Requirement Number	Requirement Language	Requirement Number	Reguiremen
-	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	Number	Requirement Definition of Graduate Medical Educat Fellowship is advanced graduate met residency program for physicians wh practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and educate group of physicians brings to medicate inclusive and psychologically safe le Fellows who have completed resident in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecial
Int.A.	faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	faculty supervision and conditional in serve as role models of excellence, c professionalism, and scholarship. Th knowledge, patient care skills, and ex area of practice. Fellowship is an inte clinical and didactic education that for of patients. Fellowship education is c intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient car expertise achieved, fellows develop n infrastructure that promotes collabor
Int.B.	Definition of Subspecialty Adult reconstructive orthopaedic surgery is a subspecialty of orthopaedic surgery that includes the study, prevention, and reconstructive treatment of musculoskeletal diseases, disorders, and sequelae of injuries by medical, physical, and surgical methods in patients 18 years and older. An educational program in adult reconstructive orthopaedic surgery may include the care of arthritis and related disorders in many anatomic regions or be limited to:	[None]	Definition of Subspecialty Adult reconstructive orthopaedic surgery surgery that includes the study, preventi musculoskeletal diseases, disorders, an physical, and surgical methods in patien program in adult reconstructive orthopae arthritis and related disorders in many a •hip and knee or, •shoulder, elbow, and upper limb.

cation

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 I independence. Faculty members compassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused atensive program of subspecialty focuses on the multidisciplinary care s often physically, emotionally, and rs in a variety of clinical learning te 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.

ery is a subspecialty of orthopaedic ntion, and reconstructive treatment of and sequelae of injuries by medical, ents 18 years and older. An educational baedic surgery may include the care of anatomic regions or be limited to:

Requirement Number	Requirement Language	Requirement Number	Requiremen
Int.B.1	hip and knee or,	[None]	Definition of Subspecialty Adult reconstructive orthopaedic surgery surgery that includes the study, preventi musculoskeletal diseases, disorders, an physical, and surgical methods in patien program in adult reconstructive orthopae arthritis and related disorders in many a •hip and knee or, •shoulder, elbow, and upper limb.
Int.B.2	shoulder, elbow, and upper limb.	[None]	Definition of Subspecialty Adult reconstructive orthopaedic surgery surgery that includes the study, preventi musculoskeletal diseases, disorders, an physical, and surgical methods in patien program in adult reconstructive orthopae arthritis and related disorders in many at •hip and knee or, •shoulder, elbow, and upper limb.
Int.C.	Length of Educational Program The educational program in adult reconstructive orthopaedic surgery must be 12 months in length. (Core)		Length of Educational Program The educational program in adult recons months in length. (Core)
I.	Oversight	Section 1	Section 1: Oversight
I.A.	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by c Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)

ery is a subspecialty of orthopaedic ntion, and reconstructive treatment of and sequelae of injuries by medical, ents 18 years and older. An educational paedic surgery may include the care of anatomic regions or be limited to:

ery is a subspecialty of orthopaedic ntion, and reconstructive treatment of and sequelae of injuries by medical, ents 18 years and older. An educational aedic surgery may include the care of anatomic regions or be limited to:

nstructive orthopaedic surgery must be 12

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

Requirement Number	Requirement Language	Requirement Number	Requirement
I.B.1.a)	When orthopaedic residents and fellows are being educated at the same participating site, the residency director and fellowship director must jointly prepare and utilize a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, the roles of the residents and fellows in patient care, and how clinical and educational resources will be shared equitably. (Core)	1.2.a.	When orthopaedic residents and fellows participating site, the residency director a prepare and utilize a written agreement s between the residency and fellowship pr fellowship directors in determining the eq fellows, the roles of the residents and fel and educational resources will be shared
I.B.1.a).(1)	Both program directors should together closely monitor the relationship between residency and fellowship education. (Detail)	1.2.a.1.	Both program directors should together or residency and fellowship education. (Det
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)		There must be a program letter of agree and each participating site that govern program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must be by the program director, who is accou site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit any participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
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)	Facilities must be available and functioning, and must include inpatient, outpatient, imaging, laboratory, rehabilitation, and research resources. (Core)	1.8.a.	Facilities must be available and functioni outpatient, imaging, laboratory, rehabilita
I.D.1.b)	Operating rooms must contain all necessary equipment, implants, and instrumentation for reconstructive surgery. (Core)	1.8.b.	Operating rooms must contain all necess instrumentation for reconstructive surger

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vs are being educated at the same or and fellowship director must jointly at specifying the educational relationship programs, the roles of the residency and educational program of residents and fellows in patient care, and how clinical red equitably. (Core)

r closely monitor the relationship between etail)

greement (PLA) between the program erns the relationship between the roviding 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)

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

on

Sponsoring Institution, must engage riven, 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)

ning, and must include inpatient, itation, and research resources. (Core)

essary equipment, implants, and Jery. (Core)

Requirement Number	Requirement Language	Requirement Number	Requiremen
I.D.1.c)	There should be clinical services available for the education of fellows, including radiology, laboratory medicine, rheumatology, infectious disease, pathology, and rehabilitation. (Core)	1.8.c.	There should be clinical services availab radiology, laboratory medicine, rheumate and rehabilitation. (Core)
I.D.1.d)	A sufficient number and variety of new and follow-up patients must be available to ensure adequate inpatient and outpatient experience for each fellow without adversely diluting the educational experience of the orthopaedic surgery residents if present. (Core)	1.8.d.	A sufficient number and variety of new a to ensure adequate inpatient and outpati adversely diluting the educational experi residents if present. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, 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)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	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.	The presence of other learners and he not limited to residents from other pro advanced practice providers, must no fellows' education. (Core)
I.E.1.	Fellows should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines, when present. (Core)	1.11.a.	Fellows should maintain a close working and other fellows in orthopaedic surgery (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)

able for the education of fellows, including atology, infectious disease, pathology,

and follow-up patients must be available atient experience for each fellow without erience of the orthopaedic surgery

Sponsoring Institution, must ensure ng environments that promote fellow

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

ng relationship with orthopaedic residents ry and in other disciplines, when present.

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 nical appointment. (Core)

tor resides with the Review Committee.

Requirement Number	Requirement Language	Requirement Number	Requirement
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)		The program director and, as applicat must be provided with support adequ based upon its size and configuration
	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)		Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direct director and one or more associate (or as
II.A.2.a)	Number of Approved Fellow Positions: 1-2 Minimum Support Required (FTE): 10% Number of Approved Resident Positions: 3-4 Minimum Support Required (FTE): 10% Number of Approved Resident Positions: 5-6 Minimum Support Required (FTE): 20%	2.3.a.	Number of Approved Fellow Positions: 1- 10% Number of Approved Resident Positions: (FTE): 10% Number of Approved Resident Positions: (FTE): 20%
, II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s 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 Review
II.A.3.a).(1)	Prior to appointment, the program director must demonstrate the following:	2.4.c.	Prior to appointment, the program directo
II.A.3.a).(1).(a)	completion of an adult reconstructive orthopaedic surgery fellowship; (Core)	2.4.c.1.	completion of an adult reconstructive orth
II.A.3.a).(1).(b)	at least three years of clinical practice experience in adult reconstructive orthopaedic surgery; (Core)	2.4.c.2.	at least three years of clinical practice ex orthopaedic surgery; (Core)
II.A.3.a).(1).(c)	three years as a faculty member in an ACGME- or AOA-accredited orthopaedic surgery residency or an adult reconstructive orthopaedic surgery fellowship program; and, (Core)	2.4.c.3.	three years as a faculty member in an A0 surgery residency or an adult reconstruct program; and, (Core)
II.A.3.a).(1).(d)	evidence of periodic updates of knowledge and skills to discharge the roles and responsibilities for teaching, supervision, and formal evaluation of fellows. (Core)	2.4.c.4.	evidence of periodic updates of knowledg responsibilities for teaching, supervision, (Core)
	must include current certification in the specialty by the American Board of Orthopaedic Surgery or by the American Osteopathic Board of Orthopaedic Surgery, or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess c by the American Board of Orthopaedic Osteopathic Board of Orthopaedic Surg that are acceptable to the Review Con
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty.]	2.4.a.	[Note that while the Common Program R member board of the American Board of certifying board of the American Osteopa there is no ABMS or AOA board that offe
II.A.3.b).(1)	All program directors appointed after the effective date of these requirements must have current ABOS or AOBOS certification in orthopaedic surgery. (Core)	2.4.b.	All program directors appointed after the must have current ABOS or AOBOS cert

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

st be provided with support equal to a bw for administration of the program. This ector only or divided between the program assistant) program directors. (Core)

1-2 | Minimum Support Required (FTE):

ns: 3-4 | Minimum Support Required

ns: 5-6 | Minimum Support Required

tor

subspecialty expertise and iew Committee. (Core)

tor

subspecialty expertise and iew Committee. (Core)

ctor must demonstrate the following:

orthopaedic surgery fellowship; (Core)

experience in adult reconstructive

ACGME- or AOA-accredited orthopaedic uctive orthopaedic surgery fellowship

edge and skills to discharge the roles and n, and formal evaluation of fellows.

current certification in the specialty lic Surgery or by the American urgery, or subspecialty qualifications ommittee. (Core)

Requirements deem certification by a of Medical Specialties (ABMS) or a pathic Association (AOA) acceptable, ffers certification in this subspecialty.]

ne effective date of these requirements ertification in orthopaedic surgery. (Core)

Requirement Number	Requirement Language	Requirement Number	Requirement
	Program Director Responsibilities		
			Program Director Responsibilities
	The program director must have responsibility, authority, and		The program director must have resp
	accountability for: administration and operations; teaching and scholarly		accountability for: administration and
	activity; fellow recruitment and selection, evaluation, and promotion of		activity; fellow recruitment and select
	fellows, and disciplinary action; supervision of fellows; and fellow	a =	fellows, and disciplinary action; supe
II.A.4.	education in the context of patient care. (Core)	2.5.	education in the context of patient car
II.A.4.a) II.A.4.a).(1)	The program director must: be a role model of professionalism; (Core)	[None] 2.5.a.	The program director must be a role r
I.A.4.a).(1)		2.5.d.	
	design and conduct the program in a fashion consistent with the needs of		The program director must design and consistent with the needs of the comr
II.A.4.a).(2)	the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	Sponsoring Institution, and the mission
II.A.4.a).(2)		2.3.0.	
	administer and maintain a learning environment conducive to educating		The program director must administer environment conducive to educating
II.A.4.a).(3)	the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	Competency domains. (Core)
		2.0.0.	
	have the authority to approve or remove physicians and non-physicians		The program director must have the a physicians and non-physicians as fac
	as faculty members at all participating sites, including the designation of		sites, including the designation of co
	core faculty members, and must develop and oversee a process to		develop and oversee a process to eva
II.A.4.a).(4)	evaluate candidates prior to approval; (Core)	2.5.d.	(Core)
, , ,	have the authority to remove fellows from supervising interactions and/or		The program director must have the a
	learning environments that do not meet the standards of the program;		supervising interactions and/or learni
II.A.4.a).(5)	(Core)	2.5.e.	the standards of the program. (Core)
	submit accurate and complete information required and requested by the		The program director must submit ac
II.A.4.a).(6)	DIO, GMEC, and ACGME; (Core)	2.5.f.	required and requested by the DIO, G
	provide a learning and working environment in which fellows have the		The program director must provide a
	opportunity to raise concerns, report mistreatment, and provide feedback		which fellows have the opportunity to
	in a confidential manner as appropriate, without fear of intimidation or		mistreatment, and provide feedback in
II.A.4.a).(7)	retaliation; (Core)	2.5.g.	appropriate, without fear of intimidation
	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure the
	policies and procedures related to grievances and due process, including		Sponsoring Institution's policies and
	when action is taken to suspend or dismiss, not to promote, or renew the		and due process, including when acti
II.A.4.a).(8)	appointment of a fellow; (Core)	2.5.h.	not to promote, or renew the appointr
			The program director must ensure the
	ensure the program's compliance with the Sponsoring Institution's	0.5.	Sponsoring Institution's policies and
II.A.4.a).(9)		2.5.i.	discrimination. (Core)
	Fellows must not be required to sign a non-competition guarantee or		Fellows must not be required to sign a
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
	de sum ant varification of advantion for all follows within 20 days of		The program director must document
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.	fellows within 30 days of completion ((Core)
1.A.4.a).(10)		2.3.j.	
I.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
	וופקעפטו, אונוווו טע עמאט, מווע, (הטופ)		
	provide applicants who are offered an interview with information related to		The program director must provide an interview with information related to t
II.A.4.a).(12)		2.5.1.	specialty board examination(s). (Core
		2.0	

ponsibility, authority, and ad operations; teaching and scholarly ction, evaluation, and promotion of pervision of fellows; and fellow are. (Core)

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

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

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

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

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

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

he program's compliance with the d procedures related to grievances tion is taken to suspend or dismiss, tment 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 n of or departure from the program.

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

applicants who are offered an their eligibility for the relevant re)

Requirement Number	Requirement Language	Requirement Number	Requiremen
	Faculty		
	Faculty members are a foundational element of graduate medical		Faculty Faculty members are a foundational e
	education – faculty members teach fellows how to care for patients.		education – faculty members teach fe
	Faculty members provide an important bridge allowing fellows to grow		Faculty members provide an importal
	and become practice ready, ensuring that patients receive the highest		and become practice ready, ensuring
	quality of care. They are role models for future generations of physicians		quality of care. They are role models
	by demonstrating compassion, commitment to excellence in teaching and		by demonstrating compassion, comn
	patient care, professionalism, and a dedication to lifelong learning.		patient care, professionalism, and a c
	Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by		Faculty members experience the prid development of future colleagues. Th
	the opportunity to teach and model exemplary behavior. By employing a		the opportunity to teach and model ex
	scholarly approach to patient care, faculty members, through the		scholarly approach to patient care, fa
	graduate medical education system, improve the health of the individual		graduate medical education system,
	and the population.		and the population.
	Faculty members ensure that patients receive the level of care expected		Faculty members ensure that patients
	from a specialist in the field. They recognize and respond to the needs of		from a specialist in the field. They rec
	the patients, fellows, community, and institution. Faculty members		the patients, fellows, community, and
	provide appropriate levels of supervision to promote patient safety.		provide appropriate levels of supervis
	Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and		Faculty members create an effective l professional manner and attending to
I.B.	themselves.	[None]	themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient number of
I.B.1.	instruct and supervise all fellows. (Core)	2.6.	instruct and supervise all fellows. (Co
I.B.2	Faculty members must:	[None]	
			Faculty Responsibilities
I.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty members must be role model
	demonstrate commitment to the delivery of safe, equitable, high-quality,		Faculty members must demonstrate of
I.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	276	fellows, including devoting sufficient
I.B.2.c)	supervisory and teaching responsibilities; (Core)	2.7.b.	fulfill their supervisory and teaching r
I.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
	regularly participate in organized clinical discussions, rounds, journal		Faculty members must regularly parti
I.B.2.e)	clubs, and conferences; and, (Core)	2.7.d.	discussions, rounds, journal clubs, a
			Faculty members must pursue faculty
I.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	their skills. (Core)
			Faculty Qualifications
	Faculty Qualifications	2.8.	Faculty members must have appropri
IR 3		2.0.	hold appropriate institutional appoint
I.B.3.			Essuity Qualifications
I.B.3.			Faculty Qualifications
I.B.3. I.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint

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 b, improve the health of the individual

Its receive the level of care expected ecognize and respond to the needs of ad 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)

els of professionalism. (Core) e commitment to the delivery of safe,

e, patient-centered care. (Core) a a strong interest in the education of at time to the educational program to

responsibilities. (Core)

nd maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

Requirement Number	Requirement Language	Requirement Number	Requirement
	have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty member the specialty by the American Board of American Osteopathic Board of Ortho qualifications judged acceptable to th
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program R member board of the American Board of certifying board of the American Osteopa there is no ABMS or AOA board that offe
II.B.3.b).(1).(a)	Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway	2.9.b.	Physician faculty members who are ortho ABOS or AOBOS certification in orthopac towards achieving such certification. (Co
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, of 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 sig supervision of fellows and must devot effort to fellow education and/or admit component of their activities, teach, et 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 a (Core)
II.B.4.b)	There must be at least two core physician faculty members who are orthopaedic surgeons with experience in adult reconstruction, including the program director, who have ABOS or AOBOS certification in orthopaedic surgery, have completed a fellowship in adult reconstructive orthopaedic surgery, and are actively involved in the education and supervision of fellows during the 12 months of accredited education. (Core)		There must be at least two core physicia surgeons with experience in adult recons who have ABOS or AOBOS certification a fellowship in adult reconstructive ortho involved in the education and supervision accredited education. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be administrative support
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	Program Coordinator There must be administrative support
II.C.1.a)		2.11.a.	The program coordinator must be provide minimum of 20 percent FTE for administr
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary pe administration of the program. (Core)
····=·	Fellow Appointments	Section 3	Section 3: Fellow Appointments

nbers

Ibers must have current certification in d of Orthopaedic Surgery or the nopaedic Surgery, or possess the Review Committee. (Core)

Requirements deem certification by a of Medical Specialties (ABMS) or a pathic Association (AOA) acceptable, ffers certification in this subspecialty]

thopaedic surgeons must have current baedic surgery or be on a pathway Core)

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

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

e annual ACGME Faculty Survey.

ian faculty members who are orthopaedic instruction, including the program director, in in orthopaedic surgery, have completed nopaedic surgery, and are actively ion of fellows during the 12 months of

ort for program coordination. (Core)

rided with support equal to a dedicated stration of the program. (Core)

Sponsoring Institution, must jointly personnel for the effective

Requirement		Requirement	_
Number III.A.	Requirement Language	Number [None]	Requirement
	Eligibility Requirements – Fellowship Programs	Inouel	Eligibility Requirements – Fellowship
III.A.1.	All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	All required clinical education for entr programs must be completed in an AO an AOA-approved residency program, International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canad program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fie CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the program, fellows should have successfully completed a residency in orthopaedic surgery in a program that satisfies III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fello completed a residency in orthopaedic su (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Orthopaedic Surgery will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Orthopaedic 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., b 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 of (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 exce 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)

ip Programs

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

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

ellows should have successfully surgery in a program that satisfies 3.2.

dic Surgery 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

Requirement Number	Requirement Language	Requirement Number	Requirement
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is d and innovation in graduate medical ec organizational affiliation, size, or local
	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 curricu community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pron tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the 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 acqui
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGM

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 by 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)

for patient care, progressive nt, and graded supervision in their

yond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

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

ME Competencies into the curriculum.

Requirement Number	Requirement Language	Requirement Number	Requirement
	Professionalism		ACGME Competencies – Professional
	Fellows must demonstrate a commitment to professionalism and an		Fellows must demonstrate a commitm
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in:	[None]	
IV.B.1.b).(1).(a).(i)	appropriate use of diagnostic laboratory tests; (Core)	4.4.a.	Fellows must demonstrate competence i laboratory tests. (Core)
IV.B.1.b).(1).(a).(ii)	interpreting the imaging examinations of the musculoskeletal system; (Core)	4.4.b.	Fellows must demonstrate competence i of the musculoskeletal system. (Core)
IV.B.1.b).(1).(a).(iii)	developing treatment plans to manage patients with traumatic, congenital and developmental, infectious, metabolic, degenerative, and rheumatologic disorders; (Core)	4.4.c.	Fellows must demonstrate competence i manage patients with traumatic, congeni metabolic, degenerative, and rheumatolo
IV.B.1.b).(1).(a).(iv)	recognizing and managing complications of treatment; and, (Core)	4.4.d.	Fellows must demonstrate competence i complications of treatment. (Core)
IV.B.1.b).(1).(a).(v)	assessing the effectiveness of treatment methods, including outcome studies. (Core)	4.4.e.	Fellows must demonstrate competence i treatment methods, including outcome st
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.D.I.D).(2)		4.5.	Fellows must demonstrate competence i
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in performing non-operative procedures required for practice of adult and reconstructive orthopaedic surgery. (Core)	4.5.a.	required for practice of adult and reconst
IV P 1 hV (2) (h)	Fellows must demonstrate competence in performing reconstructive orthopaedic	4.5.b.	Fellows must demonstrate competence i
IV.B.1.b).(2).(b) IV.B.1.b).(2).(b).(i)	surgery operative procedures. (Core) For programs focusing on hip and knee this must include: (Core)	4.5.c.	orthopaedic surgery operative procedure For programs focusing on hip and knee t
IV.B.1.b).(2).(b).(i).(a)	primary total knee arthroplasty; (Core)	4.5.c.1.	primary total knee arthroplasty; (Core)
	revision total knee arthroplasty; (Core)	4.5.c.2	revision total knee arthroplasty; (Core)
IV.B.1.b).(2).(b).(i).(c)	unicompartmental knee arthroplasty; (Core)	4.5.c.3	unicompartmental knee arthroplasty; (Core)
	removal of prosthesis due to infection (hip or knee); (Core)	4.5.c.4.	removal of prosthesis due to infection (hi
	primary total hip arthroplasty; (Core)	4.5.c.5.	primary total hip arthroplasty; (Core)
IV.B.1.b).(2).(b).(i).(f)	revision total hip arthroplasty; (Core)	4.5.c.6.	revision total hip arthroplasty; (Core)
	knee osteotomy; and, (Core)	4.5.c.7.	knee osteotomy; and, (Core)
	hip osteotomy. (Core)	4.5.c.8.	hip osteotomy. (Core)
IV.B.1.b).(2).(b).(ii)	For programs focusing on shoulder, elbow, and upper limb this must include: (Core)	4.5.d.	For programs focusing on shoulder, elbo (Core)
	primary shoulder arthroplasty; (Core)	4.5.d.1.	primary shoulder arthroplasty; (Core)
	revision shoulder arthroplasty; (Core)	4.5.d.2.	revision shoulder arthroplasty; (Core)
	rotator cuff repair (open and arthroscopic); (Core)	4.5.d.3.	rotator cuff repair (open and arthroscopic
	bony procedures for shoulder instability; (Core)	4.5.d.4.	bony procedures for shoulder instability;
	soft tissue procedures for shoulder instability; (Core)	4.5.d.5.	soft tissue procedures for shoulder instability,
	open acromioplasty; (Core)	4.5.d.6.	open acromioplasty; (Core)
	other upper limb arthroscopic procedures; and, (Core)	4.5.d.7.	other upper limb arthroscopic procedures
····~/·(~/·(~/·(~/·(9/	shoulder arthrodesis. (Core)		

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 appropriate use of diagnostic

e in interpreting the imaging examinations

e in developing treatment plans to enital and developmental, infectious, ologic disorders. (Core)

e in recognizing and managing

e in assessing the effectiveness of studies. (Core)

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

e in performing non-operative procedures nstructive orthopaedic surgery. (Core)

e in performing reconstructive ures. (Core)

e this must include: (Core)

Core)

(hip or knee); (Core)

bow, and upper limb this must include:

pic); (Core)

y; (Core)

tability; (Core)

res; and, (Core)

Requirement Number	Requirement Language	Requirement Number	Requirement
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 knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of:	[None]	
IV.B.1.c).(1).(a)	the indications, risks, and limitations of the commonly performed procedures in adult reconstructive orthopaedic surgery; (Core)	4.6.a.	Fellows must demonstrate competence risks, and limitations of the commonly per reconstructive orthopaedic surgery. (Cor
IV.B.1.c).(1).(b)	the basic sciences related to adult reconstructive orthopaedic surgery; (Core)	4.6.b.	Fellows must demonstrate competence i related to adult reconstructive orthopaed
IV.B.1.c).(1).(c)	the natural history of joint diseases; and, (Core)	4.6.c.	Fellows must demonstrate competence i of joint diseases. (Core)
IV.B.1.c).(1).(d)	major disorders and conditions. (Core)	4.6.d.	Fellows must demonstrate competence i and conditions. (Core)
IV.B.1.c).(1).(d).(i)	For programs focusing on hip and knee, this must include: (Core)	4.6.e.	For programs focusing on hip and knee,
, , , , , , , , , , ,	knee arthritis; (Core)	4.6.e.1.	knee arthritis; (Core)
, , , , , , , , , ,	knee revision; (Core)	4.6.e.2.	knee revision; (Core)
, (, (, (, (, (,	hip arthritis; and, (Core)	4.6.e.3.	hip arthritis; and, (Core)
IV.B.1.c).(1).(d).(i).(d)	hip revision. (Core)	4.6.e.4.	hip revision. (Core)
IV.B.1.c).(1).(d).(ii)	For programs focusing on shoulder, elbow, and upper limb, this must include: (Core)	4.6.f.	For programs focusing on shoulder, elbo (Core)
	shoulder arthritis; (Core)	4.6.f.1.	shoulder arthritis; (Core)
	shoulder revision; and, (Core)	4.6.f.2.	shoulder revision; and, (Core)
	elbow arthritis. (Core)	4.6.f.3.	elbow arthritis. (Core)
	Fellows must demonstrate the application of research methods, including the		Fellows must demonstrate the applicatio
	ability to critically analyze research reports and to design and implement clinical		ability to critically analyze research report
IV.B.1.c).(2)	or basic research in the field of adult reconstructive orthopaedic surgery. (Core)	4.6.g.	or basic research in the field of adult rec
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 interperso 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 awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he

nowledge

ge of established and evolving

I, and social-behavioral sciences,

as the application of this knowledge to

e in their knowledge of the indications, performed procedures in adult core)

e in their knowledge of the basic sciences edic surgery. (Core)

e in their knowledge of the natural history

e in their knowledge of major disorders

e, this must include: (Core)

bow, and upper limb, this must include:

tion of research methods, including the ports and to design and implement clinical econstructive orthopaedic surgery. (Core)

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

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

•	Requirement Language	Number	Requirement
			Curriculum Organization and Fellow E
			4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experience continuity. These educational experience supervised patient care responsibilities educational events. (Core)
			4.11. Didactic and Clinical Experiences Fellows must be provided with protect 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)		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)	All fellows must continue to provide care for their own post-operative patients until discharge or until the patients' post-operative conditions are stable and the episode of care is concluded. (Core)	4.10.a.	All fellows must continue to provide care until discharge or until the patients' post- episode of care is concluded. (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.2.a)	This must include instruction and experience in multimodal pain treatment, including non-narcotic pain medications and alternative pain reducing modalities. (Core)	4.12.a.	This must include instruction and experie including non-narcotic pain medications a modalities. (Core)
IV.C.3.	The program must provide advanced education to ensure that each fellow develops special expertise in adult reconstructive orthopaedic surgery. (Core)	4.11.a.	The program must provide advanced edu develops special expertise in adult recon
IV.C.3.a)	The educational program must emphasize a scholarly approach to clinical problem-solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research. (Core)	4.11.a.1.	The educational program must emphasiz problem-solving, self-directed study, tead and surgical judgment, and research. (Co
IV.C.4.	The didactic curriculum must include anatomy, physiology, biomechanics, pathology, microbiology, pharmacology, epidemiology, and immunology as they relate to adult reconstructive orthopaedic surgery. (Core)	4.11.b.	The didactic curriculum must include ana pathology, microbiology, pharmacology, relate to adult reconstructive orthopaedic
IV.C.4.a)		4.11.c.	The program must regularly hold subspect member and fellow participation, includin
IV.C.4.a).(1) IV.C.4.a).(2)	5 6 7 (7	4.11.c.1. 4.11.c.2.	one weekly teaching conference; (Detail) one monthly morbidity and mortality confe

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 . (Core)

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

re for their own post-operative patients st-operative conditions are stable and the

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

rience in multimodal pain treatment, s and alternative pain reducing

education to ensure that each fellow onstructive orthopaedic surgery. (Core)

size a scholarly approach to clinical aching, development of analytic skills Core)

natomy, physiology, biomechanics, /, epidemiology, and immunology as they dic surgery. (Core)

becialty conferences with active faculty ling at least: (Core)

ail)

onference; and, (Detail)

Requirement Number	Requirement Language	Requirement Number	Requiremen
IV.C.4.a).(3)	one monthly journal club in adult reconstructive orthopaedic surgery. (Detail)	4.11.c.3.	one monthly journal club in adult recons
IV.C.5.	Clinical experiences must emphasize the diagnosis of clinical disorders of the bones, joints, and soft tissues; the pathogenesis of these disorders; the treatment modalities available for managing these disorders; and the results and complications of such treatment. (Core)	l 4.11.d.	Clinical experiences must emphasize th bones, joints, and soft tissues; the patho treatment modalities available for manage and complications of such treatment. (C
IV.C.5.a)	Fellows must observe and manage patients with a variety of problems involving orthopaedic reconstruction in both inpatient and outpatient settings. (Core)	4.11.e.	Fellows must observe and manage patie orthopaedic reconstruction in both inpat
IV.C.5.b)	The breadth of clinical experience must include the evaluation and care of individuals representing a wide range of ages and genders, and should involve acute, subacute, and chronic conditions. (Core)	4.11.f.	The breadth of clinical experience must individuals representing a wide range of acute, subacute, and chronic conditions
IV.C.5.c)	Clinical experiences must include:	[None]	
IV.C.5.c).(1)	a major role in the continuing care of patients, to include progressive responsibility for patient assessment, decisions regarding treatment, pre- operative evaluation, operative experience, non-operative management, post- operative management and rehabilitation; (Core)	4.11.g.	Clinical experiences must include a maje to include progressive responsibility for treatment, pre-operative evaluation, ope management, post-operative management
IV.C.5.c).(2)	providing consultation with faculty member supervision; and, (Core)	4.11.h.	Clinical experiences must include provid supervision. (Core)
IV.C.5.c).(3)	clearly defined teaching responsibilities for fellows, allied health personnel, and residents and medical students if present. (Core)	4.11.i.	Clinical experiences must include clearly fellows, allied health personnel, and resi (Core)
IV.C.5.c).(3).(a)	These teaching experiences must correlate basic biomedical knowledge with the clinical aspects of adult reconstructive orthopaedic surgery. (Core)	4.11.i.1.	These teaching experiences must correl the clinical aspects of adult reconstructiv
IV.C.6.	Fellows must document their operative experience in a timely manner by reporting all cases in the ACGME Case Log System. (Core)	4.11.j.	Fellows must document their operative e reporting all cases in the ACGME Case
IV.C.7.	Programs must evaluate fellows within six weeks following entry into the program for expected entry-level skills so that additional training can be provided in a timely manner to address identified deficiencies. (Core)	4.11.k.	Programs must evaluate fellows within s program for expected entry-level skills s provided in a timely manner to address i

nstructive orthopaedic surgery. (Detail)

the diagnosis of clinical disorders of the thogenesis of these disorders; the naging these disorders; and the results (Core)

atients with a variety of problems involving patient and outpatient settings. (Core)

st include the evaluation and care of of ages and genders, and should involve ns. (Core)

ajor role in the continuing care of patients, or patient assessment, decisions regarding perative experience, non-operative ment and rehabilitation. (Core)

viding consultation with faculty member

rly defined teaching responsibilities for esidents and medical students if present.

relate basic biomedical knowledge with stive orthopaedic surgery. (Core)

e experience in a timely manner by se Log System. (Core)

n six weeks following entry into the s so that additional training can be s identified deficiencies. (Core)

Requirement Number	Requirement Language	Requirement Number	Requiremen
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expec will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop other programs might choose to utili research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evid 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 evid consistent with its mission(s) and air
IV.D.1.b)	The program must provide scheduled and protected time and facilities for research activities by fellows. (Core)	4.13.a.	The program must provide scheduled a research activities by fellows. (Core)
IV.D.1.b).(1)	Protected time for fellow research activities should be a minimum of two days per month, averaged over the 12-month program. (Detail)	4.13.a.1.	Protected time for fellow research activit per month, averaged over the 12-month
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity The members of the program faculty muscholarly activity through peer-reviewed leadership. (Core)
IV.D.2.a)	The members of the program faculty must demonstrate dissemination of scholarly activity through peer-reviewed publications, chapters and/or grant leadership.(Core)	4.14.	Faculty Scholarly Activity The members of the program faculty muscholarly activity through peer-reviewed leadership. (Core)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Fellows must participate in basic and/or (Core)
IV.D.3.a)	Fellows must participate in basic and/or clinical hypothesis-based research. (Core)	4.15.	Fellow Scholarly Activity Fellows must participate in basic and/or (Core)

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 filize more classic forms of biomedical hip.

dence of scholarly activities, aims. (Core)

dence of scholarly activities, aims. (Core)

and protected time and facilities for

vities should be a minimum of two days th program. (Detail)

nust demonstrate dissemination of ed publications, chapters and/or grant

nust demonstrate dissemination of ed publications, chapters and/or grant

or clinical hypothesis-based research.

or clinical hypothesis-based research.

Requirement Number	Requirement Language	Requirement Number	Requirement
IV.D.3.b)	Each fellow should demonstrate scholarship during the program through one or more of the following: peer-reviewed publications; abstracts, posters or presentations at international, national, or regional meetings; publication of book chapters; or lectures or formal presentations (such as grand rounds or case presentations). (Outcome)	4.15.a.	Each fellow should demonstrate scholars more of the following: peer-reviewed put presentations at international, national, o chapters; or lectures or formal presentat presentations). (Outcome)
IV.E.	Independent Practice Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.	[None]	Independent Practice Fellowship programs may assign fello practice of their core specialty during
IV.E.1.	If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)	4.16.	If programs permit their fellows to util it must not exceed 20 percent of their academic year. (Core)
V. V.A.	Evaluation Fellow Evaluation	Section 5	Section 5: Evaluation 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)	This must include review of fellow cases logged in the ACGME Case Log System. (Core)	5.1.f.	Faculty evaluations of a fellow's performation cases logged in the ACGME Case Log S
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) V.A.1.c)	Evaluations must be completed at least every three months. (Core)The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.a.1. 5.1.b.	Evaluations must be completed at lease The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty 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 Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designed Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest

arship during the program through one or ublications; abstracts, posters or , or regional meetings; publication of book ations (such as grand rounds or case

llows to engage in the independent ng their fellowship program.

tilize the independent practice option, fir time per week or 10 weeks of an

aluation

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

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

aluation

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

mance must include review of fellow 9 System. (Core)

the completion of the assignment.

east every three months. (Core)

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

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

cal Competency Committee for its formance and improvement toward

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

Requirement Number	Requirement Language	Requirement Number	Requirement
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 performa 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 mus fellow in accordance with institutiona
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 Competenc 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)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)

nee, with input from the Clinical lop plans for fellows failing to icies 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 ust be used as tools to ensure fellows practice upon completion of the

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

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of

nust be appointed by the program

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

e must review all fellow evaluations at

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

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

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

Requirement Number	Requirement Language	Requirement Number	Requiremen
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to thei performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclu based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee n and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed 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)

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

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

back on their evaluations at least

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

ent

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

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

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

bonsibilities must include guiding luding development of new goals,

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

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

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

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

self-Study and submit it to the DIO.

Requirement Number	Requirement Language	Requirement Number	Requiremen
	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]	
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, ar 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 insti changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

ng Environment

n the context of a learning and working ollowing principles:

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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)

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

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

Requirement Number	Requirement Language	Requirement Number	Requirement
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 4 c) (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)		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).(2).(b)	Quality Metrics Access to data is essential to prioritizing activities for care improvement	6.3.	Quality Metrics Access to data is essential to prioritiz
VI.A.1.a).(3) VI.A.1.a).(3).(a)	and evaluating success of improvement efforts.Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	[None] 6.4.	and evaluating success of improveme 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.
VI.A.2.a)	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision and Accountability Although the attending physician is 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 requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when provi
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.a.	This information must be available to members of the health care team, and

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.

te medical education provides safe res each fellow's development of the uired to enter the unsupervised es 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.

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

inform each patient of their respective oviding direct patient care. (Core) to fellows, faculty members, other nd patients. (Core)

Requirement Number	Requirement Language	Requirement Number	Requirement
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t in place for all fellows is based on eac ability, as well as patient complexity a exercised through a variety of method (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	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.	Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic 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 toward 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 su
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)

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

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

cally present with the fellow during the on.

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

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

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

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

pervising physicians must delegate 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

Requirement Number	Requirement Language	Requirement Number	Requiremen
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mu the knowledge and skills of each fello appropriate level of patient care auth
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfille
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the programing care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program 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 S a professional, equitable, respectful, 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 S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)

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

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

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

o with the Sponsoring Institution, must n 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

Requirement Number	Requirement Language	Requirement Number	Requiremen
	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		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 r
	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.		members of the health care team are professionalism; they are also skills to nurtured in the context of other aspec
VI.C.	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	Fellows and faculty members are at re Programs, in partnership with their S same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and at their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-so
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (0
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)

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

t risk for burnout and depression. Sponsoring Institutions, have the 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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

mbers in:

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

nemselves and how to seek

-screening. (Core)

fordable mental health assessment, ig 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

Requirement Number	Requirement Language	Requirement Number	Requirement
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure c
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is of work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each 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.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical 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

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I procedures in place to ensure
continuity of patient care. (Core)
l without fear of negative
or was unable to provide the clinical

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

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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)

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

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

Sponsoring Institutions, must ensure ind-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.

Requirement Number	Requirement Language	Requirement Number	Requiremen
	Maximum Hours of Clinical and Educational Work per Week		Requirement
	Clinical and educational work hours must be limited to no more than 80		Maximum Hours of Clinical and Educ Clinical and educational work hours i
	hours per week, averaged over a four-week period, inclusive of all in-		hours per week, averaged over a four
	house clinical and educational activities, clinical work done from home,		house clinical and educational activit
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off t education periods. (Detail)
			Mandatory Time Free of Clinical Work
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Fellows should have eight hours off teducation periods. (Detail)
<u> </u>	Fellows must have at least 14 hours free of clinical work and education		Fellows must have at least 14 hours f
VI.F.2.b)	after 24 hours of in-house call. (Core)	6.21.a.	after 24 hours of in-house call. (Core)
	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-		Fellows must be scheduled for a min clinical work and required education
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic
VI.I .J.		0.22.	Maximum Clinical Work and Educatio
	Clinical and educational work periods for fellows must not exceed 24		Clinical and educational work periods
VI.F.3.a)	hours of continuous scheduled clinical assignments. (Core)	6.22.	hours of continuous scheduled clinic
	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		Up to four hours of additional time m patient safety, such as providing effe fellow education. Additional patient c
VI.F.3.a).(1)	a fellow during this time. (Core)	6.22.a.	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 on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail)
- -	These additional hours of care or education must be counted toward the		These additional hours of care or edu
VI.F.4.b)	80-hour weekly limit. (Detail)	6.23.a.	80-hour weekly limit. (Detail)

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

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ork and Education f between scheduled clinical work and

s free of clinical work and education e)

inimum of one day in seven free of n (when averaged over four weeks). Atnese 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 t care responsibilities must not be e. (Core)

Exceptions

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

Exceptions

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

ducation must be counted toward the

Requirement Number	Requirement Language	Requirement Number	Requirement
	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 rotati percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee will not consider requests for exceptions to the 80-hour weekly limit.	6.24.	The Review Committee will not consider weekly limit.
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.6.a)	Night float may not exceed three months per year. (Detail)	6.26.a.	Night float may not exceed three months
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities to count toward the 80-hour maximum w home call is not subject to the every-to the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities a count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fel

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

er requests for exceptions to the 80-hour

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

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

d external moonlighting (as defined in states of the second states of th

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

hs per year. (Detail)

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

s by fellows on at-home call must weekly limit. The frequency of at-/-third-night limitation, but must satisfy n free of clinical work and education, ore)

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

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