The program must monitor the clinical learning and working environment		The program must monitor the clinica
I.B.3.	at all participating sites. (Core)	1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated		At each participating site there must <b>k</b>
	by the program director, who is accountable for fellow education for that		by the program director, who is accou
I.B.3.a)	site, in collaboration with the program director. (Core)	1.5.	site, in collaboration with the program

st be 24 months in length. (Core)

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

an integral part of an ACGME-accredited Core)

ship with the program director of the sure compliance with the ACGME

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

every 10 years. (Core)

lesignated institutional official (DIO).

cal learning and working environment

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

Roman Numeral Requirement Number	· Requirement Language	Requirement Number	Requirement
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)		The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.B.5.	The program should ensure that fellows are not unduly burdened by required rotations at geographically distant sites. (Core)	1.6.a.	The program should ensure that fellows rotations at geographically distant sites.
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusiv present), fellows, faculty members, se members, and other relevant member
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	The program, in partnership with its Sponsoring Institution, must:	[None]	
I.D.1.a).(1)	ensure the program has adequate space available, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space; (Core)	1.8.a.	The program, in partnership with its Spo program has adequate space available, examination rooms, computers, visual an space. (Core)
I.D.1.a).(2)	ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work; (Core)	1.8.b.	The program, in partnership with its Spo appropriate in-person or remote/virtual c using telecommunication technology, are work. (Core)
I.D.1.a).(3)	provide access to an electronic health record (EHR); and, (Core)	1.8.c.	The program, in partnership with its Spore electronic health record (EHR). (Core)
I.D.1.a).(4)	provide fellows with access to training using simulation to support fellow education and patient safety. (Core)	1.8.d.	The program, in partnership with its Spo access to training using simulation to su safety. (Core)
I.D.1.b)	The program must provide fellows with a patient population representative of both the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. (Core)	1.8.e.	The program must provide fellows with a both the broad spectrum of clinical disord by subspecialists in this area, and of the program. (Core)
,	at least 100 hospitalized adult patients diagnosed with complications related to		This must include at least 100 hospitalize
I.D.1.b).(1)	congenital heart disease; and, (Core) at least 275 ambulatory patient visits (among at least 150 unique individual	1.8.e.1.	complications related to congenital heart This must include at least 275 ambulator
I.D.1.b).(2)	ambulatory patients) with congenital heart disease. (Core)	1.8.e.2.	unique individual ambulatory patients) w

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

rs are not unduly burdened by required s. (Core)

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Sponsoring Institution, must engage Iriven, ongoing, systematic recruitment sive workforce of residents (if senior administrative GME staff ers of its academic community. (Core)

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

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

oonsoring Institution, must ensure the e, including meeting rooms, classrooms, and other educational aids, and office

oonsoring Institution, ensure that l consultations, including those done are available in settings in which fellows

ponsoring Institution, provide access to an

bonsoring Institution, provide fellows with support fellow education and patient

n a patient population representative of orders and medical conditions managed ne community being served by the

ized adult patients diagnosed with art disease. (Core)

tory patient visits (among at least 150 with congenital heart disease. (Core)

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate are assigned in-house call; (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 lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in print include access to electronic medical I capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and he not limited to residents from other pro advanced practice providers, must no fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's 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 (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicat must be provided with support adequ based upon its size and configuration

Sponsoring Institution, must ensure ng environments that promote fellow

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rest facilities available and accessible te for safe patient care, if the fellows

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

priate to the participating site; and,

sabilities consistent with the re)

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

#### sonnel

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
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: <7   Minimum Support Required (FTE): 0.20 Number of Approved Fellow Positions: 7-9   Minimum Support Required (FTE): 0.25 Number of Approved Fellow Positions: 10-12   Minimum Support Required (FTE): 0.30	2.3.a.	At a minimum, the program director mus and support specified below for administ Number of Approved Fellow Positions: < 0.20 Number of Approved Fellow Positions: 7 0.25 Number of Approved Fellow Positions: 1 (FTE): 0.30
II.A.2.b)	Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). (Core)	2.3.b.	Programs must appoint at least one of the members to be associate program direct
II.A.2.c)	The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core) Number of Approved Fellow Positions: <7   Minimum Aggregate Support Required (FTE): Refer to PR II.B.4.c) Number of Approved Fellow Positions: 7-9   Minimum Aggregate Support Required (FTE): 0.13 Number of Approved Fellow Positions: 10-12   Minimum Aggregate Support Required (FTE): 0.14 Number of Approved Fellow Positions: 13-15   Minimum Aggregate Support Required (FTE): 0.15 Number of Approved Fellow Positions: 16-18   Minimum Aggregate Support Required (FTE): 0.16 Number of Approved Fellow Positions: 19-21   Minimum Aggregate Support Required (FTE): 0.17 Number of Approved Fellow Positions: 22-24   Minimum Aggregate Support Required (FTE): 0.18 Number of Approved Fellow Positions: 25-27   Minimum Aggregate Support Required (FTE): 0.24	2.3.c.	The associate program director(s) must I dedicated minimum time for administration Number of Approved Fellow Positions: < Required (FTE): Refer to PR 2.10.c. Number of Approved Fellow Positions: 7 Required (FTE): 0.13 Number of Approved Fellow Positions: 1 Required (FTE): 0.14 Number of Approved Fellow Positions: 1 Required (FTE): 0.15 Number of Approved Fellow Positions: 1 Required (FTE): 0.16 Number of Approved Fellow Positions: 1 Required (FTE): 0.17 Number of Approved Fellow Positions: 2 Required (FTE): 0.18 Number of Approved Fellow Positions: 2 Required (FTE): 0.24
,			Qualifications of the Program Director The program director must possess s
II.A.3.	Qualifications of the program director:	2.4.	qualifications acceptable to the Revie
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 s qualifications acceptable to the Revie
II.A.3.a).(1)	The program director must have at least three years of documented educational and/or administrative experience in an ACGME-accredited fellowship in internal medicine cardiovascular disease, pediatric cardiology, or ACHD. (Core)	2.4.b.	The program director must have at least and/or administrative experience in an A medicine cardiovascular disease, pediat

ust be provided with the dedicated time istration of the program: (Core)

<7 | Minimum Support Required (FTE):

: 7-9 | Minimum Support Required (FTE):

10-12 | Minimum Support Required

the subspecialty-certified core faculty ector(s). (Core)

ation of the program as follows: (Core)

- <7 | Minimum Aggregate Support
- 7-9 | Minimum Aggregate Support
- 10-12 | Minimum Aggregate Support
- 13-15 | Minimum Aggregate Support
- 16-18 | Minimum Aggregate Support
- 19-21 | Minimum Aggregate Support
- 22-24 | Minimum Aggregate Support
- 25-27 | Minimum Aggregate Support

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# subspecialty expertise and iew Committee. (Core)

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subspecialty expertise and iew Committee. (Core)

st three years of documented educational ACGME-accredited fellowship in internal atric cardiology, or ACHD. (Core)

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requiremen
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Internal Medicine (ABIM) 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 Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty.]	2.4.a.	The program director must possess of subspecialty for which they are the p Board of Internal Medicine (ABIM) or s acceptable to the Review Committee. [Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.A.3.b).(1)	The Review Committee only accepts current ABIM certification in ACHD. (Core)	2.4.a.1.	The Review Committee only accepts cu
II.A.4. II.A.4.a)	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) The program director must:	2.5. [None]	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a) II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
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 an consistent with the needs of the com Sponsoring Institution, and the missi
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of con develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to mistreatment, and provide feedback i appropriate, without fear of intimidation

current certification in the program director by the American subspecialty qualifications that are e. (Core)

Requirements deem certification by a pathic Association (AOA) acceptable, fication in this subspecialty.]

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

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

ter and maintain a learning g the fellows in each of the ACGME

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Boquiromon
Requirement Number		Number	Requirement
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when acti not to promote, or renew the appointr
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request, v
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an importan and become practice ready, ensuring quality of care. They are role models to by demonstrating compassion, comm patient care, professionalism, and a d Faculty members experience the pride development of future colleagues. The the opportunity to teach and model ex- scholarly approach to patient care, fa- graduate medical education system, i and the population.
II.B.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	Faculty members ensure that patients from a specialist in the field. They rec the patients, fellows, community, and provide appropriate levels of supervis Faculty members create an effective I professional manner and attending to themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient number of
II.B.1.	instruct and supervise all fellows. (Core) The physician faculty should include members with documented experience and	2.6.	instruct and supervise all fellows. (Co The physician faculty should include me

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

he program's compliance with the d procedures on employment and non-

n a non-competition guarantee or

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

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

I element of graduate medical fellows how to care for patients. tant bridge allowing fellows to grow og that patients receive the highest s for future generations of physicians mitment to excellence in teaching and a dedication to lifelong learning. ide and joy of fostering the growth and The care they provide is enhanced by exemplary behavior. By employing a faculty members, through the h, improve the health of the individual

Its receive the level of care expected ecognize and respond to the needs of nd institution. Faculty members vision to promote patient safety. e learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

nembers with documented experience and

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
	both inpatient and outpatient management of cardiovascular care of adults with		both inpatient and outpatient manageme
II.B.1.a).(1)	congenital heart disease; (Detail)	2.6.a.1.	congenital heart disease; (Detail)
	catheterization of patients with congenital heart lesions, and catheter-based		catheterization of patients with congenita
II.B.1.a).(2)	interventions in adult and pediatric patients; (Detail)	2.6.a.2.	interventions in adult and pediatric patier
II.B.1.a).(3)	congenital cardiac and vascular basic and advanced imaging; (Detail)	2.6.a.3.	congenital cardiac and vascular basic ar
II.B.1.a).(4)	congenital heart disease surgery in both pediatric and adult patients; (Detail)	2.6.a.4.	congenital heart disease surgery in both
II.B.1.a).(5)	pediatric and adult congenital heart electrophysiology; (Detail)	2.6.a.5.	pediatric and adult congenital heart elect
II.B.1.a).(6)	catheterization of patients with congenital heart lesions, and catheter-based interventions in adult and pediatric patients; (Detail)	2.6.a.6.	catheterization of patients with congenita interventions in adult and pediatric patier
II.B.1.a).(7)	congenital cardiac and vascular basic and advanced imaging; (Detail)	2.6.a.7.	congenital cardiac and vascular basic ar
II.B.1.a).(8)	critical care and post-operative management of adults with congenital heart disease; (Detail)	2.6.a.8.	critical care and post-operative manager disease; (Detail)
II.B.1.a).(9)	heart failure, mechanical circulatory and ventilator support, and both heart and lung transplantation; (Detail)	2.6.a.9.	heart failure, mechanical circulatory and lung transplantation; (Detail)
II.B.1.a).(10)	medical research methodology; and, (Detail)	2.6.a.10.	medical research methodology; and, (De
II.B.1.a).(11)	pulmonary vascular disease. (Detail)	2.6.a.11.	pulmonary vascular disease. (Detail)
II.B.2	Faculty members must:	[None]	
			Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty members must be role models
	demonstrate commitment to the delivery of safe, equitable, high-quality,		Faculty members must demonstrate of
II.B.2.b)	cost-effective, patient-centered care; (Core)	2.7.a.	equitable, high-quality, cost-effective,
	demonstrate a strong interest in the education of fellows, including		Faculty members must demonstrate a
	devoting sufficient time to the educational program to fulfill their		fellows, including devoting sufficient
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.7.b.	fulfill their supervisory and teaching r
	administer and maintain an educational environment conducive to		Faculty members must administer and
II.B.2.d)	educating fellows; (Core)	2.7.c.	environment conducive to educating
	regularly participate in organized clinical discussions, rounds, journal		Faculty members must regularly parti
II.B.2.e)	clubs, and conferences; and, (Core)	2.7.d.	discussions, rounds, journal clubs, ar
			Faculty members must pursue faculty
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	their skills. (Core)
II.B.2.g)	encourage and support fellows in scholarly activities. (Core)	2.7.f.	Faculty members must encourage and s (Core)
			Faculty Qualifications
			Faculty members must have appropriate
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appoint
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropri-
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	

nt Language
nent of cardiovascular care of adults with
ital heart lesions, and catheter-based
ients; (Detail)
and advanced imaging; (Detail)
th pediatric and adult patients; (Detail)
ectrophysiology; (Detail)
ital heart lesions, and catheter-based
ients; (Detail)
and advanced imaging; (Detail)
ement of adults with congenital heart
d ventilator support, and both heart and
Detail)

els of professionalism. (Core) e commitment to the delivery of safe, ve, patient-centered care. (Core) e a strong interest in the education of

nt time to the educational program to g responsibilities. (Core)

nd maintain an educational g fellows. (Core)

rticipate in organized clinical

and conferences. (Core)

Ity development designed to enhance

support fellows in scholarly activities.

oriate qualifications in their field and ntments. (Core)

oriate qualifications in their field and ntments. (Core)

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requiremen
	have current certification in the subspecialty by the American Board of Internal Medicine or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Meml Subspecialty physician faculty memb the subspecialty by the American Boa qualifications judged acceptable to th
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty.]	2.9.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member I Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or adm component of their activities, teach, e feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the (Core)

# mbers

nbers must have current certification in Board of Internal Medicine or possess the Review Committee. (Core)

n Requirements deem certification by a opathic Association (AOA) acceptable, ification in this subspecialty.]

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

significant role in the education and vote a significant portion of their entire ministration, and must, as a , evaluate, and provide formative

ne annual ACGME Faculty Survey.

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requiremen
	In addition to the program director, programs must have the minimum number of		In addition to the program director, prog
	core faculty members who are certified in adult congenital heart disease by the		core faculty members who are certified
	ABIM based on the number of approved fellow positions, as follows: (Core)		ABIM based on the number of approved
	Number of Approved Positions: 1-3   Minimum Number of ABIM Certified Core Faculty: 1		Number of Approved Positions: 1-3   Min Faculty: 1
	Number of Approved Positions: 4-6   Minimum Number of ABIM Certified Core		Number of Approved Positions: 4-6   Mi
	Faculty: 3		Faculty: 3
	Number of Approved Positions: 7-9   Minimum Number of ABIM Certified Core Faculty: 4		Number of Approved Positions: 7-9   Min Faculty: 4
	Number of Approved Positions: 10-12   Minimum Number of ABIM Certified		Number of Approved Positions: 10-12
	Core Faculty: 6		Core Faculty: 6
	Number of Approved Positions: 13-15   Minimum Number of ABIM Certified		Number of Approved Positions: 13-15
	Core Faculty: 8		Core Faculty: 8
	Number of Approved Positions: 16-18   Minimum Number of ABIM Certified Core Faculty: 10		Number of Approved Positions: 16-18
	Number of Approved Positions: 19-21   Minimum Number of ABIM Certified		Number of Approved Positions: 19-21
	Core Faculty: 12		Core Faculty: 12
	Number of Approved Positions: 22-24   Minimum Number of ABIM Certified		Number of Approved Positions: 22-24
	Core Faculty: 14		Core Faculty: 14
	Number of Approved Positions: 25-27   Minimum Number of ABIM Certified		Number of Approved Positions: 25-27
II.B.4.b)	Core Faculty: 16	2.10.b.	Core Faculty: 16
	The required core faculty members must be provided with support equal to an aggregate minimum of 10 percent/FTE for educational and administrative responsibilities that do not involve direct patient care. Support must be provided based on the program size as follows: (Core)		The required core faculty members mus aggregate minimum of 10 percent/FTE f responsibilities that do not involve direct based on the program size as follows: (0
	Number of Approved Fellow Positions: 1-3   Minimum Aggregate Support		Number of Approved Fellow Positions: 1
	Required (FTE): 0.10		Required (FTE): 0.10
	Number of Approved Fellow Positions: 4-6   Minimum Aggregate Support		Number of Approved Fellow Positions: 4
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 7-9   Minimum Aggregate Support		Number of Approved Fellow Positions: 7
	Required (FTE): 0.20 Number of Approved Fellow Positions: 10-12   Minimum Aggregate Support		Required (FTE): 0.20
	Required (FTE): 0.20		Number of Approved Fellow Positions: 1 Required (FTE): 0.20
	Number of Approved Fellow Positions: 13-15   Minimum Aggregate Support		Number of Approved Fellow Positions: 1
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 16-18   Minimum Aggregate Support		Number of Approved Fellow Positions: 1
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 19-21   Minimum Aggregate Support Required (FTE): 0.25		Number of Approved Fellow Positions: 1 Required (FTE): 0.25
	Number of Approved Fellow Positions: 22-24   Minimum Aggregate Support		Number of Approved Fellow Positions: 2
	Required (FTE): 0.25		Required (FTE): 0.25
	Number of Approved Fellow Positions: 25-27   Minimum Aggregate Support	2 10 0	Number of Approved Fellow Positions: 2
II.B.4.c)	Required (FTE): 0.25	2.10.c.	Required (FTE): 0.25

grams must have the minimum number of I in adult congenital heart disease by the ed fellow positions, as follows: (Core)
linimum Number of ABIM Certified Core
linimum Number of ABIM Certified Core
linimum Number of ABIM Certified Core
Minimum Number of ABIM Certified

ust be provided with support equal to an E for educational and administrative ect patient care. Support must be provided : (Core)

- : 1-3 | Minimum Aggregate Support
- : 4-6 | Minimum Aggregate Support
- : 7-9 | Minimum Aggregate Support
- : 10-12 | Minimum Aggregate Support
- : 13-15 | Minimum Aggregate Support
- : 16-18 | Minimum Aggregate Support
- : 19-21 | Minimum Aggregate Support
- : 22-24 | Minimum Aggregate Support
- 25-27 | Minimum Aggregate Support

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requiremen
II.C.	Program Coordinator	2.11.	Program Coordinator There must be administrative support
			Program Coordinator
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	There must be administrative support
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)		At a minimum, the program coordinator time and support specified below for adr administrative support must be provided (Core)
	Number of Approved Fellow Positions: 1-3   Minimum FTE Required for Coordinator Support: 0.30   Additional Aggregate FTE Required for Administration of the Program: 0		Number of Approved Fellow Positions: 1 Coordinator Support: 0.30   Additional A Administration of the Program: 0
	Number of Approved Fellow Positions: 4-6   Minimum FTE Required for Coordinator Support: 0.30   Additional Aggregate FTE Required for Administration of the Program: 0.20		Number of Approved Fellow Positions: 4 Coordinator Support: 0.30   Additional A Administration of the Program: 0.20
	Number of Approved Fellow Positions: 7-9   Minimum FTE Required for Coordinator Support: 0.30   Additional Aggregate FTE Required for Administration of the Program: 0.38		Number of Approved Fellow Positions: 7 Coordinator Support: 0.30   Additional A Administration of the Program: 0.38
II.C.1.a)	Number of Approved Fellow Positions: 10-12   Minimum FTE Required for Coordinator Support: 0.30   Additional Aggregate FTE Required for Administration of the Program: 0.44	2.11.a.	Number of Approved Fellow Positions: 1 Coordinator Support: 0.30   Additional A Administration of the Program: 0.44
	Other Program Personnel		
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
	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		All required clinical education for ent programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons College of Family Physicians of Cana
III.A.1.	program located in Canada. (Core)	3.2.	program located in Canada. (Core)

ort for program coordination. (Core)

ort for program coordination. (Core)

or must be provided with the dedicated administration of the program. Additional ed based on the program size as follows:

: 1-3 | Minimum FTE Required for I Aggregate FTE Required for

: 4-6 | Minimum FTE Required for I Aggregate FTE Required for

: 7-9 | Minimum FTE Required for I Aggregate FTE Required for

10-12 | Minimum FTE Required for Aggregate FTE Required for

Sponsoring Institution, must jointly personnel for the effective e)

# ip Programs

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

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requiremen
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the program, fellows should have completed a three- year cardiovascular disease or pediatric cardiology program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fello year cardiovascular disease or pediatric requirements in 3.2. (Core)
III.A.1.b).(1)	Fellows who did not complete a cardiovascular disease or pediatric cardiology program that satisfies the requirements in III.A.1. must have completed at least three years of cardiovascular disease or pediatric cardiology education prior to starting the fellowship as well as met all of the criteria in the "Fellow Eligibility Exception" section below. (Core)	3.2.a.1.a.	Fellows who did not complete a cardiova program that satisfies the requirements i three years of cardiovascular disease or starting the fellowship as well as met all Exception" section below. (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Internal Medicine will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Internal Me exception to the fellowship eligibility
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 pro- qualified international graduate applic eligibility requirements listed in 3.2., k following additional qualifications and
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 an the applicant's suitability to enter the review of the summative evaluations (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 GMEC; and, (Core)
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 Commissio (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 exc their performance by the Clinical Com 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 appoir Review Committee. (Core)

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

ellows should have completed a threeic cardiology program that satisfies the

vascular disease or pediatric cardiology s in 3.2. must have completed at least or pediatric cardiology education prior to all of the criteria in the "Fellow Eligibility

# ledicine will allow the following y requirements:

rogram may accept an exceptionally licant who does not satisfy the , but who does meet all of the nd conditions: (Core)

and fellowship selection committee of ne program, based on prior training and s of training in the core specialty; and,

t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

#### pint more fellows than approved by the

Roman Numeral		Requirement	
Requirement Number	Requirement Language	Number	Requirement
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence		The ACGME accreditation system is d
	and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		and innovation in graduate medical economic organizational affiliation, size, or location
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pla leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricul community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
	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		a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which mu
IV.A.1.	applicants, fellows, and faculty members; (Core)	4.2.a.	applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tra their subspecialty. These must be dist 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	4.2.c.	delineation of fellow responsibilities for responsibility for patient management
IV.A.3. IV.A.4.	subspecialty; (Core) structured educational activities beyond direct patient care; and, (Core)	4.2.d.	subspecialty; (Core) structured educational activities beyo
			Didactic and Clinical Experiences
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Fellows must be provided with protect didactic activities. (Core)
	formal educational activities that promote patient safety-related goals,		formal educational activities that pron
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)

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

port the development of who provide compassionate care.

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

#### lowing educational components:

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

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

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

yond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competenc Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a) IV.B.1.b)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.D.1.0)			ACGME Competencies – Patient Care
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.	Fellows must be able to provide patient centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in prevention education, evaluation, and management of inpatients and outpatients with:	4.4.a.	Fellows must demonstrate competence i management of inpatients and outpatien
IV.B.1.b).(1).(a).(i)	aortic coarctation; (Core)	4.4.a.1.	aortic coarctation; (Core)
IV.B.1.b).(1).(a).(ii)	atrial arrhythmias associated with congenital heart disease; (Core)	4.4.a.2.	atrial arrhythmias associated with conge
IV.B.1.b).(1).(a).(iii)	atrial septal defects (secundum, primum, venosus); (Core)	4.4.a.3.	atrial septal defects (secundum, primum
IV.B.1.b).(1).(a).(iv)	atrioventricular defects; (Core)	4.4.a.4.	atrioventricular defects; (Core)
IV.B.1.b).(1).(a).(v)	bicommissural and unicommissural aortic valve; (Core)	4.4.a.5.	bicommissural and unicommissural aorti
IV.B.1.b).(1).(a).(vi)	congenital abnormalities of left-sided inflow, including pulmonary vein disease, cor triatriatum, and mitral valve abnormalities; (Core)	4.4.a.6.	congenital abnormalities of left-sided influctor cor triatriatum, and mitral valve abnormative cor triatriatum.
IV.B.1.b).(1).(a).(vii)	congenital coronary anomalies; (Core)	4.4.a.7.	congenital coronary anomalies; (Core)
IV.B.1.b).(1).(a).(viii)	D-transposition of the great arteries with arterial switch repair; (Core)	4.4.a.8.	D-transposition of the great arteries with
V(P(1 h) (1) (a) (w)	D-transposition of the great arteries with atrial switch repair (Senning, Mustard);	1100	D-transposition of the great arteries with (Core)
IV.B.1.b).(1).(a).(ix) IV.B.1.b).(1).(a).(x)	(Core) Ebstein anomaly; (Core)	4.4.a.9. 4.4.a.10.	Ebstein anomaly; (Core)
IV.B.1.b).(1).(a).(x)	Eisenmenger syndrome and pulmonary hypertension associated with congenital heart disease; (Core)		Eisenmenger syndrome and pulmonary l heart disease; (Core)
IV.B.1.b).(1).(a).(xii)	heart failure (including mechanical circulatory support and transplantation) associated with congenital heart disease; (Core)	4.4.a.12.	heart failure (including mechanical circula associated with congenital heart disease
IV.B.1.b).(1).(a).(xiii)	L-transposition of the great arteries; (Core)	4.4.a.13.	L-transposition of the great arteries; (Cor
IV.B.1.b).(1).(a).(xiv)	patent ductus arteriosus; (Core)	4.4.a.14.	patent ductus arteriosus; (Core)
IV.B.1.b).(1).(a).(xv)	pregnancy associated with maternal congenital heart disease; (Core)	4.4.a.15.	pregnancy associated with maternal con
IV.B.1.b).(1).(a).(xvi)	pulmonary stenosis (subvalvular, valvular, supravalvular, and peripheral pulmonary stenosis); (Core)	4.4.a.16.	pulmonary stenosis (subvalvular, valvula pulmonary stenosis); (Core)
IV.B.1.b).(1).(a).(xvii)	single ventricle anatomy (double outlet right ventricle, double inlet left ventricle, pulmonary atresia, hypoplastic left ventricle, tricuspid atresia); (Core)	4.4.a.17.	single ventricle anatomy (double outlet ri pulmonary atresia, hypoplastic left ventri

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

GME Competencies into the curriculum.

alism tment to professionalism and an re)

re and Procedural Skills (Part A)

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

e in prevention education, evaluation, and ents with:

genital heart disease; (Core) m, venosus); (Core)

rtic valve; (Core)

nflow, including pulmonary vein disease, nalities; (Core)

th arterial switch repair; (Core) th atrial switch repair (Senning, Mustard);

y hypertension associated with congenital

culatory support and transplantation) se; (Core) Core)

ongenital heart disease; (Core) Ilar, supravalvular, and peripheral

right ventricle, double inlet left ventricle, tricle, tricuspid atresia); (Core)

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
IV.B.1.b).(1).(a).(xviii)	subvalvular aortic stenosis; (Core)	4.4.a.18.	subvalvular aortic stenosis; (Core)
IV.B.1.b).(1).(a).(xix)	supravalvular aortic stenosis; (Core)	4.4.a.19.	supravalvular aortic stenosis; (Core)
IV.B.1.b).(1).(a).(xx)	syndrome-associated and inherited forms of congenital heart and vascular disease (including Down, Williams, Turner, Noonan, Marfan); (Core)	4.4.a.20.	syndrome-associated and inherited form disease (including Down, Williams, Turne
IV.B.1.b).(1).(a).(xxi)	tetralogy of Fallot; (Core)	4.4.a.21.	tetralogy of Fallot; (Core)
IV.B.1.b).(1).(a).(xxii)	tetralogy of Fallot with pulmonary atresia; (Core)	4.4.a.22.	tetralogy of Fallot with pulmonary atresia
IV.B.1.b).(1).(a).(xxiii)	ventricular arrhythmias associated with congenital heart disease; and, (Core)	4.4.a.23.	ventricular arrhythmias associated with o
IV.B.1.b).(1).(a).(xxiv)	ventricular septal defects. (Core)	4.4.a.24.	ventricular septal defects. (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 Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in the ability to:	[None]	
IV.B.1.b).(2).(a).(i)	perform diagnostic and therapeutic procedures relevant to their specific career paths; (Core)	4.5.a.	Fellows must demonstrate competence i therapeutic procedures relevant to their s
IV.B.1.b).(2).(a).(ii)	treat their patients' conditions with practice that are patient-centered, safe, scientifically based, effective, timely, and cost-effective. (Core)	4.5.b.	Fellows must demonstrate competence i conditions with practice that are patient-or effective, timely, and cost-effective. (Cor
IV.B.1.b).(2).(a).(iii)	participate in pre-procedural planning, including the indications for a procedure, and the selection of the appropriate sedation and anesthetic agents, procedures, or instruments; and, (Core)	4.5.c.	Fellows must demonstrate competence i procedural planning, including the indica of the appropriate sedation and anesthet (Core)
			Fellows must demonstrate competence i
IV.B.1.b).(2).(a).(iv)	provide post-procedure care. (Core)	4.5.d.	care. (Core)
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in ACHD evaluation, to include:	[None]	
IV.B.1.b).(2).(b).(i)	applying and interpreting approaches to evaluating symptom severity, functional capacity, and health-related quality of life in adult patients with congenital heart disease; (Core)	4.5.e.	Fellows must demonstrate competence i and interpreting approaches to evaluatin capacity, and health-related quality of life disease. (Core)
IV.B.1.b).(2).(b).(ii)	recognizing clinical features in all forms and etiologies of congenital heart disease; and, (Core)	4.5.f.	Fellows must demonstrate competence i recognizing clinical features in all forms a disease. (Core)
IV.B.1.b).(2).(b).(iii)	recognizing the indications for, understanding the complications with, and interpreting the results of all diagnostic tests and modalities relevant to evaluating and managing patients with or suspected of having congenital heart disease; in particular, recognizing the impact of such testing on the management of these patients, including: (Core)	4.5.g.	Fellows must demonstrate competence in recognizing the indications for, understand interpreting the results of all diagnostic te evaluating and managing patients with o disease; in particular, recognizing the im management of these patients, including
, , , , , , , , , ,	transthoracic ACHD echocardiography; (Core)	4.5.g.1.	transthoracic ACHD echocardiography; (
, , , , , , , , , , , ,	transesophageal ACHD echocardiography; and, (Core)	4.5.g.2.	transesophageal ACHD echocardiograph
	diagnostic catheterization. (Core)	4.5.g.3.	diagnostic catheterization. (Core)
IV.B.1.b).(2).(c)	Fellows must demonstrate competence in ACHD management, including:	[None]	
IV.B.1.b).(2).(c).(i)	determining timing and methods of surveillance for each lesion; (Core)	4.5.h.	Fellows must demonstrate competence i determining timing and methods of surve
IV.B.1.b).(2).(c).(ii)	surveillance, diagnosis, and both medical and mechanical management of atrial and ventricular arrhythmias in the unoperated and post-operative state; (Core)	4.5.i.	Fellows must demonstrate competence i surveillance, diagnosis, and both medica and ventricular arrhythmias in the unope

ms of congenital heart and vascular mer, Noonan, Marfan); (Core)

sia; (Core)

n congenital heart disease; and, (Core)

re and Procedural Skills (Part B) medical, diagnostic, and surgical r the area of practice. (Core)

e in the ability to perform diagnostic and ir specific career paths. (Core)

e in the ability to treat their patients' t-centered, safe, scientifically based, ore)

e in the ability to participate in precations for a procedure, and the selection netic agents, procedures, or instruments.

e in the ability to provide post-procedure

e in ACHD evaluation, to include applying ting symptom severity, functional life in adult patients with congenital heart

e in ACHD evaluation, to include s and etiologies of congenital heart

e in ACHD evaluation, to include tanding the complications with, and tests and modalities relevant to or suspected of having congenital heart impact of such testing on the ng: (Core)

; (Core)

aphy; and, (Core)

e in ACHD management, including veillance for each lesion. (Core)

e in ACHD management, including cal and mechanical management of atrial perated and post-operative state. (Core)

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
	surveillance, diagnosis, and both medical and mechanical management of heart block and conduction abnormalities in the unoperated and post-operative state; (Core)	4.5.j.	Fellows must demonstrate competence surveillance, diagnosis, and both medica block and conduction abnormalities in th (Core)
	recognizing the indications for and prescribing non-pharmacologic, non-device treatment modalities, including diet and exercise; (Core)	4.5.k.	Fellows must demonstrate competence recognizing the indications for and prese treatment modalities, including diet and
IV.B.1.b).(2).(c).(v)	recognizing the indications for, prescribing, and monitoring all classes of drugs relevant to patient care; and, (Core)	4.5.1.	Fellows must demonstrate competence recognizing the indications for, prescribin relevant to patient care. (Core)
	recognizing the indications for, understanding the complications of, and interpreting the results of all interventional modalities relevant to managing patients with or suspected of having congenital heart disease; in particular, recognizing the impact of such interventions on the management of these patients, including: (Core)	4.5.m.	Fellows must demonstrate competence recognizing the indications for, understa interpreting the results of all intervention patients with or suspected of having con recognizing the impact of such intervent patients, including: (Core)
IV.B.1.b).(2).(c).(vi).(a)	interventional catheterization; (Core)	4.5.m.1.	interventional catheterization; (Core)
IV.B.1.b).(2).(c).(vi).(b)		4.5.m.2.	cardiac or electrophysiologic procedural surgery; (Core)
	non-cardiac surgery; and, (Core)	4.5.m.3.	non-cardiac surgery; and, (Core)
IV.B.1.b).(2).(c).(vi).(d)	pregnancy. (Core)	4.5.m.4.	pregnancy. (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 Kno Fellows must demonstrate knowledg biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
	Fellows must demonstrate knowledge of indications and contraindications of, limitations and complications with, techniques for, and interpretation of results from those diagnostic and therapeutic procedures, integral to the discipline, to include the appropriate indications for and use of screening tests/procedures, including: • electrocardiogram (EKG) and electrophysiologic testing and intervention; • cardiopulmonary function assessment and exercise testing; • transthoracic echocardiography (TTE) and transesophageal echocardiography (TEE); cardiac and vascular computed tomography (CT) and magnetic resonance imaging (MRI); • hemodynamics and catheterization-based imaging and intervention; and, • surgeries, including peri-operative and procedure-related anesthetics and mechanical cardiopulmonary support techniques. (Core)	4.6.a.	<ul> <li>Fellows must demonstrate knowledge or limitations and complications with, techn from those diagnostic and therapeutic pu- include the appropriate indications for an including:</li> <li>electrocardiogram (EKG) and electroph</li> <li>cardiopulmonary function assessment</li> <li>transthoracic echocardiography (TTE) (TEE); cardiac and vascular computed to resonance imaging (MRI);</li> <li>hemodynamics and catheterization-basis</li> <li>surgeries, including peri-operative and mechanical cardiopulmonary support technology</li> </ul>
IV.B.1.c).(2)	Fellows must demonstrate knowledge of basic mechanisms underlying each type of cardiac anomaly as delineated under "Patient Care" above, including: childhood palliative and complete surgical and interventional repairs, including	4.6.b.	Fellows must demonstrate knowledge or type of cardiac anomaly as delineated u childhood palliative and complete surgic
IV.B.1.c).(2).(a)	the associated intermediate- and longer-term outcomes, for each type of anomaly; (Core)	4.6.b.1.	the associated intermediate- and longer- anomaly; (Core)

e in ACHD management, including ical and mechanical management of heart the unoperated and post-operative state.

e in ACHD management, including scribing non-pharmacologic, non-device d exercise. (Core)

e in ACHD management, including bing, and monitoring all classes of drugs

e in ACHD management, including tanding the complications of, and onal modalities relevant to managing ongenital heart disease; in particular, ntions on the management of these

al interventions and cardiovascular

# nowledge

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

of indications and contraindications of, nniques for, and interpretation of results procedures, integral to the discipline, to and use of screening tests/procedures,

physiologic testing and intervention; nt and exercise testing;

i) and transesophageal echocardiography tomography (CT) and magnetic

ased imaging and intervention; and, ad procedure-related anesthetics and rechniques. (Core)

of basic mechanisms underlying each under "Patient Care" above, including:

ical and interventional repairs, including er-term outcomes, for each type of

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
IV.B.1.c).(2).(b)	differential diagnosis that includes specific etiologies of and exacerbating factors for each type of anomaly; (Core)	4.6.b.2.	differential diagnosis that includes specif factors for each type of anomaly; (Core)
IV.B.1.c).(2).(c)	expected presenting symptoms, physical examination, and cardiac conduction findings for each type of anomaly; (Core)	4.6.b.3.	expected presenting symptoms, physical findings for each type of anomaly; (Core)
IV.B.1.c).(2).(d)	genetics, to include common mutations leading to congenital heart disease; (Core)	4.6.b.4.	genetics, to include common mutations lo (Core)
IV.B.1.c).(2).(e)	guidelines-specific recommendations regarding diagnosis and management of each type of anomaly; (Core)	4.6.b.5.	guidelines-specific recommendations reg each type of anomaly; (Core)
IV.B.1.c).(2).(f)	the impact of age- and development-specific chronic disease skills and psychosocial factors on the manifestation, expression, and management of ACHD across the lifespan of disease; (Core)	4.6.b.6.	the impact of age- and development-spe psychosocial factors on the manifestation ACHD across the lifespan of disease; (C
IV.B.1.c).(2).(g)	important genetic associations specific to each individual type of anomaly, particularly as related to outcomes; (Core)	4.6.b.7.	important genetic associations specific to particularly as related to outcomes; (Core
IV.B.1.c).(2).(h)	lesion- and repair-specific effects on pregnancy and maternal health risk and interventions, and potential complications; (Core)	4.6.b.8.	lesion- and repair-specific effects on preg interventions, and potential complications
IV.B.1.c).(2).(i)	lesion- and repair-specific, intermediate- and longer-term effects on myocardial function; (Core)	4.6.b.9.	lesion- and repair-specific, intermediate- function; (Core)
IV.B.1.c).(2).(j)	principles of cardiac development and anatomy in unrepaired and repaired states for each type of anomaly; (Core)	4.6.b.10.	principles of cardiac development and ar states for each type of anomaly; (Core)
IV.B.1.c).(2).(k)	principles of physiology in unrepaired and repaired states for each type of anomaly; and, (Core)	4.6.b.11.	principles of physiology in unrepaired an anomaly; and, (Core)
IV.B.1.c).(2).(I)	important genetic associations specific to each individual type of anomaly, particularly as related to outcomes. (Core)	4.6.b.12.	important genetic associations specific to particularly as related to outcomes. (Core
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperson result in the effective exchange of info patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awarend larger context and system of health ca social determinants of health, as well other resources to provide optimal he

cific etiologies of and exacerbating e)

cal examination, and cardiac conduction re)

s leading to congenital heart disease;

egarding diagnosis and management of

becific chronic disease skills and ion, expression, and management of (Core)

to each individual type of anomaly, pre)

regnancy and maternal health risk and ons; (Core)

e- and longer-term effects on myocardial

anatomy in unrepaired and repaired )

and repaired states for each type of

to each individual type of anomaly, ore)

ased Learning and Improvement y to investigate and evaluate their care ite scientific evidence, and to pased on constant self-evaluation and

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

#### ased Practice

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

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
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			Curriculum Organization and Fellow E
			4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibilitie educational events. (Core)
			4.11. Didactic and Clinical Experience Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Pain Management The program must provide instruction management if applicable for the subs the signs of substance use disorder. (
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Structure The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibilitie educational events. (Core)
IV.C.1.a)	Rotations must be of a sufficient length to provide longitudinal relationships with faculty members to allow for meaningful assessment and feedback. (Core)	4.10.a.	Rotations must be of a sufficient length to faculty members to allow for meaningful
IV.C.1.b)	Rotations must be structured to allow fellows to function as part of an effective interprofessional team that works together towards the shared goals of patient safety and quality improvement. (Core)	4.10.b.	Rotations must be structured to allow fell interprofessional team that works togethe safety and quality improvement. (Core)
, IV.C.1.c)	Schedules must be structured to minimize conflicting inpatient and outpatient responsibilities. (Core)	4.10.c.	Schedules must be structured to minimiz responsibilities. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instruction management if applicable for the subs the signs of substance use disorder. (
IV.C.3.	Required clinical experiences may be organized as a defined block or a longitudinal experience, and must include: (Core)	4.11.a.	Required clinical experiences may be orgonal longitudinal experience, and must include
IV.C.3.a)	at least nine months of inpatient or consultative service that provides comprehensive care for ACHD patients; (Core)	4.11.a.1.	at least nine months of inpatient or consu comprehensive care for ACHD patients;

#### / Experiences

to optimize fellow educational riences, and the supervisory riences include an appropriate blend of ities, clinical teaching, and didactic

#### ces

ected time to participate in core

on and experience in pain bspecialty, including recognition of r. (Core)

to optimize fellow educational riences, and the supervisory riences include an appropriate blend of ities, clinical teaching, and didactic

n to provide longitudinal relationships with ul assessment and feedback. (Core)

fellows to function as part of an effective ther towards the shared goals of patient )

nize conflicting inpatient and outpatient

#### on and experience in pain bspecialty, including recognition of r. (Core)

organized as a defined block or a ude: (Core)

nsultative service that provides s; (Core)

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
IV.C.3.b)	at least three months of comprehensive diagnostic and interventional services and imaging (transthoracic echocardiography, transesophageal echocardiography, cardiac computed tomography angiography and cardiac magnetic resonance imaging) for ACHD patients; (Core)	4.11.a.2.	at least three months of comprehensive and imaging (transthoracic echocardiogr echocardiography, cardiac computed tor magnetic resonance imaging) for ACHD
IV.C.3.c)	at least two months of ACHD catheterization (diagnostic and interventional), including experience in the limits and applications of measurements and definition of vascular resistance and flows, pressure gradients, and optimal correlation of angiography with physiologic measures and additional imaging modalities; (Core)	4.11.a.3.	at least two months of ACHD catheteriza including experience in the limits and ap definition of vascular resistance and flow correlation of angiography with physiolog modalities; (Core)
IV.C.3.d)	at least one month of intensive care and surgical services that provide comprehensive care for patients, including experience in the optimal transition from pre- to intra- to post-operative care environments, as well as development, provision, and communication of care plans through short-, intermediate- and longer-term post-operative follow-up; (Core)	4.11.a.4.	at least one month of intensive care and comprehensive care for patients, includir from pre- to intra- to post-operative care provision, and communication of care pla longer-term post-operative follow-up; (Co
IV.C.3.e)	experience on pediatric, internal medicine, or cardiology services that expand understanding of the multiple organ system and the behavioral and psychosocial ramifications of congenital heart disease over the course of a patient's lifetime; (Core)	4.11.a.5.	experience on pediatric, internal medicin understanding of the multiple organ syste psychosocial ramifications of congenital patient's lifetime; (Core)
IV.C.3.e).(1)	For the fellow entering with subspecialty education in adult cardiovascular disease, this must include at least three months dedicated to a combination of pediatric medicine, adolescent medicine, transition medicine, and pediatric cardiology. (Core)	4.11.a.5.a.	For the fellow entering with subspecialty disease, this must include at least three pediatric medicine, adolescent medicine cardiology. (Core)
IV.C.3.e).(2)	For the fellow entering with residency education in internal medicine-pediatrics and subspecialty education in pediatric cardiology, this must include at least three months dedicated to a combination of internal medicine, transition medicine, and adult cardiology. (Core)	4.11.a.5.b.	For the fellow entering with residency ed and subspecialty education in pediatric of three months dedicated to a combination medicine, and adult cardiology. (Core)
IV.C.3.e).(3)	For the fellow entering with residency education in pediatrics and subspecialty education in pediatric cardiology, this must include:	4.11.a.5.c.	For the fellow entering with residency ed education in pediatric cardiology, this mu
IV.C.3.e).(3).(a)	at least three months of internal medicine; (Core)	4.11.a.5.c.1.	at least three months of internal medicin
IV.C.3.e).(3).(b)	at least three months of adult cardiology; and, (Core)	4.11.a.5.c.2.	at least three months of adult cardiology
IV.C.3.e).(3).(c)	attestation of education in the competencies in internal medicine care. (Core)	4.11.a.5.c.3.	attestation of education in the competen
IV.C.3.f)	Fellows must have clinical experience in:	[None]	anning for maticulation to the
IV.C.3.f).(1)	caring for patients in the context of a multidisciplinary disease management program; (Core)	4.11.a.6	caring for patients in the context of a mul program; (Core)
IV.C.3.f).(2)	end-of-life care; (Core)	4.11.a.7	end-of-life care; (Core)
IV.C.3.f).(3)	evaluating patients for cardiac or pulmonary transplantation or mechanical assist devices; and, (Core)	4.11.a.8	evaluating patients for cardiac or pulmon assist devices; (Core)
IV.C.3.f).(4)	a continuity ambulatory clinic that exposes the fellows to the breadth and depth of ACHD. (Core)	4.11.a.9.	a continuity ambulatory clinic that expose of ACHD. (Core)

e diagnostic and interventional services graphy, transesophageal omography angiography and cardiac D patients; (Core)

zation (diagnostic and interventional), applications of measurements and bws, pressure gradients, and optimal logic measures and additional imaging

nd surgical services that provide ding experience in the optimal transition re environments, as well as development, plans through short-, intermediate- and Core)

cine, or cardiology services that expand stem and the behavioral and al heart disease over the course of a

ty education in adult cardiovascular e months dedicated to a combination of ne, transition medicine, and pediatric

education in internal medicine-pediatrics c cardiology, this must include at least on of internal medicine, transition

education in pediatrics and subspecialty must include:

ine; (Core)

gy; and, (Core)

encies in internal medicine care. (Core)

nultidisciplinary disease management

onary transplantation or mechanical

oses the fellows to the breadth and depth

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
IV.C.3.e).(4).(a)	This experience should average at least one half day each week. (Detail)	4.11.a.9.a.	This experience should average at least
IV.C.3.e).(4).(b)	This experience must include an appropriate distribution of patients of each gender and a diversity of ages, with attention to age-, gender-, or ethnicity-based differences in disease or care disparities when such occur. (Core)	4.11.a.9.b.	This experience must include an approp gender and a diversity of ages, with atter based differences in disease or care disp
IV.C.3.e).(4).(c)	Each fellow should, on average, be responsible for at least three patients during each half-day session. (Detail)	4.11.a.9.c.	Each fellow should, on average, be resp each half-day session. (Detail)
IV.C.3.e).(4).(d)	The continuity patient care experience should not be interrupted by more than one month, excluding a fellow's vacation. (Detail)	4.11.a.9.d.	The continuity patient care experience sl one month, excluding a fellow's vacation
IV.C.4.	The educational program must provide fellows with individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competence development in the foundational educational experiences of the subspecialty. (Core)	4.11.b.	The educational program must provide for experiences to allow them to participate practice or to further skill/competence de educational experiences of the subspeci
IV.C.5.	Required Didactic Experience	4.11.c.	Required Didactic Experience The educational program must include d knowledge content in the subspecialty a
IV.C.5.a)	The educational program must include didactic instruction based upon the core knowledge content in the subspecialty area. (Core)	4.11.c.	Required Didactic Experience The educational program must include d knowledge content in the subspecialty a
IV.C.5.a).(1)	The program must ensure that fellows have an opportunity to review all content from conferences that they could not attend. (Core)	4.11.c.1.	The program must ensure that fellows hat from conferences that they could not atte
IV.C.5.b).(2)	Fellows must have a sufficient number of didactic sessions to ensure fellow- fellow and fellow-faculty interaction. (Core)	4.11.c.2.	Fellows must have a sufficient number o fellow and fellow-faculty interaction. (Cor
IV.C.6.	Direct supervision of procedures performed by each fellow must occur until proficiency has been acquired and documented by the program director. (Core)	4.11.d.	Direct supervision of procedures perform proficiency has been acquired and docu
IV.C.7.	Faculty members must teach and supervise the fellows in the performance and interpretation of procedures, which must be documented in each fellow's record, including indications, outcomes, diagnoses, and supervisor(s). (Core)	4.11.e.	Faculty members must teach and supervisite interpretation of procedures, which must including indications, outcomes, diagnostic structures and the
IV.C.8.	Fellows should be instructed in practice management relevant to the subspecialty. (Detail)	4.11.f.	Fellows should be instructed in practice subspecialty. (Detail)

st one half day each week. (Detail)

opriate distribution of patients of each tention to age-, gender-, or ethnicityisparities when such occur. (Core) sponsible for at least three patients during

should not be interrupted by more than on. (Detail)

e fellows with individualized educational te in opportunities relevant to their future development in the foundational ecialty. (Core)

e didactic instruction based upon the core area. (Core)

e didactic instruction based upon the core area. (Core)

have an opportunity to review all content ttend. (Core)

of didactic sessions to ensure fellowcore)

rmed by each fellow must occur until cumented by the program director. (Core)

ervise the fellows in the performance and ist be documented in each fellow's record, oses, and supervisor(s). (Core) the management relevant to the

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requiremen
	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.		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching
IV.D.	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]	The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, and serves. For example, some programs activity on quality improvement, pope other programs might choose to utility research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and air
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and air
IV.D.2.	Faculty Scholarly Activity	4.14.	<b>Faculty Scholarly Activity</b> The faculty must establish and maintain scholarship with an active research com
IV.D.2.a) IV.D.2.a).(1)	The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)	<b>4.14.</b> 4.14.a.	Faculty Scholarly ActivityThe faculty must establish and maintain scholarship with an active research comThe faculty must regularly participate in journal clubs, and conferences. (Detail)
IV.D.2.a).(2)	At least 50 percent of the core faculty members who are ABIM-certified in adult congenital heart disease by the ABIM (see Program Requirements II.B.4.b)-c) must annually engage in a variety of scholarly activities from among the following: 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. (Core)		At least 50 percent of the core faculty m congenital heart disease by the ABIM (s must annually engage in a variety of sch following: faculty participation in grand r improvement presentations; podium pre reviewed print/electronic resources; art textbooks; webinars; service on profess reviewer, journal editorial board membe

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

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

dence of scholarly activities, aims. (Core)

dence of scholarly activities, aims. (Core)

in an environment of inquiry and pomponent. (Core)

in an environment of inquiry and pomponent. (Core)

in organized clinical discussions, rounds, il)

members who are ABIM-certified in adult (see Program Requirements 2.10.b.-c. scholarly activities from among the d rounds; posters; workshops; quality resentations; grant leadership; non-peerarticles or publications; book chapters; ssional committees; or serving as a journal per, or editor. (Core)

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity While in the program, all fellows must en scholarly activities: participation in grand improvement presentations, podium pres reviewed print/electronic resources, artic textbooks, webinars, service on profession reviewer, journal editorial board member
IV.D.3.a)	While in the program, all fellows must engage in at least one of the following scholarly activities: 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)	4.15.	<b>Fellow Scholarly Activity</b> While in the program, all fellows must en scholarly activities: participation in grand improvement presentations, podium pres reviewed print/electronic resources, artic textbooks, webinars, service on profession reviewer, journal editorial board member
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
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 Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.a).(1)	Assessment of procedural competence should include a formal evaluation process and not be based solely on a minimum number of procedures performed. (Core)	5.1.f.	Assessment of procedural competence s process and not be based solely on a min performed. (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 (Core)
V.A.1.b).(1)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at least
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 objectiv the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty n other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinical synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	

engage in at least one of the following nd rounds, posters, workshops, quality resentations, grant leadership, non-peerticles or publications, book chapters, sional committees, or serving as a journal er, or editor. (Outcome)

engage in at least one of the following nd rounds, posters, workshops, quality resentations, grant leadership, non-peerticles or publications, book chapters, sional committees, or serving as a journal er, or editor. (Outcome)

#### aluation

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

#### aluation

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

#### aluation

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

e should include a formal evaluation minimum number of procedures

the completion of the assignment.

east every three months. (Core)

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

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

cal Competency Committee for its formance and improvement toward

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest
V.A.1.d).(2)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.d.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.e.	The evaluations of a fellow's performative by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
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, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
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 par maintained by the institution, and must fellow in accordance with institutional
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 knowledge, skills, and behaviors nece (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 w 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 mu 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 Competence members, at least one of whom is a co be faculty members from the same pro- health professionals who have extens 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 r 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 r progress on achievement of the subs
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 r annual evaluations and advise the pro fellow's progress. (Core)

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nee, with input from the Clinical
t with and review with each fellow their
n of performance, including progress
estones. (Core)
nee, with input from the Clinical
elop plans for fellows failing to
licies and procedures. (Core)
mance must be accessible for review
a final evaluation for each fellow upon
a final evaluation for each fellow upon
es, and when applicable the
nust be used as tools to ensure fellows
practice upon completion of the
part of the fellow's permanent record
nust be accessible for review by the
nal policy. (Core)
t the fellow has demonstrated the
ecessary to enter autonomous practice.
d with the fellow upon completion of
must be appointed by the program
ency Committee must include three
a core faculty member. Members must

program or other programs, or other nsive contact and experience with the

e must review all fellow evaluations at

e must determine each fellow's ospecialty-specific Milestones. (Core)

e must meet prior to the fellows' semiprogram director regarding each

Roman Numeral		Boguiromont	
Requirement Number	Requirement Language	Requirement Number	Requirement Language
		Tunison	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.
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to evaluate each faculty member's
	performance as it relates to the educational program at least annually.		performance as it relates to the educational program at least annually.
V.B.1.	(Core)	5.4.	(Core)
	This conduction more the charles a maximum of the formula many banks of a line of		
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review of the faculty member's clinical
	teaching abilities, engagement with the educational program, participation		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.	in faculty development related to their skills as an educator, clinical
V.B.1.a)		J.4.a.	performance, professionalism, and scholarly activities. (Core)
	This evaluation must include written, confidential evaluations by the	5 4 h	This evaluation must include written, confidential evaluations by the
V.B.1.b)	fellows. (Core)	5.4.b.	fellows. (Core)
	Faculty members must receive feedback on their evaluations at least	5.4.5	Faculty members must receive feedback on their evaluations at least
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)
			Program Evaluation and Improvement
			The program director must appoint the Program Evaluation Committee to
V.C.	Program Evolution and Improvement	5.5.	conduct and document the Annual Program Evaluation as part of the
v.c.	Program Evaluation and Improvement	5.5.	program's continuous improvement process. (Core)
			Program Evaluation and Improvement
	The program director must appoint the Program Evaluation Committee to		The program director must appoint the Program Evaluation Committee to
V.C.1	conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1		5.5.	
	The Program Evaluation Committee must be composed of at least two		The Program Evaluation Committee must be composed of at least two
V.C.1.a)	program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	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]	
			Program Evaluation Committee responsibilities must include review of the
	review of the program's self-determined goals and progress toward		program's self-determined goals and progress toward meeting them.
V.C.1.b).(1)	meeting them; (Core)	5.5.b.	(Core)
			Program Evaluation Committee responsibilities must include guiding
	guiding ongoing program improvement, including development of new		ongoing program improvement, including development of new goals,
V.C.1.b).(2)	goals, based upon outcomes; and, (Core)	5.5.c.	based upon outcomes. (Core)
- /- \ /	· · · · · · · · · · · · · · · · · · ·		Program Evaluation Committee responsibilities must include review of the
	review of the current operating environment to identify strengths,		current operating environment to identify strengths, challenges,
	challenges, opportunities, and threats as related to the program's mission		opportunities, and threats as related to the program's mission and aims.
V.C.1.b).(3)	and aims. (Core)	5.5.d.	(Core)
	The Program Evaluation Committee should consider the outcomes from		The Program Evaluation Committee should consider the outcomes from
	prior Annual Program Evaluation(s), aggregate fellow and faculty written		prior Annual Program Evaluation(s), aggregate fellow and faculty written
	evaluations of the program, and other relevant data in its assessment of		evaluations of the program, and other relevant data in its assessment of
V.C.1.c)	the program. (Core)	5.5.e.	the program. (Core)
-	The Program Evaluation Committee must evaluate the program's mission		The Program Evaluation Committee must evaluate the program's mission
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	and aims, strengths, areas for improvement, and threats. (Core)

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requiremen
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the the fellows, and be submitted to the D
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. 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		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) membe
V.C.3.	Association (AOA) certifying board. [Note that there is no AOA board certification in this subspecialty.]	[None]	Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
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 certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)

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luding the action plan, must be
e members of the teaching faculty and
DIO. (Core)

self-Study and submit it to the DIO.

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

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

ication in this subspecialty.]

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

AS member board and/or AOA written exam, in the preceding six s rate of those taking the examination n the bottom fifth percentile of come)

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

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

1 5.6. – 5.6.c., any program whose cified in the requirement have achieved et this requirement, no matter the ass rate in that subspecialty.

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requiremen
	Programs must report, in ADS, board certification status annually for the		Programs must report, in ADS, board
V.C.3.f)		5.6.e.	cohort of board-eligible fellows that g
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in t environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently de organization has formal mechanisms attitudes of its personnel toward safe improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, an patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	

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

#### ng Environment

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roviding care for patients

he students, residents, fellows, faculty lealth care team

ous identification of vulnerabilities deal with them. An effective ns to assess the knowledge, skills, and afety in order to identify areas for

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

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

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
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; (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor 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 men interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	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 re benchmarks related to their patient po
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requis practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision 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		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requisi practice of medicine; and establishes
VI.A.2.a)	professional growth.	[None]	professional growth.

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

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

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

tizing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Baguiroman
Requirement Number	Requirement Language	Number	Requirement
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) This information must be available to fellows, faculty members, other	6.5.	Fellows and faculty members must in roles in that patient's care when provi
VI.A.2.a).(1).(a)	members of the health care team, and patients. (Core)	6.5.a.	members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t in place for all fellows is based on eac ability, as well as patient complexity a exercised through a variety of method (Core)
	Levels of Supervision		
VI.A.2.b)	To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or path the fellow and the supervising physic patient care through appropriate telec
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or path the fellow and the supervising physic patient care through appropriate teleo
			Direct Supervision The supervising physician is physical key portions of the patient interaction
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.	The supervising physician and/or path the fellow and the supervising physic patient care through appropriate teleo
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback

inform each patient of their respective oviding direct patient care.

to fellows, faculty members, other nd patients. (Core)

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

ervision while providing for graded ogram must use the following

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

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

ble to provide review of ck provided after care is delivered.

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
	The program must define when physical presence of a supervising		The program must define when physic
VI.A.2.c)	physician is required. (Core)	6.8.	physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on the of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the se
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mus the knowledge and skills of each fello appropriate level of patient care autho
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.2.	The learning objectives of the program must: be accomplished without excessive reliance on fellows to fulfill non-	[None]	The learning objectives of the program
VI.B.2.a) VI.B.2.b)	physician obligations; (Core) ensure manageable patient care responsibilities; and, (Core)	6.12.a. 6.12.b.	excessive reliance on fellows to fulfill The learning objectives of the program care responsibilities. (Core)

sical presence of a supervising

ty and responsibility, conditional le in patient care delegated to each gram director and faculty members.

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

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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
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 the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe o
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and behavior and a confidential process for addressing such concerns. (Core)
	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		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and re members of the health care team are professionalism; they are also skills to nurtured in the context of other aspect Fellows and faculty members are at re Programs, in partnership with their Sp same responsibility to address well-b
VI.C.	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]	competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a their careers.

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

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

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

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

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

ical well-being are critical in the ng, and resilient physician and require I outside of medicine. Well-being oy in medicine while managing their I responsibility to support other e important components of s that must be modeled, learned, and ects of fellowship training.

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

Roman Numeral	Pequirement Lenguege	Requirement Number	Deminuer
Requirement Number	Requirement Language The responsibility of the program, in partnership with the Sponsoring	Number	Requirement The responsibility of the program, in p
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)		6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member	6.13.c.	policies and programs that encourage
VI.C.1.c)		0.13.0.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their		Fellows must be given the opportunity and dental care appointments, includi
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of burr
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2) VI.C.1.d).(3)	appropriate care; and, (Core) access to appropriate tools for self-screening. (Core)	6.13.d.2. 6.13.d.3.	appropriate care; and, (Core) access to appropriate tools for self-so
vi.o. i.u).(3)		0.13.0.3.	
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affor
VI.C.1.e)	counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	counseling, and treatment, including a 24 hours a day, seven days a week. (C
VI.O. 1.C)		0.10.6.	
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fell
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for fello
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)
	The program must have policies and procedures in place to ensure		The program must have policies and
VI.C.2.a)		6.14.a.	coverage of patient care and ensure c
	These policies must be implemented without fear of negative		These policies must be implemented
	consequences for the fellow who is or was unable to provide the clinical		consequences for the fellow who is o
VI.C.2.b)	work. (Core)	6.14.b.	work. (Core)
			Fatigue Mitigation
			Programs must educate all fellows an the signs of fatigue and sleep depriva
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
	Programs must educate all fellows and faculty members in recognition of		Fatigue Mitigation Programs must educate all fellows an
	the signs of fatigue and sleep deprivation, alertness management, and		the signs of fatigue and sleep depriva
VI.D.1.		6.15.	fatigue mitigation processes. (Detail)

n partnership with the Sponsoring

sity, and work compression that

d addressing the safety of fellows and

ge optimal fellow and faculty member

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

#### mbers in:

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

nemselves and how to seek

screening. (Core)

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe trar may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.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 e communication and promotes safe, in the subspecialty and larger health sys
VI.E.2.a)	The program must provide educational experiences that allow fellows to interact with and learn from other health care professionals, such as physicians in other specialties, advanced practice providers, nurses, social workers, physical therapists, case managers, language interpreters, and dieticians, in order to achieve effective, interdisciplinary, and interprofessional team-based care. (Core)	6.18.a.	The program must provide educational e with and learn from other health care pro specialties, advanced practice providers therapists, case managers, language inte achieve effective, interdisciplinary, and in (Core)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured hand continuity of care and patient safety. (
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac

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

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

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

I experiences that allow fellows to interact professionals, such as physicians in other rs, nurses, social workers, physical nterpreters, and dieticians, in order to I interprofessional team-based care.

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

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

Sponsoring Institutions, must ensure and-off processes to facilitate both v. (Core)

are competent in communicating with ess. (Outcome)

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

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours n hours per week, averaged over a four house clinical and educational activiti and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b 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 fr after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education ( home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinica Maximum Clinical Work and Educatio
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Clinical and educational work periods hours of continuous scheduled clinical
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effect fellow education. Additional patient ca assigned to a fellow during this time.
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
	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.		Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a
VI.F.4.a)	(Detail) These additional hours of care or education must be counted toward the	6.23.	(Detail) These additional hours of care or edu
VI.F.4.b)	80-hour weekly limit. (Detail)	6.23.a.	80-hour weekly limit. (Detail)

# nt Language cational Work per Week must be limited to no more than 80 ar-week period, inclusive of all inities, clinical work done from home, rk and Education between scheduled clinical work and rk and Education between scheduled clinical work and free of clinical work and education e) nimum of one day in seven free of n (when averaged over four weeks). Atese free days. (Core) ion Period Length ds for fellows must not exceed 24 ical assignments. (Core) ion Period Length ds for fellows must not exceed 24 ical assignments. (Core) may be used for activities related to fective transitions of care, and/or care responsibilities must not be e. (Core) Exceptions off all other responsibilities, a fellow, remain or return to the clinical site in tinue to provide care to a single ive humanistic attention to the needs attend unique educational events. Exceptions off all other responsibilities, a fellow,

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

lucation must be counted toward the

Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement Language		
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation-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.		
VI.F.4.c)	The Review Committee for Internal Medicine will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Internal Medicine 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)		
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,		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)		