Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
Int.A.	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.		Definition of Graduate Medical Education Fellowship is advanced graduate medical program for physicians who desire to enter trained physicians serve the public by pro- include core medical care, acting as a con- creating and integrating new knowledge in generations of physicians. Graduate medi- diverse group of physicians brings to med- and psychologically safe learning environ Fellows who have completed residency ar core specialty. The prior medical experien- them from physicians entering residency. subspecialty is undertaken with appropria- independence. Faculty members serve as cultural sensitivity, professionalism, and s medical knowledge, patient care skills, an of practice. Fellowship is an intensive pro- education that focuses on the multidiscip- education is often physically, emotionally, in a variety of clinical learning environmen- education and the well-being of patients, r students, and all members of the health car-
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, many fell physician-scientists. While the ability to cl exclusive to fellowship-educated physicial physician's abilities to pursue hypothesis- contributions to the medical literature and subspecialty expertise achieved, fellows of infrastructure that promotes collaborative

# 1

al education beyond a core residency oter more specialized practice. Fellowshiproviding subspecialty care, which may also community resource for expertise in their field, into practice, and educating future dical education values the strength that a edical care, and the importance of inclusive comments.

are able to practice autonomously in their ence and expertise of fellows distinguish y. The fellow's care of patients within the iate faculty supervision and conditional is role models of excellence, compassion, I scholarship. The fellow develops deep and expertise applicable to their focused area rogram of subspecialty clinical and didactic plinary care of patients. Fellowship ly, and intellectually demanding, and occurs ents committed to graduate medical , residents, fellows, faculty members, care team.

ellowship programs advance fellows' skills as create new knowledge within medicine is not ians, the fellowship experience expands a is-driven scientific inquiry that results in ad patient care. Beyond the clinical develop mentored relationships built on an ve research.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Definition of Subspecialty Clinical informatics is the subspecialty of all medical specialties that transforms health care by analyzing, designing, implementing, and evaluating information and communication systems to improve patient care, enhance access to care, advance individual and population health outcomes, and strengthen the clinician- patient relationship. Physicians who practice clinical informatics draw from the broader field of biomedical and health information technology (IT) as they apply informatics methods, concepts, and tools to the practice of medicine. Thus, they must understand the culture, boundaries, and complexities of the field. Further, the stakeholders, structures, and processes that constitute the health system affect the information and knowledge needs of health care professionals and influence the selection and implementation of clinical information processes and systems. Physicians who practice clinical informatics collaborate with other health care and IT professionals and provide consultative services that use their knowledge of		Definition of Subspecialty Clinical informatics is the subspecialty of all m by analyzing, designing, implementing, and en systems to improve patient care, enhance acc population health outcomes, and strengthen to Physicians who practice clinical informatics du health information technology (IT) as they app to the practice of medicine. Thus, they must un complexities of the field. Further, the stakehol constitute the health system affect the informat professionals and influence the selection and processes and systems. Physicians who practice clinical informatics con professionals and provide consultative service combined with their understanding of informati improve clinical practice by: •leading initiatives designed to enhance health facilitating care coordination and transitions of customization, development, implementation, improvement of clinical information systems; •securing the legal and ethical use of clinical if •assessing information and knowledge needs •characterizing, evaluating, and refining clinical •analyzing, developing, implementing, and refi
Int.B.	patient care combined with their understanding of informatics	[None]	efficient, effective, timely, patient-centered, ar

medical specialties that transforms health care evaluating information and communication access to care, advance individual and the clinician-patient relationship.

draw from the broader field of biomedical and pply informatics methods, concepts, and tools t understand the culture, boundaries, and olders, structures, and processes that mation and knowledge needs of health care and implementation of clinical information

collaborate with other health care and IT ices that use their knowledge of patient care natics concepts, methods, and health IT tools to

alth care quality and access by supporting and of care through the procurement, n, management, evaluation, and continuous s;

l information;

ds of health care professionals and patients; ical processes;

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			<b>Definition of Subspecialty</b> Clinical informatics is the subspecialty of all n by analyzing, designing, implementing, and e systems to improve patient care, enhance acc population health outcomes, and strengthen t Physicians who practice clinical informatics d health information technology (IT) as they app to the practice of medicine. Thus, they must u complexities of the field. Further, the stakeho constitute the health system affect the informa- professionals and influence the selection and processes and systems. Physicians who practice clinical informatics co professionals and provide consultative service
Int.B.1.	leading initiatives designed to enhance health care quality and access by supporting and facilitating care coordination and transitions of care through the procurement, customization, development, implementation, management, evaluation, and continuous improvement of clinical information systems;	[None]	combined with their understanding of informatimprove clinical practice by: •leading initiatives designed to enhance health facilitating care coordination and transitions of customization, development, implementation, improvement of clinical information systems; •securing the legal and ethical use of clinical •assessing information and knowledge needs •characterizing, evaluating, and refining clinic •analyzing, developing, implementing, and re •participating in projects designed to use tech efficient, effective, timely, patient-centered, and

medical specialties that transforms health care evaluating information and communication access to care, advance individual and the clinician-patient relationship.

draw from the broader field of biomedical and pply informatics methods, concepts, and tools t understand the culture, boundaries, and olders, structures, and processes that mation and knowledge needs of health care and implementation of clinical information

collaborate with other health care and IT ices that use their knowledge of patient care natics concepts, methods, and health IT tools to

alth care quality and access by supporting and of care through the procurement, n, management, evaluation, and continuous s;

al information;

ds of health care professionals and patients; ical processes;

by analyzing, designing, implementing, a systems to improve patient care, enhand population health outcomes, and strengt Physicians who practice clinical informat health information technology (IT) as the to the practice of medicine. Thus, they n complexities of the field. Further, the sta constitute the health system affect the im professionals and influence the selection processes and systems. Physicians who practice clinical informat professionals and provide consultative s combined with their understanding of inf improve clinical practice by: •leading initiatives designed to enhance facilitating care coordination and transiti customization, development, implement improvement of clinical information syste •securing the legal and ethical use of cli •assessing information and knowledge r	Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
professionals and provide consultative s combined with their understanding of inf improve clinical practice by: •leading initiatives designed to enhance facilitating care coordination and transiti customization, development, implementa improvement of clinical information syste •securing the legal and ethical use of clini •assessing information and knowledge n •characterizing, evaluating, and refining				Clinical informatics is the subspecialty of all n by analyzing, designing, implementing, and e systems to improve patient care, enhance ac population health outcomes, and strengthen t Physicians who practice clinical informatics d health information technology (IT) as they ap to the practice of medicine. Thus, they must u complexities of the field. Further, the stakeho constitute the health system affect the inform professionals and influence the selection and
				Physicians who practice clinical informatics of professionals and provide consultative service combined with their understanding of information improve clinical practice by: •leading initiatives designed to enhance health facilitating care coordination and transitions of customization, development, implementation, improvement of clinical information systems; •securing the legal and ethical use of clinical •assessing information and knowledge needs •characterizing, evaluating, and refining clinic •analyzing, developing, implementing, and re •participating in projects designed to use tech

medical specialties that transforms health care evaluating information and communication access to care, advance individual and the clinician-patient relationship.

draw from the broader field of biomedical and pply informatics methods, concepts, and tools t understand the culture, boundaries, and olders, structures, and processes that mation and knowledge needs of health care and implementation of clinical information

collaborate with other health care and IT ices that use their knowledge of patient care natics concepts, methods, and health IT tools to

alth care quality and access by supporting and of care through the procurement, n, management, evaluation, and continuous s;

al information;

ds of health care professionals and patients; ical processes;

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Definition of Subspecialty Clinical informatics is the subspecialty of all m by analyzing, designing, implementing, and en systems to improve patient care, enhance acc population health outcomes, and strengthen the Physicians who practice clinical informatics du health information technology (IT) as they app to the practice of medicine. Thus, they must u complexities of the field. Further, the stakehol constitute the health system affect the informat professionals and influence the selection and processes and systems. Physicians who practice clinical informatics co professionals and provide consultative service combined with their understanding of informatic
Int.B.3.	assessing information and knowledge needs of health care professionals and patients;	[None]	<ul> <li><i>combined with their understanding of informal</i> <i>improve clinical practice by:</i></li> <li><i>leading initiatives designed to enhance healt</i> <i>facilitating care coordination and transitions of</i> <i>customization, development, implementation,</i> <i>improvement of clinical information systems;</i></li> <li><i>securing the legal and ethical use of clinical</i> <i>eassessing information and knowledge needs</i></li> <li><i>characterizing, evaluating, and refining clinical</i> <i>enalyzing, developing, implementing, and refining clinical</i></li> <li><i>participating in projects designed to use tech</i> <i>efficient, effective, timely, patient-centered, and</i></li> </ul>

medical specialties that transforms health care evaluating information and communication access to care, advance individual and the clinician-patient relationship.

draw from the broader field of biomedical and pply informatics methods, concepts, and tools t understand the culture, boundaries, and olders, structures, and processes that mation and knowledge needs of health care and implementation of clinical information

collaborate with other health care and IT ices that use their knowledge of patient care natics concepts, methods, and health IT tools to

alth care quality and access by supporting and of care through the procurement, n, management, evaluation, and continuous s;

al information;

ds of health care professionals and patients; ical processes;

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremen
			<b>Definition of Subspecialty</b> Clinical informatics is the subspecialty of all m by analyzing, designing, implementing, and en systems to improve patient care, enhance acc population health outcomes, and strengthen t Physicians who practice clinical informatics du health information technology (IT) as they app to the practice of medicine. Thus, they must u complexities of the field. Further, the stakehol constitute the health system affect the informat professionals and influence the selection and processes and systems.
Int.B.4.	characterizing, evaluating, and refining clinical processes;	[None]	Physicians who practice clinical informatics of professionals and provide consultative service combined with their understanding of informa- improve clinical practice by: •leading initiatives designed to enhance healt facilitating care coordination and transitions of customization, development, implementation, improvement of clinical information systems; •securing the legal and ethical use of clinical f •assessing information and knowledge needs •characterizing, evaluating, and refining clinic •analyzing, developing, implementing, and refi- participating in projects designed to use tech efficient, effective, timely, patient-centered, and

medical specialties that transforms health care evaluating information and communication access to care, advance individual and the clinician-patient relationship.

draw from the broader field of biomedical and pply informatics methods, concepts, and tools t understand the culture, boundaries, and olders, structures, and processes that mation and knowledge needs of health care and implementation of clinical information

collaborate with other health care and IT ices that use their knowledge of patient care natics concepts, methods, and health IT tools to

alth care quality and access by supporting and of care through the procurement, n, management, evaluation, and continuous s;

al information;

ds of health care professionals and patients; ical processes;

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Definition of Subspecialty Clinical informatics is the subspecialty of all m by analyzing, designing, implementing, and ev systems to improve patient care, enhance acc population health outcomes, and strengthen t Physicians who practice clinical informatics du health information technology (IT) as they app to the practice of medicine. Thus, they must u complexities of the field. Further, the stakehol constitute the health system affect the informat professionals and influence the selection and processes and systems. Physicians who practice clinical informatics co professionals and provide consultative service combined with their understanding of information improve clinical practice by: •leading initiatives designed to enhance health facilitating care coordination and transitions o customization, development, implementation, improvement of clinical information systems; •securing the legal and ethical use of clinical if •assessing information and knowledge needs
	analyzing, developing, implementing, and refining clinical decision support systems; and,	[None]	<ul> <li>characterizing, evaluating, and refining clinic</li> <li>analyzing, developing, implementing, and refining in projects designed to use tech efficient, effective, timely, patient-centered, and the second second</li></ul>

medical specialties that transforms health care evaluating information and communication access to care, advance individual and the clinician-patient relationship.

draw from the broader field of biomedical and pply informatics methods, concepts, and tools t understand the culture, boundaries, and olders, structures, and processes that mation and knowledge needs of health care and implementation of clinical information

collaborate with other health care and IT ices that use their knowledge of patient care natics concepts, methods, and health IT tools to

alth care quality and access by supporting and of care through the procurement, n, management, evaluation, and continuous s;

al information;

ds of health care professionals and patients; ical processes;

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Int.B.6.	participating in projects designed to use technology to promote patient care that is safe, efficient, effective, timely, patient-centered, and equitable.	[None]	Definition of Subspecialty           Clinical informatics is the subspecialty of all me by analyzing, designing, implementing, and every systems to improve patient care, enhance accer population health outcomes, and strengthen the Physicians who practice clinical informatics dra health information technology (IT) as they apple to the practice of medicine. Thus, they must un complexities of the field. Further, the stakehold constitute the health system affect the information professionals and influence the selection and it processes and systems.           Physicians who practice clinical informatics con professionals and provide consultative services combined with their understanding of informatic improve clinical practice by: •leading initiatives designed to enhance health facilitating care coordination and transitions of customization, development, implementation, r improvement of clinical information systems; •securing the legal and ethical use of clinical in assessing information and knowledge needs of echaracterizing, evaluating, and refining clinica •analyzing, developing, implementing, and refit •participating in projects designed to use techning efficient, effective, timely, patient-centered, and
	Length of Educational Program		
Int.C.	The educational program in clinical informatics must be 24 months in length. (Core) Fellows must complete the program within 48 months of matriculation. (Core)	<b>4.1.</b> 4.1.a.	<b>Length of Program</b> The educational program in clinical informatics Fellows must complete the program within 48 r
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 organizati financial and academic responsibility for a consistent with the ACGME Institutional Re When the Sponsoring Institution is not a ro commonly utilized site of clinical activity fo

Il medical specialties that transforms health care d evaluating information and communication access to care, advance individual and en the clinician-patient relationship.

s draw from the broader field of biomedical and apply informatics methods, concepts, and tools st understand the culture, boundaries, and holders, structures, and processes that rmation and knowledge needs of health care and implementation of clinical information

s collaborate with other health care and IT vices that use their knowledge of patient care matics concepts, methods, and health IT tools to

ealth care quality and access by supporting and s of care through the procurement, on, management, evaluation, and continuous

al information;

eds of health care professionals and patients; nical processes;

refining clinical decision support systems; and, echnology to promote patient care that is safe, and equitable.

atics must be 24 months in length. (Core) 48 months of matriculation. (Core)

ization or entity that assumes the ultimate or a program of graduate medical education I Requirements.

a rotation site for the program, the most y for the program is the primary clinical site.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by one A
I.A.1.	Institution. <sup>(Core)</sup>	1.1.	(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 prov educational assignments/rotations for fell
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 Sponso clinical site. (Core)
I.B.1.a)	A clinical informatics fellowship must function as an integral part of an ACGME- accredited residency program in anesthesiology, diagnostic radiology, emergency medicine, family medicine, internal medicine, medical genetics and genomics, pathology, pediatrics, or preventive medicine. (Core)	1.2.a.	A clinical informatics fellowship must function residency program in anesthesiology, diagno medicine, internal medicine, medical genetics preventive medicine. (Core)
I.B.1.b)	There must be an institutional policy governing the educational resources committed to the fellowship that ensures collaboration among the multiple disciplines and professions involved in educating fellows. (Core)	1.2.b.	There must be an institutional policy governing fellowship that ensures collaboration among involved in educating fellows. (Core)
I.B.1.c)	There may be only one ACGME-accredited clinical informatics program within a Sponsoring Institution. (Detail)	1.2.c.	There may be only one ACGME-accredited c Institution. (Detail)
I.B.1.d)	The program structure should include participation of an academic informatics program, department, or institute. (Detail)	1.2.d.	The program structure should include particip department, or institute. (Detail)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agreem participating site that governs the relation participating site providing a required ass
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least every 1
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the designation of the designation of the design of the de
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinical lea 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 or program director, who is accountable for collaboration with the program director. (0
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 ad- routinely providing an educational experie full time equivalent (FTE) or more through (ADS). (Core)
I.B.5.	The program should ensure that fellows are not unduly burdened by required rotations at geographically distant sites. (Core)	1.6.a.	The program should ensure that fellows are r geographically distant sites. (Core)
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retention The program, in partnership with its Spon that focus on mission-driven, ongoing, sy diverse and inclusive workforce of resider senior administrative GME staff members, academic community. (Core)

ACGME-accredited Sponsoring Institution.

# roviding educational experiences or ellows.

soring Institution, must designate a primary

on as an integral part of an ACGME-accredited nostic radiology, emergency medicine, family ics and genomics, pathology, pediatrics, or

ning the educational resources committed to the g the multiple disciplines and professions

clinical informatics program within a Sponsoring

cipation of an academic informatics program,

ment (PLA) between the program and each onship between the program and the ssignment. (Core)

10 years. (Core)

nated institutional official (DIO). (Core) earning and working environment at all

one faculty member, designated by the or fellow education for that site, in (Core)

additions or deletions of participating sites rience, required for all fellows, of one month gh the ACGME's Accreditation Data System

not unduly burdened by required rotations at

onsoring Institution, must engage in practices systematic recruitment and retention of a lents (if present), fellows, faculty members, rs, and other relevant members of its

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
I.D.	Resources	1.8.	Resources The program, in partnership with its Spon availability of adequate resources for fello
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 Spon availability of adequate resources for fello
I.D.1.a)	There must be space and equipment for the educational program, including meeting rooms, classrooms, computers, internet access, visual and other educational aids, and work/study space. (Core)	1.8.a.	There must be space and equipment for the classrooms, computers, internet access, visu space. (Core)
I.D.1.b)	The primary clinical site must operate a clinical information system that is able to: (Core)	[None]	
I.D.1.b).(1)	collect, store, retrieve, and manage health and wellness data and information; (Core)	1.8.b.	The primary clinical site must operate a clinic store, retrieve, and manage health and wellne
I.D.1.b).(2)	provide clinical decision support; and, (Core)	1.8.c.	The primary clinical site must operate a clinic clinical decision support. (Core)
I.D.1.b).(3)	support ambulatory, inpatient, and remote care settings, as needed. (Core) The program, in partnership with its Sponsoring Institution, must ensure	1.8.d.	The primary clinical site must operate a clinic ambulatory, inpatient, and remote care setting The program, in partnership with its Spon
I.D.2.	healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	safe learning and working environments the for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/rest fa with proximity appropriate for safe patient
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation that proximity appropriate for safe patient care
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropriate
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disabilit 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 subsp reference material in print or electronic for electronic medical literature databases wit
	Other Learners and Health Care Personnel		Other Learners and Health Care Personne
I.E.	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and other l limited to residents from other programs, practice providers, must not negatively im (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member appoin accountability for the overall program, inc program requirements. (Core)

onsoring Institution, must ensure the llow education. (Core)

# onsoring Institution, must ensure the llow education. (Core)

e educational program, including meeting rooms, sual and other educational aids, and work/study

nical information system that is able to collect, Iness data and information. (Core)

nical information system that is able to provide

nical information system that is able to support tings, as needed. (Core)

onsoring Institution, must ensure healthy and s that promote fellow well-being and provide

facilities available and accessible for fellows ent care; (Core)

that have refrigeration capabilities, with are; (Core)

te to the participating site; and, (Core) lities consistent with the Sponsoring

specialty-specific and other appropriate format. This must include access to with full text capabilities. (Core)

nel

r health care personnel, including but not s, subspecialty fellows, and advanced impact the appointed fellows' education.

binted as program director with authority and ncluding compliance with all applicable

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	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 appoin accountability for the overall program, inc program requirements. (Core)
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate Me approve a change in program director and licensure and clinical appointment. (Core)
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director res
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicable, t provided with support adequate for admin size and configuration. (Core)
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core) Number of Approved Fellow Positions: <7   Minimum Support Required (FTE): 0.20 Number of Approved Fellow Positions: 7-9   Minimum Support Required (FTE): 0.25 Number of Approved Fellow Positions: 10-12   Minimum Support Required (FTE): 0.30 Number of Approved Fellow Positions: >12   Minimum Support Required (FTE):		At a minimum, the program director must be p specified below for administration of the prog Number of Approved Fellow Positions: <7   M Number of Approved Fellow Positions: 7-9   N Number of Approved Fellow Positions: 10-12
II.A.2.a)	0.35 Programs must appoint at least one of the subspecialty-certified core faculty	2.3.a.	Number of Approved Fellow Positions: >12   Programs must appoint at least one of the su
II.A.2.b)	members to be associate program director(s). (Core)	2.3.b.	associate program director(s). (Core)
II.A.2.c)	The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core) Number of Approved Fellow Positions: <7   Minimum Support Required (FTE): Refer to PR II.B.4.c) Number of Approved Fellow Positions: 7-9   Minimum Support Required (FTE): 0.13 Number of Approved Fellow Positions: 10-12   Minimum Support Required (FTE): 0.14 Number of Approved Fellow Positions: >12   Minimum Support Required (FTE): 0.15	2.3.c.	The associate program director(s) must be pr minimum time for administration of the progra Number of Approved Fellow Positions: <7   M 2.10.c. Number of Approved Fellow Positions: 7-9   N Number of Approved Fellow Positions: 10-12 Number of Approved Fellow Positions: >12   1
			Qualifications of the Program Director The program director must possess subs
II.A.3.	Qualifications of the program director:	2.4.	acceptable to the Review Committee. (Cor
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 subsp acceptable to the Review Committee. (Cor

binted as program director with authority and ncluding compliance with all applicable

Medical Education Committee (GMEC) must nd must verify the program director's re)

esides with the Review Committee. (Core) a, the program's leadership team, must be anistration of the program based upon its

e provided with the dedicated time and support ogram: (Core)

Minimum Support Required (FTE): 0.20 | Minimum Support Required (FTE): 0.25 12 | Minimum Support Required (FTE): 0.30 2 | Minimum Support Required (FTE): 0.35

subspecialty-certified core faculty members to be

provided with support equal to a dedicated gram as follows: (Core)

Minimum Support Required (FTE): Refer to PR

| Minimum Support Required (FTE): 0.13 12 | Minimum Support Required (FTE): 0.14 ? | Minimum Support Required (FTE): 0.15

ospecialty expertise and qualifications ore)

ospecialty expertise and qualifications fore)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by a member board of the American Board of Medical Specialties or by a certifying board of the American Osteopathic Association, or subspecialty qualifications that are acceptable to the Review Committee; (Core)	2.4.a.	The program director must possess current they are the program director by a member Specialties or by a certifying board of the Ame subspecialty qualifications that are accept
II.A.3.D)		2.4.a.	The program director must have at least three
II.A.3.c)	must include at least three years of experience in clinical informatics; and, (Core)	2.4.b.	(Core)
II.A.3.d)	must include experience in clinical informatics education. (Core)	2.4.c.	The program director must have experience in
	Program Director Responsibilities		
II.A.4.	The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have responsibilities administration and operations; teaching and and selection, evaluation, and promotion of supervision of fellows; and fellow education
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role mode
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and cor with the needs of the community, the miss the mission(s) of the program. (Core)
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer and conducive to educating the fellows in each (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the authonon-physicians as faculty members at all provide the designation of core faculty members, and evaluate candidates prior to approval. (Co
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the autho interactions and/or learning environments program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit accurat requested by the DIO, GMEC, and ACGME.
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a learn fellows have the opportunity to raise conc feedback in a confidential manner as appro retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the pro Institution's policies and procedures relate including when action is taken to suspend appointment of a fellow. (Core)
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)		The program director must ensure the pro Institution's policies and procedures on er
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a nor covenant. (Core)

rent certification in the subspecialty for which ber board of the American Board of Medical merican Osteopathic Association, or ptable to the Review Committee. (Core)

ee years of experience in clinical informatics.

e in clinical informatics education. (Core)

sibility, authority, and accountability for: and scholarly activity; fellow recruitment of fellows, and disciplinary action; tion in the context of patient care. (Core)

del of professionalism. (Core)

onduct the program in a fashion consistent ssion(s) of the Sponsoring Institution, and

nd maintain a learning environment ch of the ACGME Competency domains.

nority to approve or remove physicians and I participating sites, including the d must develop and oversee a process to core)

nority to remove fellows from supervising ts that do not meet the standards of the

rate and complete information required and E. (Core)

rning and working environment in which neerns, report mistreatment, and provide propriate, without fear of intimidation or

rogram's compliance with the Sponsoring ated to grievances and due process, nd or dismiss, not to promote, or renew the

rogram's compliance with the Sponsoring employment and non-discrimination. (Core) on-competition guarantee or restrictive

Roman Numeral		Reformatted	
Requirement Number		Requirement Number	
	document verification of education for all fellows within 30 days of		The program director must document veri
II.A.4.a).(10)	completion of or departure from the program; (Core)	2.5.j.	30 days of completion of or departure from
	provide verification of an individual fellow's education upon the fellow's		The program director must provide verific
II.A.4.a).(11)	request, within 30 days; and, (Core)	2.5.k.	upon the fellow's request, within 30 days.
	provide applicants who are offered an interview with information related to		The program director must provide application
	the applicant's eligibility for the relevant specialty board examination(s).		information related to the applicant's eligit
II.A.4.a).(12)	(Core)	2.6.1.	examination(s). (Core)
	Faculty		
	Faculty members are a foundational element of graduate medical education		
	– faculty members teach fellows how to care for patients. Faculty members		Faculty
	provide an important bridge allowing fellows to grow and become practice		Faculty members are a foundational eleme
	ready, ensuring that patients receive the highest quality of care. They are		members teach fellows how to care for pa
	role models for future generations of physicians by demonstrating		important bridge allowing fellows to grow
	compassion, commitment to excellence in teaching and patient care,		patients receive the highest quality of care
	professionalism, and a dedication to lifelong learning. Faculty members		generations of physicians by demonstration
	experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to		<i>in teaching and patient care, professionali</i> <i>Faculty members experience the pride and</i>
	teach and model exemplary behavior. By employing a scholarly approach		development of future colleagues. The car
	to patient care, faculty members, through the graduate medical education		opportunity to teach and model exemplary
	system, improve the health of the individual and the population.		approach to patient care, faculty members system, improve the health of the individu
	Faculty members ensure that patients receive the level of care expected		
	from a specialist in the field. They recognize and respond to the needs of		Faculty members ensure that patients reco
	the patients, fellows, community, and institution. Faculty members provide		specialist in the field. They recognize and
	appropriate levels of supervision to promote patient safety. Faculty		fellows, community, and institution. Facul
	members create an effective learning environment by acting in a		supervision to promote patient safety. Fac
	professional manner and attending to the well-being of the fellows and	[None]	environment by acting in a professional m the fellows and themselves.
II.B.	themselves.	[None]	
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of facularity and supervise all fellows. (Core)
II.B.2	Faculty members must:	[None]	and supervise an renows. (Core)
II.D.2			Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty members must be role models of p
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate comn high-quality, cost-effective, patient-center
	demonstrate a strong interest in the education of fellows, including		Faculty members must demonstrate a stro
	devoting sufficient time to the educational program to fulfill their	2.7.b.	including devoting sufficient time to the ed
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.1.U.	supervisory and teaching responsibilities.
	administer and maintain an educational environment conducive to	2.7.c.	Faculty members must administer and ma
II.B.2.d)	educating fellows; (Core)	<i>L.1.</i> U.	conducive to educating fellows. (Core)
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly participation rounds, journal clubs, and conferences. (C
11.0.2.9	כומשה, מווע נטווופופוונפה, מווע, נטוופן	2.7.U.	rounds, journal clubs, and conferences. (C

ent Language erification of education for all fellows within om the program. (Core)

ication of an individual fellow's education s. (Core)

icants who are offered an interview with gibility for the relevant specialty board

ment of graduate medical education – faculty patients. Faculty members provide an aw and become practice ready, ensuring that are. They are role models for future ating compassion, commitment to excellence alism, and a dedication to lifelong learning. and joy of fostering the growth and care they provide is enhanced by the ary behavior. By employing a scholarly ers, through the graduate medical education dual and the population.

eceive the level of care expected from a nd respond to the needs of the patients, culty members provide appropriate levels of Faculty members create an effective learning manner and attending to the well-being of

culty members with competence to instruct

f professionalism. (Core)

nmitment to the delivery of safe, equitable, ered care. (Core)

trong interest in the education of fellows, educational program to fulfill their es. (Core)

naintain an educational environment

oate in organized clinical discussions, (Core)

Daman Namanal		Defermention	
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	pursue faculty development designed to enhance their skills at least		Kequiremen
	annually. (Core)		Faculty members must pursue faculty dev
II.B.2.f)		2.7.e.	at least annually. (Core)
			Faculty Qualifications
			Faculty members must have appropriate q
II.B.3.	Faculty Qualifications	2.8.	appropriate institutional appointments. (C
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and	2.0	Faculty members must have appropriate q
II.B.3.a) II.B.3.b)	hold appropriate institutional appointments. (Core) Subspecialty physician faculty members must:	2.8. 2.9.	appropriate institutional appointments. (C
1.0.3.0)		2.3.	Outon sielty Dhusisian Fasulty Marshara
	have current certification in the subspecialty by a member board of the		Subspecialty Physician Faculty Members Subspecialty physician faculty members n
	American Board of Medical Specialties or by a certifying board of the American		subspecialty by a member board of the Ame
	Osteopathic Association, or possess qualifications judged acceptable to the		certifying board of the American Osteopathic
II.B.3.b).(1)	Review Committee; and, (Core)	2.9.	judged acceptable to the Review Committe
			Subspecialty physician faculty members must
II.B.3.b).(2)	have at least two years of experience in clinical informatics. (Detail)	2.9.b.	clinical informatics. (Detail)
	Any other specialty physician faculty members must have current		
	certification in their specialty by the appropriate American Board of Medical		Any other specialty physician faculty mem
	Specialties (ABMS) member board or American Osteopathic Association		their specialty by the appropriate America
II.B.3.c)	(AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	member board or American Osteopathic A possess qualifications judged acceptable
1.5.5.6	Core Faculty	2.J.a.	
	Core faculty members must have a significant role in the education and		Core Faculty
	supervision of fellows and must devote a significant portion of their entire		Core faculty members must have a signific
	effort to fellow education and/or administration, and must, as a component		of fellows and must devote a significant pe
	of their activities, teach, evaluate, and provide formative feedback to	2.40	education and/or administration, and must
II.B.4. II.B.4.a)	fellows. (Core) Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10. 2.10.a.	evaluate, and provide formative feedback t Faculty members must complete the annu-
II.D.4.d)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.d.	Faculty members must complete the annu-
l	In addition to the program director, programs must have the minimum number of		In addition to the program director, programs
	core faculty members certified by an ABMS member board or AOA certifying		faculty members certified by an ABMS memb
	board based on the number of approved fellow positions, as follows: (Core)		number of approved fellow positions, as follow
	Number of Approved Positions: 1-3   Minimum Number of Certified Core Faculty		Number of Approved Positions: 1-3   Minimun
	Members: 2		2 Number of American Desition of A.C.I.Minimum
	Number of Approved Positions: 4-6   Minimum Number of Certified Core Faculty Members : 3		Number of Approved Positions: 4-6   Minimun 3
	Number of Approved Positions: 7-9   Minimum Number of Certified Core Faculty Members : 4		Number of Approved Positions: 7-9   Minimun 4
	Number of Approved Positions: 10-12   Minimum Number of Certified Core Faculty Members : 6		Number of Approved Positions: 10-12   Minim Members : 6
l			
•	Number of Approved Positions: >12   Minimum Number of Certified Core Faculty		Number of Approved Positions: >12   Minimur

evelopment designed to enhance their skills

qualifications in their field and hold Core)

qualifications in their field and hold Core)

#### 5

s must have current certification in the merican Board of Medical Specialties or by a lic Association, or possess qualifications ittee. (Core)

ust have at least two years of experience in

embers must have current certification in can Board of Medical Specialties (ABMS) c Association (AOA) certifying board, or le to the Review Committee. (Core)

ificant role in the education and supervision portion of their entire effort to fellow ust, as a component of their activities, teach, ek to fellows. (Core)

nual ACGME Faculty Survey. (Core)

ns must have the minimum number of core nber board or AOA certifying board based on the lows: (Core)

um Number of Certified Core Faculty Members :

um Number of Certified Core Faculty Members :

um Number of Certified Core Faculty Members :

imum Number of Certified Core Faculty

num Number of Certified Core Faculty Members :

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	The required core faculty members must be provided with support equal to an aggregate minimum of 15 percent/FTE for educational and administrative responsibilities that do not involve direct patient care. Support must be provided based on the program size as follows: (Core)		
	Number of Approved Positions: 1-3   Minimum Aggregate Support Required (FTE): 0.15 Number of Approved Positions: 4-6   Minimum Aggregate Support Required (FTE): 0.20		The required core faculty members must be p minimum of 15 percent/FTE for educational an involve direct patient care. Support must be p (Core)
II.B.4.c)	Number of Approved Positions: 7-9   Minimum Aggregate Support Required (FTE): 0.20 Number of Approved Positions: 10-12   Minimum Aggregate Support Required (FTE): 0.20 Number of Approved Positions: >12   Minimum Aggregate Support Required (FTE): 0.20	2.10.c.	Number of Approved Positions: 1-3   Minimum Number of Approved Positions: 4-6   Minimum Number of Approved Positions: 7-9   Minimum Number of Approved Positions: 10-12   Minimum Number of Approved Positions: >12   Minimum
,			Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinator. (Co
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator. (Co
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be provided adequate for administration of the program (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)		At a minimum, the program coordinator must support specified below for administration of t must be provided based on the program size
	Number of Approved Fellow Positions: 1-3   Minimum FTE Required for Coordinator Support: 0.30   Minimum Additional Aggregate FTE Required for Administration of the Program: 0 Number of Approved Fellow Positions: 4-6   Minimum FTE Required for Coordinator Support: 0.30   Minimum Additional Aggregate FTE Required for Administration of the Program: 0.20		Number of Approved Fellow Positions: 1-3   N Support: 0.30   Minimum Additional Aggregat Program: 0 Number of Approved Fellow Positions: 4-6   N Support: 0.30   Minimum Additional Aggregat Program: 0.20
	Number of Approved Fellow Positions: 7-9   Minimum FTE Required for Coordinator Support: 0.30   Minimum Additional Aggregate FTE Required for Administration of the Program: 0.38 Number of Approved Fellow Positions: 10-12   Minimum FTE Required for		Number of Approved Fellow Positions: 7-9   N Support: 0.30   Minimum Additional Aggregat Program: 0.38 Number of Approved Fellow Positions: 10-12
	Coordinator Support: 0.30   Minimum Additional Aggregate FTE Required for Administration of the Program: 0.44 Number of Approved Fellow Positions: >12   Minimum FTE Required for Coordinator Support: 0.30   Minimum Additional Aggregate FTE Required for		Support: 0.30   Minimum Additional Aggregat Program: 0.44 Number of Approved Fellow Positions: >12   N Support: 0.30   Minimum Additional Aggregat

e provided with support equal to an aggregate and administrative responsibilities that do not provided based on the program size as follows:

um Aggregate Support Required (FTE): 0.15 um Aggregate Support Required (FTE): 0.20 um Aggregate Support Required (FTE): 0.20 imum Aggregate Support Required (FTE): 0.20 num Aggregate Support Required (FTE): 0.20

# core)

# core)

led with dedicated time and support am based upon its size and configuration.

st be provided with the dedicated time and of the program. Additional administrative support ze as follows: (Core)

Minimum FTE Required for Coordinator ate FTE Required for Administration of the

Minimum FTE Required for Coordinator ate FTE Required for Administration of the

Minimum FTE Required for Coordinator gate FTE Required for Administration of the

2 | Minimum FTE Required for Coordinator gate FTE Required for Administration of the

| Minimum FTE Required for Coordinator ate FTE Required for Administration of the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly		Other Program Personnel The program, in partnership with its Spon
II.D.	ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	availability of necessary personnel for the (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship Prog All required clinical education for entry in must be completed in an ACGME-accredite residency program, a program with ACGM Specialty Accreditation, or a Royal College (RCPSC)-accredited or College of Family F residency program located in Canada. (Co
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 verifica competence in the required field using AC evaluations from the core residency progr
III.A.1.a).(1)	Prior to appointment in the program, each fellow should have completed a residency program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, each fell program that satisfies the requirements in 3.2
III.A.1.c)	Fellow Eligibility Exception The Review Committees for Family Medicine, Internal Medicine, Pathology, and Pediatrics will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committees for Family Medicin will allow the following exception to the fe
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship program international graduate applicant who does listed in 3.2, but who does meet all of the f conditions: (Core)
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director and fel applicant's suitability to enter the program summative evaluations of training in the c
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 exc (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 Commission fo certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exception performance by the Clinical Competency ( (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoint mo Committee. (Core)

onsoring Institution, must jointly ensure the he effective administration of the program.

#### ograms

into ACGME-accredited fellowship programs dited residency program, an AOA-approved GME International (ACGME-I) Advanced ege of Physicians and Surgeons of Canada y Physicians of Canada (CFPC)-accredited Core)

ication of each entering fellow's level of ACGME, ACGME-I, or CanMEDS Milestones gram. (Core)

ellow should have completed a residency 8.2. (Core)

cine, Internal Medicine, Pathology, and Pediatrics fellowship eligibility requirements:

am may accept an exceptionally qualified es not satisfy the eligibility requirements e following additional qualifications and

fellowship selection committee of the am, based on prior training and review of the e core specialty; and, (Core)

xceptional qualifications by the GMEC; and,

for Foreign Medical Graduates (ECFMG)

tion must have an evaluation of their y Committee within 12 weeks of matriculation.

more fellows than approved by the Review

Roman Numeral		Reformatted	
Requirement Number		Requirement Number	Requireme
	Fellow Transfers The program must obtain verification of previous educational experiences		Fellow Transfers
	and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon		The program must obtain verification of p summative competency-based performan
III.C.	matriculation. (Core)	3.4.	transferring fellow, and Milestones evalua
	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 desig innovation in graduate medical education size, or location of the program.
	The educational program must support the development of knowledgeable,		
	skillful physicians who provide compassionate care.		The educational program must support the physicians who provide compassionate ca
	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will		It is recognized that programs may place of
	reflect the nuanced program-specific goals for it and its graduates; for		public health, etc. It is expected that the p
	example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community		program-specific goals for it and its gradu program aiming to prepare physician-scie
IV.	health.	Section 4	one focusing on community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the following
	a set of program aims consistent with the Sponsoring Institution's mission,		a set of program aims consistent with the
	the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program		needs of the community it serves, and the graduates, which must be made available
IV.A.1.	applicants, fellows, and faculty members; (Core)	4.2.a.	members; (Core)
	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in		competency-based goals and objectives for
	their subspecialty. These must be distributed, reviewed, and available to		promote progress on a trajectory to auton
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	must be distributed, reviewed, and availab
	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their		delineation of fellow responsibilities for pa
IV.A.3.	subspecialty; (Core)	4.2.c.	patient management, and graded supervis
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyond d
	Fellows must be provided with protected time to participate in core didactic		Didactic and Clinical Experiences Fellows must be provided with protected t
IV.A.4.a)	activities. (Core)	4.11.	(Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that promote techniques. (Core)
		T. <b>L.</b> V.	

previous educational experiences and a ance evaluation prior to acceptance of a uations upon matriculation. (Core)

signed to encourage excellence and on regardless of the organizational affiliation,

the development of knowledgeable, skillful care.

e different emphasis on research, leadership, program aims will reflect the nuanced duates; for example, it is expected that a cientists will have a different curriculum from

ng educational components:

ne Sponsoring Institution's mission, the he desired distinctive capabilities of its le to program applicants, fellows, and faculty

s for each educational experience designed to onomous practice in their subspecialty. These able to fellows and faculty members; (Core)

patient care, progressive responsibility for vision in their subspecialty; (Core) d direct patient care; and, (Core)

time to participate in core didactic activities.

te patient safety-related goals, tools, and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a conceptual fi for a trusted physician to enter autonomo- to the practice of all physicians, although subspecialty. The developmental trajector articulated through the Milestones for eac on subspecialty-specific patient care and other competencies acquired in residency
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGME Co
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professionalism Fellows must demonstrate a commitment ethical principles. (Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care and Fellows must be able to provide patient ca compassionate, equitable, appropriate, an problems and the promotion of health. (Co
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in the leverage of information and communication technology to: (Core)	4.4.a.	Fellows must demonstrate competence in the technology to: (Core)
IV.B.1.b).(1).(a).(i)	incorporate informatics principles across the dimensions of health care, including health promotion, disease prevention, diagnosis, and treatment of individuals and their families across the lifespan; (Core)	4.4.a.1.	incorporate informatics principles across the opportunity promotion, disease prevention, diagnosis, and across the lifespan; (Core)
IV.B.1.b).(1).(a).(ii)	use informatics tools to improve assessment, interdisciplinary care planning, management, coordination, and follow-up of patients; (Core)	4.4.a.2.	use informatics tools to improve assessment, coordination, and follow-up of patients; (Core
IV.B.1.b).(1).(a).(iii)	use informatics tools, such as electronic health records or personal health records, to facilitate the coordination and documentation of key events in patient care, such as family communication, consultation around goals of care, immunizations, advance directive completion, and involvement of multiple team members as appropriate; and, (Core)	4.4.a.3.	use informatics tools, such as electronic heal facilitate the coordination and documentation communication, consultation around goals of completion, and involvement of multiple team
IV.B.1.b).(1).(a).(iv)	use informatics tools to promote confidentiality and security of patient data. (Core)	4.4.a.4.	use informatics tools to promote confidentialit
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in:	[None]	
IV.B.1.b).(1).(b).(i)	fundamental programming, database design, and user interface design; (Core)	4.4.b.	Fellows must demonstrate competence in fun user interface design. (Core)
IV.B.1.b).(1).(b).(ii)	the use of health IT tools and processes to support continuity of communication and information across transitions of care; (Core)	4.4.c.	Fellows must demonstrate competence in the support continuity of communication and info
IV.B.1.b).(1).(b).(iii)	developing, implementing, evaluating, and/or integrating portals and other patient- facing health informatics applications (e.g., disease management, patient education, behavior modification); (Core)	4.4.d.	Fellows must demonstrate competence in de- integrating portals and other patient-facing he management, patient education, behavior mo
IV.B.1.b).(1).(b).(iv)	participating in the design, evaluation, implementation, and/or support of telehealth systems; (Core)	4.4.e.	Fellows must demonstrate competence in participation in participation and/or support of telehealth structures and the support of telehealth structures and structures and telehealth structures and te

I framework describing the required domains nous practice. These Competencies are core th the specifics are further defined by each fories in each of the Competencies are ach subspecialty. The focus in fellowship is d medical knowledge, as well as refining the cy.

Competencies into the curriculum.

m nt to professionalism and an adherence to

### nd Procedural Skills (Part A)

care that is patient- and family-centered, and effective for the treatment of health Core)

he leverage of information and communication

e dimensions of health care, including health and treatment of individuals and their families

nt, interdisciplinary care planning, management, are)

ealth records or personal health records, to on of key events in patient care, such as family of care, immunizations, advance directive am members as appropriate; and, (Core)

ality and security of patient data. (Core)

undamental programming, database design, and

the use of health IT tools and processes to formation across transitions of care. (Core)

developing, implementing, evaluating, and/or health informatics applications (e.g., disease nodification). (Core)

participating in the design, evaluation, h systems. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
IV.B.1.b).(1).(b).(v)	accessing and incorporating information from emerging data sources (e.g., imaging, bioinformatics, internet of things, patient-generated, social determinants); (Core)	4.4.f.	Fellows must demonstrate competence in ac emerging data sources (e.g., imaging, bioinfo social determinants). (Core)
IV.B.1.b).(1).(b).(vi)	assessing and prioritizing the integration of data from medical devices (e.g., pumps, telemetry monitors, patient devices) into information systems; (Core)	4.4.g.	Fellows must demonstrate competence in as from medical devices (e.g., pumps, telemetry systems. (Core)
IV.B.1.b).(1).(b).(vii)	project management and software engineering related to the development and management of IT projects that are pertinent to patient care; (Core)	4.4.h.	Fellows must demonstrate competence in pro- related to the development and management (Core)
IV.B.1.b).(1).(b).(viii)	the identification of changes needed in organizational processes and clinician practices to optimize health system operational effectiveness; (Core)	4.4.i.	Fellows must demonstrate competence in the organizational processes and clinician practic effectiveness. (Core)
IV.B.1.b).(1).(b).(ix)	the analysis of patient care workflow and processes to identify information system features that will support improved quality, efficiency, effectiveness, and safety of clinical services; and, (Core)	4.4.j.	Fellows must demonstrate competence in the processes to identify information system feat efficiency, effectiveness, and safety of clinical
IV.B.1.b).(1).(b).(x)	the assessment of user needs for a clinical information or telecommunication system or application. (Core)	4.4.k.	Fellows must demonstrate competence in the information or telecommunication system or a
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care and Fellows must be able to perform all medic considered essential for the area of practi
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 Knowled Fellows must demonstrate knowledge of clinical, epidemiological, and social-beha as well as the application of this knowled
IV.B.1.c).(1)	Fellows must demonstrate sufficient knowledge in the following areas:	4.6.a.	Fellows must demonstrate sufficient knowled
IV.B.1.c).(1).(a)	fundamental informatics vocabulary, concepts, models, and theories; (Core)	4.6.a.1.	fundamental informatics vocabulary, concept
IV.B.1.c).(1).(b)	the health care environment, to include how business processes and financial considerations, including resourcing IT, influence health care delivery and the flow of data among the major domains of the health system; (Core)	4.6.a.2.	the health care environment, to include how considerations, including resourcing IT, influe among the major domains of the health system
IV.B.1.c).(1).(c)	how information systems and processes enhance or compromise the decision making and actions of health care team members; (Core)	4.6.a.3.	how information systems and processes enh actions of health care team members; (Core)
IV.B.1.c).(1).(d)	process improvement or change management for health care processes; (Core)	4.6.a.4.	process improvement or change manageme
IV.B.1.c).(1).(e)	the impact of clinical information systems on users and patients; (Core)	4.6.a.5.	the impact of clinical information systems on
IV.B.1.c).(1).(f)	strategies to support clinician users and promote clinician adoption of systems; (Core)	4.6.a.6.	strategies to support clinician users and pron
IV.B.1.c).(1).(g)	clinical decision design, support, use, and implementation; (Core)	4.6.a.7.	clinical decision design, support, use, and im
IV.B.1.c).(1).(h)	evaluation of information systems to provide feedback for system improvement; (Core)	4.6.a.8.	evaluation of information systems to provide
IV.B.1.c).(1).(i) IV.B.1.c).(1).(j)	leadership in organizational change, fostering collaboration, communicating effectively, and managing large-scale projects related to clinical information systems; (Core) risk management and mitigation related to patient safety and privacy; (Core)	4.6.a.9. 4.6.a.10.	leadership in organizational change, fostering managing large-scale projects related to clini risk management and mitigation related to pa
	The management and magain related to patient salety and privacy, (Oore)	1.0.0.10.	

accessing and incorporating information from nformatics, internet of things, patient-generated,

assessing and prioritizing the integration of data try monitors, patient devices) into information

project management and software engineering ent of IT projects that are pertinent to patient care.

the identification of changes needed in strices to optimize health system operational

the analysis of patient care workflow and atures that will support improved quality, cal services. (Core)

the assessment of user needs for a clinical r application. (Core)

nd Procedural Skills (Part B) lical, diagnostic, and surgical procedures ctice. (Core)

# edge

#### f established and evolving biomedical, avioral sciences, including scientific inquiry, dge to patient care. (Core)

edge in the following areas:

pts, models, and theories; (Core)

w business processes and financial uence health care delivery and the flow of data stem; (Core)

hance or compromise the decision making and e)

ent for health care processes; (Core) on users and patients; (Core)

omote clinician adoption of systems; (Core) mplementation; (Core)

e feedback for system improvement; (Core)

ing collaboration, communicating effectively, and inical information systems; (Core) patient safety and privacy; (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
IV.B.1.c).(1).(k)	leveraging processes and principles of project management to facilitate the successful completion of projects; (Core)	4.6.a.11.	leveraging processes and principles of projec completion of projects; (Core)
IV.B.1.c).(1).(I)	health IT implementations and upgrades; and, (Core)	4.6.a.12.	health IT implementations and upgrades; and
IV.B.1.c).(1).(m)	providing clinical input into data-matching strategies and maintenance of master patient index to ensure integrity of patient data sourced across multiple systems. (Core)	4.6.a.13.	providing clinical input into data-matching stra index to ensure integrity of patient data sourc
	Practice-based Learning and Improvement		
IV.B.1.d)	Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Based L Fellows must demonstrate the ability to in patients, to appraise and assimilate scient patient care based on constant self-evalua
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersonal and Fellows must demonstrate interpersonal a effective exchange of information and coll health professionals. (Core)
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Based F Fellows must demonstrate an awareness of and system of health care, including the st as well as the ability to call effectively on of care. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	Curriculum Organization and Fellow Experiences 4.10. Curriculum Structure The curriculum must be structured to optimely length of the experiences, and the supervise experiences include an appropriate blend clinical teaching, and didactic educational 4.11. Didactic and Clinical Experiences Fellows must be provided with protected to (Core) 4.12. Pain Management The program must provide instruction and applicable for the subspecialty, including to disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Structure The curriculum must be structured to opti length of the experiences, and the supervi experiences include an appropriate blend clinical teaching, and didactic educational

ect management to facilitate the successful

nd, (Core)

trategies and maintenance of master patient rced across multiple systems. (Core)

Learning and Improvement investigate and evaluate their care of ntific evidence, and to continuously improve uation and lifelong learning. (Core)

nd Communication Skills and communication skills that result in the ollaboration with patients, their families, and

d Practice s of and responsiv

s of and responsiveness to the larger context structural and social determinants of health, n other resources to provide optimal health

# eriences

otimize fellow educational experiences, the rvisory continuity. These educational d of supervised patient care responsibilities, nal events. (Core)

time to participate in core didactic activities.

nd experience in pain management if g recognition of the signs of substance use

otimize fellow educational experiences, the rvisory continuity. These educational d of supervised patient care responsibilities, nal events. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
IV.C.1.a)	Rotations must be longitudinal relationships with faculty members, and to allow for meaningful assessment and feedback. (Core)	4.10.a.	Rotations must be longitudinal relationships v meaningful assessment and feedback. (Core
,	Rotations must be structured to facilitate learning in a manner that allows fellows		Rotations must be structured to facilitate lear
	to function as part of an effective interprofessional team that works together		as part of an effective interprofessional team
IV.C.1.b)	toward the shared goals of patient safety and quality improvement. (Core)	4.10.b.	patient safety and quality improvement. (Core
	Schedules must be structured to minimize conflicting inpatient and outpatient		Schedules must be structured to minimize co
IV.C.1.c)	responsibilities. (Core)	4.10.c.	responsibilities. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instruction and applicable for the subspecialty, including disorder. (Core)
	Didactic sessions may be delivered at the primary clinical site or through distance	·	Didactic sessions may be delivered at the pri
IV.C.3.	education with partnered and approved educational institutions. (Core)	4.11.a.	with partnered and approved educational inst
IV.C.4.	Fellows must participate in planning and conducting conferences. (Core)	4.11.b.	Fellows must participate in planning and conc
	Fellows must have clearly defined, written descriptions of responsibilities and a		Fellows must have clearly defined, written de
IV.C.5.	reporting structure for all educational assignments. (Core)	4.11.c.	structure for all educational assignments. (Co
	Educational assignments must be designed to provide fellows with exposure to		Educational assignments must be designed to
IV.C.6.	different types of clinical and health information systems. (Core)	4.11.d.	types of clinical and health information system
	Educational assignments should have a particular focus (or foci), such as:		
IV.C.7.	(Detail)	4.11.e.	Educational assignments should have a partie
IV.C.7.a)	algorithm development; (Detail)	4.11.e.1.	algorithm development; (Detail)
IV.C.7.b)	bioinformatics/computational biology; (Detail)	4.11.e.2.	bioinformatics/computational biology; (Detail)
IV.C.7.c)	clinical translational research; (Detail)	4.11.e.3.	clinical translational research; (Detail)
IV.C.7.d)	data organization/user interface; (Detail)	4.11.e.4.	data organization/user interface; (Detail)
IV.C.7.e)	diagnostics; (Detail)	4.11.e.5.	diagnostics; (Detail)
IV.C.7.f)	health IT user interface design; (Detail)	4.11.e.6.	health IT user interface design; (Detail)
IV.C.7.g)	imaging informatics and radiology information systems; (Detail)	4.11.e.7.	imaging informatics and radiology information
IV.C.7.h)	IT business strategy and management; (Detail)	4.11.e.8.	IT business strategy and management; (Deta
IV.C.7.i)	laboratory information systems/pathology informatics; (Detail)	4.11.e.9.	laboratory information systems/pathology info
IV.C.7.j)	public health informatics; (Detail)	4.11.e.10.	public health informatics; (Detail)
IV.C.7.k)	regulatory informatics; (Detail)	4.11.e.11.	regulatory informatics; (Detail)
IV.C.7.I)	remote systems/telemedicine; and, (Detail)	4.11.e.12.	remote systems/telemedicine; and, (Detail)
IV.C.7.m)	specialty-specific focus. (Detail)	4.11.e.13.	specialty-specific focus. (Detail)
IV.C.8.	Educational assignments should be conducted within at least three different settings. (Detail)	4.11.f.	Educational assignments should be conducte (Detail)
IV.C.9.	Each fellow must have an individualized learning plan that allows the fellow to demonstrate proficiency in all required competencies within the specified length of the educational program, and that: (Core)	4.11.g.	Each fellow must have an individualized learr proficiency in all required competencies within program, and that: (Core)
IV.C.9.a)	is specific to the fellow's primary specialty; or, (Detail)	4.11.g.1.	is specific to the fellow's primary specialty; or
IV.C.9.b)	incorporates the area of focus in the fellow's educational assignment(s). (Detail)	4.11.g.2.	incorporates the area of focus in the fellow's e
IV.C.10.	Fellows must have long-term assignments to integrate their knowledge and prior experience in a clinical setting that poses real-world clinical informatics challenges. (Core)	4.11.h.	Fellows must have long-term assignments to in a clinical setting that poses real-world clinic

s with faculty members, and to allow for re)

arning in a manner that allows fellows to function m that works together toward the shared goals of ore)

conflicting inpatient and outpatient

# nd experience in pain management if g recognition of the signs of substance use

primary clinical site or through distance education nstitutions. (Core)

nducting conferences. (Core)

descriptions of responsibilities and a reporting Core)

to provide fellows with exposure to different ems. (Core)

rticular focus (or foci), such as: (Detail)

I)

on systems; (Detail)

tail)

nformatics; (Detail)

cted within at least three different settings.

arning plan that allows the fellow to demonstrate thin the specified length of the educational

or, (Detail)

's educational assignment(s). (Detail)

to integrate their knowledge and prior experience inical informatics challenges. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.10.a)	Each fellow must actively participate as a member of at least one interdisciplinary team that is addressing clinical informatics needs for the health system. (Core)	4.11.h.1.	Each fellow must actively participate as a mentic is addressing clinical informatics needs for the
IV.C.10.a).(1)	This experience must include analyzing issues, planning, and implementing recommendations from the team. (Detail)	4.11.h.1.a.	This experience must include analyzing issue recommendations from the team. (Detail)
IV.C.10.a).(2)	The interdisciplinary team should include physicians, nurses, other health care professionals, administrators, and information technology/system personnel. (Detail)	4.11.h.1.b.	The interdisciplinary team should include phy- professionals, administrators, and information
IV.C.11.	During the educational program, fellows should maintain their primary specialty certification. (Detail)	4.11.i.	During the educational program, fellows shou (Detail)
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science. The cares for patients. This requires the ability appropriately assimilate new knowledge, a and faculty must create an environment th through fellow participation in scholarly ac specific Program Requirements. Scholarly integration, application, and teaching. The ACGME recognizes the diversity of fel prepare physicians for a variety of roles, in educators. It is expected that the program aims, and the needs of the community it se concentrate their scholarly activity on qua teaching, while other programs might choo biomedical research as the focus for schol Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evidence of mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evidence of mission(s) and aims. (Core)
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its Spons resources to facilitate fellow and faculty in

nember of at least one interdisciplinary team that the health system. (Core) ues, planning, and implementing

nysicians, nurses, other health care on technology/system personnel. (Detail) ould maintain their primary specialty certification.

ne physician is a humanistic scientist who ity to think critically, evaluate the literature, , and practice lifelong learning. The program that fosters the acquisition of such skills activities as defined in the subspecialtyly activities may include discovery,

fellowships and anticipates that programs including clinicians, scientists, and m's scholarship will reflect its mission(s) and serves. For example, some programs may uality improvement, population health, and/or poose to utilize more classic forms of polarship.

e of scholarly activities, consistent with its

e of scholarly activities, consistent with its

nsoring Institution, must allocate adequate involvement in scholarly activities. (Core)

			1
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, programs r least three of the following domains: (Core •Research in basic science, education, tran population health •Peer-reviewed grants •Quality improvement and/or patient safety •Systematic reviews, meta-analyses, review or case reports •Creation of curricula, evaluation tools, did educational materials •Contribution to professional committees, boards •Innovations in education
IV.D.2.a) IV.D.2.b)	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods: faculty participation in grand rounds, posters, workshops, quality	4.14. 4.14.a.	Faculty Scholarly Activity Among their scholarly activity, programs r least three of the following domains: (Core •Research in basic science, education, tran population health •Peer-reviewed grants •Quality improvement and/or patient safety •Systematic reviews, meta-analyses, review or case reports •Creation of curricula, evaluation tools, did educational materials •Contribution to professional committees, boards •Innovations in education The program must demonstrate dissemina external to the program by the following m
IV.D.2.b).(1)	improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor. (Outcome)	4.14.a.1.	faculty participation in grand rounds, post presentations, podium presentations, gran print/electronic resources, articles or publ webinars, service on professional commit journal editorial board member, or editor.
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome)
IV.D.3.	Fellow Scholarly Activity	4.15.	<ul> <li>Fellow Scholarly Activity</li> <li>Scholarly activity should include at least one of peer-reviewed funding and research;</li> <li>publication of original research or review</li> <li>presentations at local, regional, or national (Detail)</li> </ul>

s must demonstrate accomplishments in at pre) ranslational science, patient care, or

ety initiatives iew articles, chapters in medical textbooks,

lidactic educational activities, or electronic

s, educational organizations, or editorial

s must demonstrate accomplishments in at pre) ranslational science, patient care, or

ety initiatives iew articles, chapters in medical textbooks,

didactic educational activities, or electronic

s, educational organizations, or editorial

nation of scholarly activity within and methods:

sters, workshops, quality improvement ant leadership, non-peer-reviewed blications, book chapters, textbooks, hittees, or serving as a journal reviewer, r. (Outcome)

e of the following:

w articles; or, anal professional and scientific society meetings.

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremer
IV.D.3.a)	Scholarly activity should include at least one of the following:	4.15.	<ul> <li>Fellow Scholarly Activity</li> <li>Scholarly activity should include at least one</li> <li>peer-reviewed funding and research;</li> <li>publication of original research or review</li> <li>presentations at local, regional, or national (Detail)</li> </ul>
IV.D.3.a).(1)	peer-reviewed funding and research; (Detail)	4.15.	<ul> <li>Fellow Scholarly Activity</li> <li>Scholarly activity should include at least one</li> <li>peer-reviewed funding and research;</li> <li>publication of original research or review</li> <li>presentations at local, regional, or national (Detail)</li> </ul>
IV.D.3.a).(2)	publication of original research or review articles; or, (Detail)	4.15.	<ul> <li>Fellow Scholarly Activity</li> <li>Scholarly activity should include at least one</li> <li>peer-reviewed funding and research;</li> <li>publication of original research or review</li> <li>presentations at local, regional, or national (Detail)</li> </ul>
IV.D.3.a).(3)	presentations at local, regional, or national professional and scientific society meetings. (Detail)	4.15.	<ul> <li>Fellow Scholarly Activity</li> <li>Scholarly activity should include at least one</li> <li>peer-reviewed funding and research;</li> <li>publication of original research or review</li> <li>presentations at local, regional, or national (Detail)</li> </ul>
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 fellows their core specialty during their fellowship
IV.E.1. V.	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. Section 5	If programs permit their fellows to utilize t exceed 20 percent of their time per week o Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, e on fellow performance during each rotatio
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Evaluati Faculty members must directly observe, e on fellow performance during each rotatio
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 Evaluati Faculty members must directly observe, e on fellow performance during each rotatio
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the co

e of the following:

*w* articles; or, nal professional and scientific society meetings.

e of the following:

*w* articles; or, nal professional and scientific society meetings.

e of the following:

*w* articles; or, nal professional and scientific society meetings.

e of the following:

*w* articles; or, nal professional and scientific society meetings.

s to engage in the independent practice of ip program.

e the independent practice option, it must not or 10 weeks of an academic year. Core)

#### tion

evaluate, and frequently provide feedback ion or similar educational assignment. (Core)

#### tion

evaluate, and frequently provide feedback ion or similar educational assignment. (Core)

#### tion

evaluate, and frequently provide feedback ion or similar educational assignment. (Core)

ompletion of the assignment. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than three n documented at least every three months.
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as continu responsibilities must be evaluated at least (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective pe Competencies and the subspecialty-speci
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 memi professional staff members); and, (Core)
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinical Co progressive fellow performance and impro (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designee, wi Committee, must meet with and review wit annual evaluation of performance, includir Milestones. (Core)
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designee, wi Committee, must assist fellows in develop capitalize on their strengths and identify a
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designee, wi Committee, must develop plans for fellows policies and procedures. (Core)
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a summat their readiness to progress to the next yea
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performance fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a final of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a final of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, and Case Logs, must be used as tools to ensu autonomous practice upon completion of
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become part of t by the institution, and must be accessible institutional policy. (Core)
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the fe skills, and behaviors necessary to enter at

# ent Language months in duration, evaluation must be a. (Core)

nuity clinic in the context of other clinical st every three months and at completion.

performance evaluation based on the cific Milestones, and must: (Core) mbers, peers, patients, self, and other

Competency Committee for its synthesis of provement toward unsupervised practice.

with input from the Clinical Competency with each fellow their documented semiding progress along the subspecialty-specific

with input from the Clinical Competency oping individualized learning plans to areas for growth. (Core)

with input from the Clinical Competency ws failing to progress, following institutional

native evaluation of each fellow that includes rear of the program, if applicable. (Core) ce must be accessible for review by the

al evaluation for each fellow upon completion

al evaluation for each fellow upon completion

nd when applicable the subspecialty-specific sure fellows are able to engage in of the program. (Core)

f the fellow's permanent record maintained le for review by the fellow in accordance with

fellow has demonstrated the knowledge, autonomous practice. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	be observed with the follow upon completion of the pressure (Core)	5 0 d	The final evaluation must be shared with t
, , , , ,	be shared with the fellow upon completion of the program. (Core) A Clinical Competency Committee must be appointed by the program	5.2.d.	(Core) Clinical Competency Committee
	director. (Core)	5.3.	A Clinical Competency Committee must be
	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		At a minimum the Clinical Competency Co least one of whom is a core faculty membe the same program or other programs, or o
	program's fellows. (Core)	5.3.a.	extensive contact and experience with the
V.A.3.b)	The Clinical Competency Committee must:	[None]	
, , ,	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee must annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee must achievement of the subspecialty-specific N
	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee must evaluations and advise the program direct
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to evalu it relates to the educational program at lea
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 evalu it relates to the educational program at lea
	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review of the abilities, engagement with the educational development related to their skills as an exprofessionalism, and scholarly activities.
	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, confi
	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback o
	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluation wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Pro and document the Annual Program Evalua improvement process. (Core)
	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Pro and document the Annual Program Evalua improvement process. (Core)
	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee must faculty members, at least one of whom is a fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	

the fellow upon completion of the program.

be appointed by the program director. (Core)

Committee must include three members, at ber. Members must be faculty members from other health professionals who have ne program's fellows. (Core)

st review all fellow evaluations at least semi-

st determine each fellow's progress on content of the second second second second second second second second s

st meet prior to the fellows' semi-annual ctor regarding each fellow's progress. (Core)

aluate each faculty member's performance as east annually. (Core)

aluate each faculty member's performance as east annually. (Core)

the faculty member's clinical teaching al program, participation in faculty educator, clinical performance, (Core)

. (Core)

nfidential evaluations by the fellows. (Core)

on their evaluations at least annually. (Core) tions should be incorporated into program-

Program Evaluation Committee to conduct uation as part of the program's continuous

Program Evaluation Committee to conduct uation as part of the program's continuous

t be composed of at least two program s a core faculty member, and at least one

Roman Numeral		Reformatted	
Requirement Number	Requirement Language review of the program's self-determined goals and progress toward	Requirement Number	Requiremer Program Evaluation Committee responsib
V.C.1.b).(1)	meeting them; (Core)	5.5.b.	self-determined goals and progress towar
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 responsib program improvement, including developr (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 responsib operating environment to identify strength related to the program's mission and aims
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 shoul Program Evaluation(s), aggregate fellow a program, and other relevant data in its ass
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must strengths, areas for improvement, and three
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including discussed with the fellows and the member submitted to the DIO. (Core)
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self-Stu
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited education achieve board certification. One measure program is the ultimate pass rate.
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encourage a certifying examination offered by the appl Specialties (ABMS) member board or Ame certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS men offer(s) an annual written exam, in the pre- aggregate pass rate of those taking the ex than the bottom fifth percentile of program
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS men offer(s) a biennial written exam, in the pre- pass rate of those taking the examination bottom fifth percentile of programs in that
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS men offer(s) an annual oral exam, in the preced pass rate of those taking the examination bottom fifth percentile of programs in that

ibilities must include review of the program's ard meeting them. (Core)

ibilities must include guiding ongoing perment of new goals, based upon outcomes.

ibilities must include review of the current gths, challenges, opportunities, and threats as ms. (Core)

uld consider the outcomes from prior Annual and faculty written evaluations of the ssessment of the program. (Core)

et evaluate the program's mission and aims, nreats. (Core)

ng the action plan, must be distributed to and bers of the teaching faculty, and be

# Study and submit it to the DIO. (Core)

on is to educate physicians who seek and re of the effectiveness of the educational

all eligible program graduates to take the plicable American Board of Medical merican Osteopathic Association (AOA)

nember board and/or AOA certifying board receding three years, the program's examination for the first time must be higher ams in that subspecialty. (Outcome)

nember board and/or AOA certifying board receding six years, the program's aggregate on for the first time must be higher than the nat subspecialty. (Outcome)

nember board and/or AOA certifying board eding three years, the program's aggregate on for the first time must be higher than the nat subspecialty. (Outcome)

Roman Numeral		Reformatted	
Requirement Number		Requirement Number	Requiremen
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS me offer(s) a biennial oral exam, in the preced pass rate of those taking the examination bottom fifth percentile of programs in that
	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the		For each of the exams referenced in 5.6. – the time period specified in the requireme will have met this requirement, no matter
V.C.3.e)	percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	rate in that subspecialty. (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cert board-eligible fellows that graduated seve
	The Learning and Working Environment		Section 6: The Learning and Working Env
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environment Fellowship education must occur in the co environment that emphasizes the followin
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of ca
	•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 ca in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of providing
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 stud and all members of the health care team
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		Culture of Sofety
	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		Culture of Safety A culture of safety requires continuous id willingness to transparently deal with ther mechanisms to assess the knowledge, sk
VI.A.1.a).(1)	personnel toward safety in order to identify areas for improvement.	[None]	safety in order to identify areas for improv
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, and fe safety systems and contribute to a culture

nember board and/or AOA certifying board eding six years, the program's aggregate on for the first time must be higher than the nat subspecialty. (Outcome)

. – 5.6.c., any program whose graduates over nent have achieved an 80 percent pass rate er the percentile rank of the program for pass

ertification status annually for the cohort of ven years earlier. (Core)

nvironment

context of a learning and working ving principles:

care rendered to patients by fellows today

care rendered to patients by today's fellows

ing care for patients

udents, residents, fellows, faculty members,

identification of vulnerabilities and a nem. An effective organization has formal skills, and attitudes of its personnel toward rovement.

fellows must actively participate in patient ire of safety. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Patient Safety Events		Kequitemen
VI.A.1.a).(2)	Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-up of s conditions are pivotal mechanisms for imp the success of any patient safety program. essential to developing true competence ir sustainable systems-based changes to am
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, and o their responsibilities in reporting patient sa clinical site, including how to report such e
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, and o provided with summary information of thei
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team members clinical patient safety and quality improven analyses or other activities that include and implementation of actions. (Core)
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritizing a evaluating success of improvement efforts
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must receive related to their patient populations. (Core)
			Supervision and Accountability Although the attending physician is ultimate every physician shares in the responsibility provision of care. Effective programs, in pa Institutions, define, widely communicate, a responsibility and accountability as it relate
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate med care to patients; ensures each fellow's dev attitudes required to enter the unsupervise foundation for continued professional grow

f safety events, near misses, and unsafe nproving patient safety, and are essential for m. Feedback and experiential learning are in the ability to identify causes and institute meliorate patient safety vulnerabilities.

I other clinical staff members must know safety events and unsafe conditions at the n events. (Core)

l other clinical staff members must be eir institution's patient safety reports. (Core)

ers in real and/or simulated interprofessional ement activities, such as root cause analysis, as well as formulation and

activities for care improvement and rts.

ve data on quality metrics and benchmarks

nately responsible for the care of the patient, lity and accountability for their efforts in the partnership with their Sponsoring , and monitor a structured chain of lates to the supervision of all patient care.

edical education provides safe and effective evelopment of the skills, knowledge, and sed practice of medicine; and establishes a rowth.

	1	1	
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is ultima every physician shares in the responsibili provision of care. Effective programs, in p Institutions, define, widely communicate, responsibility and accountability as it rela
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate mea care to patients; ensures each fellow's de attitudes required to enter the unsupervis foundation for continued professional gro
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must inform that patient's care when providing direct p available to fellows, faculty members, othe patients. (Core)
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must inform that patient's care when providing direct p available to fellows, faculty members, othe patients. (Core)
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the a all fellows is based on each fellow's level complexity and acuity. Supervision may b as appropriate to the situation. (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow supervision responsibility, the program must use the f
,			Direct Supervision The supervising physician is physically pr portions of the patient interaction.
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or patient i and the supervising physician is concurre appropriate telecommunication technolog
			Direct Supervision The supervising physician is physically pr portions of the patient interaction.
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or patient i and the supervising physician is concurre appropriate telecommunication technolog

mately responsible for the care of the patient, ility and accountability for their efforts in the partnership with their Sponsoring e, and monitor a structured chain of elates to the supervision of all patient care.

nedical education provides safe and effective development of the skills, knowledge, and rised practice of medicine; and establishes a rowth.

m each patient of their respective roles in t patient care. This information must be her members of the health care team, and

rm each patient of their respective roles in t patient care. This information must be ther members of the health care team, and

appropriate level of supervision in place for el of training and ability, as well as patient be exercised through a variety of methods,

ion while providing for graded authority and e following classification of supervision.

present with the fellow during the key

nt is not physically present with the fellow rrently monitoring the patient care through ogy.

present with the fellow during the key

nt is not physically present with the fellow rrently monitoring the patient care through ogy.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Direct Supervision The supervising physician is physically pr portions of the patient interaction.
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or patient i and the supervising physician is concurre appropriate telecommunication technolog
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not providing supervision but is immediately available to provide appropriate direct supervision.
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available to p with feedback provided after care is delive
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physical p 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 and and a supervisory role in patient care dele the program director and faculty members
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate each guided by the Milestones. (Core)
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supervisi care to fellows based on the needs of the
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory role recognition of their progress toward indep patient and the skills of the individual resi
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 circums communicate with the supervising faculty
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of their s under which the fellow is permitted to act
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must be knowledge and skills of each fellow and to of patient care authority and responsibility
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spons and faculty members concerning the profe physicians, including but not limited to the fit to provide the care required by their pat

present with the fellow during the key

nt is not physically present with the fellow rrently monitoring the patient care through ogy.

ing physical or concurrent visual or audio to the fellow for guidance and is available to

o provide review of procedures/encounters vered.

presence of a supervising physician is

nd responsibility, conditional independence, legated to each fellow must be assigned by rs. (Core)

h fellow's abilities based on specific criteria,

ising physicians must delegate portions of e patient and the skills of each fellow. (Core)

ole to junior fellows and residents in lependence, based on the needs of each esident or fellow. (Detail)

nstances and events in which fellows must ty member(s). (Core)

r scope of authority, and the circumstances at with conditional independence. (Outcome)

be of sufficient duration to assess the to delegate to the fellow the appropriate level lity. (Core)

nsoring Institutions, must educate fellows ofessional and ethical responsibilities of their obligation to be appropriately rested and patients. (Core)

Roman Numeral		Reformatted	
Requirement Number		Requirement Number	
	Programs, in partnership with their Sponsoring Institutions, must educate		Professionalism
	fellows and faculty members concerning the professional and ethical		Programs, in partnership with their Spons
	responsibilities of physicians, including but not limited to their obligation to		and faculty members concerning the profe
	be appropriately rested and fit to provide the care required by their patients.		physicians, including but not limited to the
VI.B.1.	(Core)	6.12.	fit to provide the care required by their pat
VI.B.2.	The learning objectives of the program must:	[None]	
	be accomplished without excessive reliance on fellows to fulfill non-	C 40 -	The learning objectives of the program mu
VI.B.2.a)	physician obligations; (Core)	6.12.a.	reliance on fellows to fulfill non-physician
	anaura managaphia nationt care reanancihilitical and (Care)	6.12.b.	The learning objectives of the program mu
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.0.	responsibilities. (Core)
	include efforts to enhance the meaning that each fellow finds in the		The learning objectives of the program mu
	experience of being a physician, including protecting time with patients,		that each fellow finds in the experience of
	providing administrative support, promoting progressive independence and		time with patients, providing administrativ
VI.B.2.c)	flexibility, and enhancing professional relationships. (Core)	6.12.c.	independence and flexibility, and enhancing
	The program director, in partnership with the Sponsoring Institution, must		The program director, in partnership with
	provide a culture of professionalism that supports patient safety and		culture of professionalism that supports p
VI.B.3.	personal responsibility. (Core)	6.12.d.	(Core)
	Fellows and faculty members must demonstrate an understanding of their		Fellows and faculty members must demon
	personal role in the safety and welfare of patients entrusted to their care,		role in the safety and welfare of patients e
VI.B.4.	including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	to report unsafe conditions and safety eve
	Programs, in partnership with their Sponsoring Institutions, must provide a		
	professional, equitable, respectful, and civil environment that is		Programs, in partnership with their Spons
	psychologically safe and that is free from discrimination, sexual and other		professional, equitable, respectful, and civ
	forms of harassment, mistreatment, abuse, or coercion of students, fellows,		and that is free from discrimination, sexua
VI.B.5.	faculty, and staff. (Core)	6.12.f.	mistreatment, abuse, or coercion of stude
	Programs, in partnership with their Sponsoring Institutions, should have a		Programs, in partnership with their Spons
	process for education of fellows and faculty regarding unprofessional		for education of fellows and faculty regard
	behavior and a confidential process for reporting, investigating, and	C 40 m	confidential process for reporting, investig
VI.B.6.	addressing such concerns. (Core)	6.12.g.	(Core)

nsoring Institutions, must educate fellows ofessional and ethical responsibilities of their obligation to be appropriately rested and patients. (Core)

must be accomplished without excessive an obligations. (Core)

must ensure manageable patient care

must include efforts to enhance the meaning of being a physician, including protecting tive support, promoting progressive cing professional relationships. (Core)

th the Sponsoring Institution, must provide a spatient safety and personal responsibility.

onstrate an understanding of their personal entrusted to their care, including the ability vents. (Core)

nsoring Institutions, must provide a civil environment that is psychologically safe ual and other forms of harassment, lents, fellows, faculty, and staff. (Core)

nsoring Institutions, should have a process arding unprofessional behavior and a tigating, and addressing such concerns.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
	Well-Being		
	Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		Well-Being Psychological, emotional, and physical we the competent, caring, and resilient physi inside and outside of medicine. Well-being medicine while managing their own real-li support other members of the health care professionalism; they are also skills that is the context of other aspects of fellowship
	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 and faculty members are at risk for partnership with their Sponsoring Institut address well-being as other aspects of re- members of the health care team share re other. A positive culture in a clinical learn
VI.C.	fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	behaviors, and prepares fellows with the s throughout their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in partr must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity, ar 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 add 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 opt and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunity to care appointments, including those sched
VI.C.1.d) VI.C.1.d).(1)	education of fellows and faculty members in: 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. 6.13.d.1.	education of fellows and faculty members identification of the symptoms of burnout suicidal ideation, or potential for violence experience these conditions; (Core)
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in themse (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-screer
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, affordab and treatment, including access to urgent days a week. (Core)
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fellows but not limited to fatigue, illness, family en caregiver leave. Each program must allow fellows unable to perform their patient car

well-being are critical in the development of sician and require proactive attention to life ing requires that physicians retain the joy in -life stresses. Self-care and responsibility to re team are important components of at must be modeled, learned, and nurtured in ip training.

t for burnout and depression. Programs, in utions, have the same responsibility to resident competence. Physicians and all responsibility for the well-being of each rning environment models constructive e skills and attitudes needed to thrive

rtnership with the Sponsoring Institution,

and work compression that impacts fellow

Idressing the safety of fellows and faculty

ptimal fellow and faculty member well-being;

o attend medical, mental health, and dental eduled during their working hours. (Core)

rs in: ut, depression, and substance use disorders, ce, including means to assist those who

selves and how to seek appropriate care; and,

ening. (Core)

able mental health assessment, counseling, nt and emergent care 24 hours a day, seven

vs may be unable to attend work, including emergencies, and medical, parental, or ow an appropriate length of absence for eare responsibilities. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
<b>V</b> (1 C 2 c)	The program must have policies and procedures in place to ensure	6.44.5	The program must have policies and proc
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core) These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical	6.14.a. 6.14.b.	patient care and ensure continuity of patie These policies must be implemented with fellow who is or was unable to provide the
VI.C.2.b) VI.D.	work. (Core) Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and fac fatigue and sleep deprivation, alertness m processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and fac fatigue and sleep deprivation, alertness m 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 Spons sleep facilities and safe transportation opt safely return home. (Core)
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fellow safety, fellow ability, severity and complex available support services. (Core)
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an enviro promotes safe, interprofessional, team-ba health system. (Core)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignmen including their safety, frequency, and strue
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 assignmen including their safety, frequency, and strue
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 Spons effective, structured hand-off processes to patient safety. (Core)
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows are comembers in the hand-off process. (Outcome
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Spons program structure that is configured to pro experience opportunities, as well as reaso activities.

ent Language ocedures in place to ensure coverage of tient care. (Core)

thout fear of negative consequences for the he clinical work. (Core)

faculty members in recognition of the signs of management, and fatigue mitigation

faculty members in recognition of the signs of management, and fatigue mitigation

onsoring Institution, must ensure adequate options for fellows who may be too fatigued to

ow must be based on PGY level, patient lexity of patient illness/condition, and

ironment that maximizes communication and based care in the subspecialty and larger

ents to optimize transitions in patient care, ructure. (Core)

ents to optimize transitions in patient care, ructure. (Core)

nsoring Institutions, must ensure and monitor to facilitate both continuity of care and

competent in communicating with team ome)

nsoring Institutions, must design an effective provide fellows with educational and clinical sonable opportunities for rest and personal

Roman Numeral		Reformatted	
Requirement Number		Requirement Number	Requiremer
	Maximum Hours of Clinical and Educational Work per Week		
	Clinical and educational work hours must be limited to no more than 80		Maximum Hours of Clinical and Education
	hours per week, averaged over a four-week period, inclusive of all in-house		Clinical and educational work hours must
	clinical and educational activities, clinical work done from home, and all	c	week, averaged over a four-week period, in
VI.F.1.	moonlighting. (Core)	6.20.	educational activities, clinical work done f
			Mandatory Time Free of Clinical Work and Fellows should have eight hours off betwee
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	periods. (Detail)
			Mandatory Time Free of Clinical Work and
	Fellows should have eight hours off between scheduled clinical work and		Fellows should have eight hours off betwee
VI.F.2.a)	education periods. (Detail)	6.21.	periods. (Detail)
	Fellows must have at least 14 hours free of clinical work and education	C 24 c	Fellows must have at least 14 hours free o
VI.F.2.b)	after 24 hours of in-house call. (Core) Fellows must be scheduled for a minimum of one day in seven free of	6.21.a.	of in-house call. (Core) Fellows must be scheduled for a minimum
	clinical work and required education (when averaged over four weeks). At-		and required education (when averaged ov
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	assigned on these free days. (Core)
			Maximum Clinical Work and Education Pe
			Clinical and educational work periods for t
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	continuous scheduled clinical assignment
	Clinical and educational work pariods for follows must not evened 24 hours		Maximum Clinical Work and Education Per
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Clinical and educational work periods for t continuous scheduled clinical assignment
	Up to four hours of additional time may be used for activities related to	0.22.	
	patient safety, such as providing effective transitions of care, and/or fellow		Up to four hours of additional time may be
	education. Additional patient care responsibilities must not be assigned to		such as providing effective transitions of o
VI.F.3.a).(1)	a fellow during this time. (Core)	6.22.a.	patient care responsibilities must not be a
			Clinical and Educational Work Hour Excep
			In rare circumstances, after handing off all
			own initiative, may elect to remain or retur circumstances: to continue to provide care
			to give humanistic attention to the needs of
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	unique educational events. (Detail)
			Clinical and Educational Work Hour Excep
	In rare circumstances, after handing off all other responsibilities, a fellow,		In rare circumstances, after handing off al
	on their own initiative, may elect to remain or return to the clinical site in		own initiative, may elect to remain or retur
	the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of		circumstances: to continue to provide care to give humanistic attention to the needs o
VI.F.4.a)	a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	unique educational events. (Detail)
,	These additional hours of care or education must be counted toward the 80-		These additional hours of care or education
VI.F.4.b)	hour weekly limit. (Detail)	6.23.a.	weekly limit. (Detail)

onal Work per Week st be limited to no more than 80 hours per , inclusive of all in-house clinical and e from home, and all moonlighting. (Core)

nd Education ween scheduled clinical work and education

nd Education ween scheduled clinical work and education

of clinical work and education after 24 hours

um of one day in seven free of clinical work over four weeks). At-home call cannot be

Period Length or fellows must not exceed 24 hours of ents. (Core)

Period Length

r fellows must not exceed 24 hours of ents. (Core)

be used for activities related to patient safety, of care, and/or fellow education. Additional e assigned to a fellow during this time. (Core)

#### eptions

all other responsibilities, a fellow, on their turn to the clinical site in the following are to a single severely ill or unstable patient; s of a patient or patient's family; or to attend

#### eptions

all other responsibilities, a fellow, on their turn to the clinical site in the following are to a single severely ill or unstable patient; s of a patient or patient's family; or to attend

tion must be counted toward the 80-hour

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation-sp maximum of 88 clinical and educational wo a sound educational rationale.
VI.F.4.c)	The Review Committees will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committees will not consider required fellows' work week.
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the al objectives of the educational program, and for work nor compromise patient safety. (C
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the al objectives of the educational program, and for work nor compromise patient safety. (C
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 exter Glossary of Terms) must be counted towar (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the context o requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house ca night (when averaged over a four-week per
		C 20	At-Home Call Time spent on patient care activities by fell the 80-hour maximum weekly limit. The fre every-third-night limitation, but must satisf
VI.F.8. VI.F.8.a)	At-Home Call Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28. 6.28.	of clinical work and education, when avera At-Home Call Time spent on patient care activities by fel the 80-hour maximum weekly limit. The fre every-third-night limitation, but must satisf of clinical work and education, when avera
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent or tal personal time for each fellow. (Core)

specific exceptions for up to 10 percent or a work hours to individual programs based on

equests for exceptions to the 80-hour limit to the

ability of the fellow to achieve the goals and nd must not interfere with the fellow's fitness (Core)

ability of the fellow to achieve the goals and nd must not interfere with the fellow's fitness (Core)

ernal moonlighting (as defined in the ACGME /ard the 80-hour maximum weekly limit.

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

call no more frequently than every third period). (Core)

fellows on at-home call must count toward requency of at-home call is not subject to the isfy the requirement for one day in seven free eraged over four weeks. (Core)

fellows on at-home call must count toward requency of at-home call is not subject to the isfy the requirement for one day in seven free eraged over four weeks. (Core)

taxing as to preclude rest or reasonable