Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
	Definition of Graduate Medical Education		Definition of Graduate Medical Educat
	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		Fellowship is advanced graduate medi residency program for physicians who practice. Fellowship-trained physician subspecialty care, which may also incl
	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.		community resource for expertise in the new knowledge into practice, and educe physicians. Graduate medical education group of physicians brings to medical inclusive and psychologically safe lead
	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		Fellows who have completed residence in their core specialty. The prior medic fellows distinguish them from physicia care of patients within the subspecialt
	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		faculty supervision and conditional ind serve as role models of excellence, co professionalism, and scholarship. The knowledge, patient care skills, and exp area of practice. Fellowship is an inter- clinical and didactic education that foo
	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.		of patients. Fellowship education is of intellectually demanding, and occurs i environments committed to graduate i being of patients, residents, fellows, fa members of the health care team.
Int.A.		[None]	
	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		In addition to clinical education, many fellows' skills as physician-scientists. knowledge within medicine is not excl physicians, the fellowship experience pursue hypothesis-driven scientific ind the medical literature and patient care.
	expertise achieved, fellows develop mentored relationships built on an	[None] -	expertise achieved, fellows develop m
Int.A (Continued)	<i>infrastructure that promotes collaborative research.</i> Definition of Subspecialty	(Continued)	<i>infrastructure that promotes collabora</i> Definition of Subspecialty
Int.B.	[The Review Committee must further specify]	[None]	[The Review Committee must further s
-			Length of Educational Program
Int.C.	Length of Educational Program [The Review Committee must further specify]	4.1.	[The Review Committee must further s
I.	Oversight	Section 1	Section 1: Oversight

ation

edical education beyond a core ho desire to enter more specialized ans serve the public by providing nclude core medical care, acting as a their field, creating and integrating lucating future generations of tion values the strength that a diverse al care, and the importance of earning environments.

ncy are able to practice autonomously dical experience and expertise of cians entering residency. The fellow's alty is undertaken with appropriate independence. Faculty members compassion, cultural sensitivity, he fellow develops deep medical expertise applicable to their focused ensive program of subspecialty focuses on the multidisciplinary care often physically, emotionally, and s in a variety of clinical learning e medical education and the wellfaculty members, students, and all

ny fellowship programs advance s. While the ability to create new reclusive to fellowship-educated se expands a physician's abilities to inquiry that results in contributions to re. Beyond the clinical subspecialty mentored relationships built on an rative research.

specify]

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
	Sponsoring Institution		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.		The Sponsoring Institution ultimate financial and academic respon medical education consistent with the
I.A.	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]	When the Sponsoring Institution is not most commonly utilized site of clinical primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by or Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization p or educational assignments/rotations t
	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)		The program, with approval of its Spor primary clinical site. (Core)
I.B.1.	[The Review Committee may specify which other specialties/programs must be present at the primary clinical site and/or the expected relationship with a core program in the discipline]	1.2.	[The Review Committee may specify w must be present at the primary clinical relationship with a core program in the
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 agre and each participating site that govern program and the participating site prov
I.B.2.a)	The PLA must:	[None]	h 2
	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least even
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the desi (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinical at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must be by the program director, who is accoun- site, in collaboration with the program
	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)		The program director must submit any participating sites routinely providing a for all fellows, of one month full time e ACGME's Accreditation Data System (<i>J</i>
I.B.4.	[The Review Committee may further specify]	1.6.	[The Review Committee may further sp

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

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

one ACGME-accredited Sponsoring

providing educational experiences for fellows.

onsoring Institution, must designate a

which other specialties/programs al site and/or the expected he discipline]

reement (PLA) between the program rns the relationship between the roviding a required assignment. (Core)

very 10 years. (Core) esignated institutional official (DIO).

al learning and working environment

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

ny additions or deletions of g an educational experience, required e equivalent (FTE) or more through the a (ADS). (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Number		Number	Requirement
	Workforce Recruitment and Retention		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),		The program, in partnership with its Sp in practices that focus on mission-driv and retention of a diverse and inclusive
	fellows, faculty members, senior administrative GME staff members, and		fellows, faculty members, senior admir
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academi
			Resources The program, in partnership with its Sp the availability of adequate resources f
	Resources	4 0	[The Review Committee must further s
I.D.	Resources	1.8.	
	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)		Resources The program, in partnership with its Sp the availability of adequate resources f
I.D.1.	[The Review Committee must further specify]	1.8.	[The Review Committee must further s
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its Sp healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call; (Core)	1.9.b.	safe, quiet, clean, and private sleep/res for fellows with proximity appropriate f are assigned in-house call; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe pati
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropri (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disat Sponsoring Institution's policy. (Core)
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to sub appropriate reference material in print include access to electronic medical lit capabilities. (Core)
1.0.3.	Other Learners and Health Care Personnel	1.10.	Other Learners and Health Care Perso
	The presence of other learners and health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)		The presence of other learners and hear not limited to residents from other pro- advanced practice providers, must not fellows' education. (Core)
I.E.	[The Review Committee may further specify]	1.11.	[The Review Committee may further sp

ı

Sponsoring Institution, must engage riven, ongoing, systematic recruitment ive workforce of residents (if present), ninistrative GME staff members, and mic community. (Core)

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

specify]

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

specify]

Sponsoring Institution, must ensure g environments that promote fellow

est facilities available and accessible of or safe patient care, if the fellows

on that have refrigeration capabilities, atient care; (Core)

riate to the participating site; and,

abilities consistent with the

ubspecialty-specific and other It or electronic format. This must literature databases with full text

onnel

ealth care personnel, including but ograms, subspecialty fellows, and ot negatively impact the appointed

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Demuinement
II.	Personnel	Section 2	Requirement I Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member app authority and accountability for the ove with all applicable program requiremen
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 app authority and accountability for the ove with all applicable program requiremen
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in prog program director's licensure and clinic
	Final approval of the program director resides with the Review Committee. (Core)		Final approval of the program director (Core)
II.A.1.a).(1)	[For specialties that require Review Committee approval of the program director, the Review Committee may further specify. This requirement will be deleted for those specialties that do not require Review Committee approval of the program director.]	2.2.a.	[For specialties that require Review Co director, the Review Committee may fu be deleted for those specialties that do approval of the program director.]
	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)		The program director and, as applicabl must be provided with support adequa based upon its size and configuration.
II.A.2.	[The Review Committee must further specify minimum dedicated time for program administration, and will determine whether program leadership refers to the program director or both the program director and associate/assistant program director(s)]	2.3.	[The Review Committee must further sp program administration, and will deterr refers to the program director or both t associate/assistant program director(s
			Qualifications of the Program Director: The program director must possess su qualifications acceptable to the Review
II.A.3.	Qualifications of the program director:	2.4.	[The Review Committee may further sp
	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)		Qualifications of the Program Director The program director must possess su qualifications acceptable to the Review
II.A.3.a)	[The Review Committee may further specify]	2.4.	[The Review Committee may further sp

opointed as program director with verall program, including compliance ents. (Core)

ppointed as program director with verall program, including compliance ents. (Core)

e Medical Education Committee ogram director and must verify the ical appointment. (Core)

r resides with the Review Committee.

Committee approval of the program further specify. This requirement will do not require Review Committee

ble, the program's leadership team, late for administration of the program n. (Core)

specify minimum dedicated time for ermine whether program leadership the program director and (s)]

or:

subspecialty expertise and w Committee. (Core)

specify]

subspecialty expertise and w Committee. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	must include current certification in the subspecialty for which they are the program director by the American Board of or by the American Osteopathic Board of, or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess cu subspecialty for which they are the pro Board of or by the American Ost subspecialty qualifications that are acc (Core)
	[The Review Committee may further specify acceptable subspecialty qualifications or that only ABMS and AOA certification will be considered acceptable]		[The Review Committee may further sp qualifications or that only ABMS and A acceptable]
II.A.3.b)	[The Review Committee may further specify additional program director qualifications]	2.4.a.	[The Review Committee may further sp qualifications]
	Program Director Responsibilities The program director must have responsibility, authority, and		Program Director Responsibilities The program director must have respon
II.A.4.	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.	accountability for: administration and c activity; fellow recruitment and selection fellows, and disciplinary action; superv education in the context of patient care
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 me
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 consistent with the needs of the comm Sponsoring Institution, and the mission
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 environment conducive to educating th Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the au physicians and non-physicians as facu sites, including the designation of core develop and oversee a process to evalu (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the au supervising interactions and/or learnin the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit accorrequired and requested by the DIO, GM
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 le which fellows have the opportunity to r and provide feedback in a confidential of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and p and due process, including when actio not to promote, or renew the appointme
		2.3.11.	

current certification in the rogram director by the American steopathic Board of _____, or cceptable to the Review Committee.

specify acceptable subspecialty AOA certification will be considered

specify additional program director

oonsibility, authority, and d operations; teaching and scholarly tion, evaluation, and promotion of ervision of fellows; and fellow are. (Core)

nodel of professionalism. (Core)

nd conduct the program in a fashion munity, the mission(s) of the on(s) of the program. (Core)

r and maintain a learning the fellows in each of the ACGME

authority to approve or remove culty members at all participating re faculty members, and must aluate candidates prior to approval.

authority to remove fellows from ing environments that do not meet

curate and complete information MEC, and ACGME. (Core)

learning and working environment in o raise concerns, report mistreatment, al manner as appropriate, without fear

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion c (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request, w
	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)		The program director must provide ap interview with information related to the specialty board examination(s). (Core)
II.A.4.a).(12)	[This requirement may be omitted at the discretion of the Review Committee]	2.5.1.	[This requirement may be omitted at th Committee]
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of		 Faculty Faculty members are a foundational electron – faculty members teach felectron faculty members teach felectron faculty members provide an important and become practice ready, ensuring a quality of care. They are role models for by demonstrating compassion, communitation of care, professionalism, and a defect faculty members experience the pridector development of future colleagues. The the opportunity to teach and model existence and model existence and the population. Faculty members ensure that patients from a specialist in the field. They recomposed and the priority in the field. They recomposed and the priority in the field. They recomposed and the priority in the field.
II.B.	the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	the patients, fellows, community, and provide appropriate levels of supervis Faculty members create an effective le professional manner and attending to themselves.
	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)		There must be a sufficient number of t instruct and supervise all fellows. (Co
II.B.1. II.B.2	[The Review Committee may further specify] Faculty members must:	2.6. [None]	[The Review Committee may further s

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

a non-competition guarantee or

It verification of education for all of or departure from the program.

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

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

the discretion of the Review

element of graduate medical fellows how to care for patients. Ant bridge allowing fellows to grow g that patients receive the highest for future generations of physicians mitment to excellence in teaching and dedication to lifelong learning. de and joy of fostering the growth and he care they provide is enhanced by exemplary behavior. By employing a aculty members, through the improve the health of the individual

ts receive the level of care expected cognize and respond to the needs of d institution. Faculty members ision to promote patient safety. learning environment by acting in a to the well-being of the fellows and

f faculty members with competence to core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			Faculty Responsibilities Faculty members must be role models
II.B.2.a)	be role models of professionalism; (Core)	2.7.	[The Review Committee may further sp responsibilities]
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 co equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient to fulfill their supervisory and teaching re
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and environment conducive to educating fe
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly partic discussions, rounds, journal clubs, an
	pursue faculty development designed to enhance their skills. (Core)		Faculty members must pursue faculty their skills. (Core)
II.B.2.f)	[The Review Committee may further specify additional faculty responsibilities]	2.7.e.	[The Review Committee may further sp responsibilities]
			Faculty Qualifications Faculty members must have appropria hold appropriate institutional appointm
II.B.3.	Faculty Qualifications	2.8.	[The Review Committee may further sp
	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)		Faculty Qualifications Faculty members must have appropria hold appropriate institutional appointm
II.B.3.a)	[The Review Committee may further specify]	2.8.	[The Review Committee may further sp
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of or the American Osteopathic Board of, or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Member Subspecialty physician faculty member the subspecialty by the American Boar Osteopathic Board of, or posses to the Review Committee. (Core)
II.B.3.b).(1)	[The Review Committee may further specify additional qualifications and/or requirements regarding non-physician faculty]	2.9.	[The Review Committee may further sp and/or requirements regarding non-ph
	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)		Any other specialty physician faculty n certification in their specialty by the ap Medical Specialties (ABMS) member bo Association (AOA) certifying board, or acceptable to the Review Committee. (
II.B.3.c)	[The Review Committee may further specify]	2.9.a.	[The Review Committee may further sp

s of professionalism. (Core)

specify additional faculty

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

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

d maintain an educational

fellows. (Core)

icipate in organized clinical

nd conferences. (Core)

v development designed to enhance

specify additional faculty

iate qualifications in their field and tments. (Core)

specify]

iate qualifications in their field and tments. (Core)

specify]

bers

ers must have current certification in ard of _____ or the American ess qualifications judged acceptable

specify additional qualifications hysician faculty]

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

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)		Core Faculty Core faculty members must have a sig supervision of fellows and must devot effort to fellow education and/or admir component of their activities, teach, ev feedback to fellows. (Core)
	[The Review Committee must specify the minimum number of core faculty and/or the core faculty-fellow ratio]		[The Review Committee must specify t and/or the core faculty-fellow ratio]
	[The Review Committee may further specify either: (1)requirements regarding dedicated time and support for core faculty members' non-clinical responsibilities related to resident education and/or administration of the program, or		[The Review Committee may further sp (1)requirements regarding dedicated ti members' non-clinical responsibilities administration of the program, or
	(2)requirements regarding the role and responsibilities of core faculty members, inclusive of both clinical and non-clinical activities, and the corresponding time commitment required to meet those responsibilities.]		(2)requirements regarding the role and members, inclusive of both clinical and corresponding time commitment requi
II.B.4.	[The Review Committee may specify requirements specific to associate program director(s)]	2.10.	[The Review Committee may specify re program director(s)]
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)
			Program Coordinator There must be administrative support
II.C.	Program Coordinator	2.11.	[The Review Committee may further sp
	There must be administrative support for program coordination. (Core)		Program Coordinator There must be administrative support
II.C.1.	[The Review Committee may further specify]	2.11.	[The Review Committee may further sp
	Other Program Personnel		Other Program Personnel
	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)		The program, in partnership with its Sp ensure the availability of necessary pe administration of the program. (Core)
II.D.	[The Review Committee may further specify]	2.12.	[The Review Committee may further sp
III .	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	

gnificant role in the education and ote a significant portion of their entire inistration, and must, as a evaluate, and provide formative
the minimum number of core faculty
specify either: time and support for core faculty s related to resident education and/or
nd responsibilities of core faculty nd non-clinical activities, and the uired to meet those responsibilities.]
requirements specific to associate
annual ACGME Faculty Survey.
t for program coordination. (Core)
t for program coordination. (Core)
specify]
Sponsoring Institution, must jointly personnel for the effective

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
	Eligibility Requirements – Fellowship Programs [Review Committee to choose one of the following:]		Eligibility Requirements – Fellowship P [Review Committee to choose one of th
	Option 1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)		Option 1: All required clinical education fellowship programs must be complete residency program, an AOA-approved of ACGME International (ACGME-I) Advan Royal College of Physicians and Surge or College of Family Physicians of Can program located in Canada. (Core)
I	Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited		Option 2: All required clinical education fellowship programs must be complete
III.A.1.	residency program or an AOA-approved residency program. (Core)	3.2.	residency program or an AOA-approve
III.A.1.a)	[If Review Committee selected Option 1 above:] 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) [If Review Committee selected Option 2 above:] Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME Milestones evaluations from the core residency program. (Core) [The Review Committee must further specify prerequisite postgraduate	3.2.a.	[If Review Committee selected Option 1 Fellowship programs must receive veri level of competence in the required fiel CanMEDS Milestones evaluations from [If Review Committee selected Option 2 Fellowship programs must receive veri level of competence in the required fiel evaluations from the core residency pro- [The Review Committee must further sp clinical education] [The Review Committee must further sp
III.A.1.b)	clinical education]	[None]	clinical education]
III.A.1.c)	Fellow Eligibility Exception The Review Committee for will allow the following exception to the fellowship eligibility requirements: [Note: Review Committees that selected Option 1 will decide whether or not to allow this exception. This section will be deleted for Review Committees that do not allow the exception and for Review Committees that selected Option 2]	3.2.b.	Fellow Eligibility Exception The Review Committee for will a fellowship eligibility requirements: [Note: Review Committees that selected not to allow this exception. This section Committees that do not allow the exception that selected Option 2]
, 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 progr qualified international graduate applica eligibility requirements listed in 3.2., bu following additional qualifications and

Programs the following:]

ion for entry into ACGME-accredited ated in an ACGME-accredited d residency program, a program with anced Specialty Accreditation, or a geons of Canada (RCPSC)-accredited anada (CFPC)-accredited residency

on for entry into ACGME-accredited ted in an ACGME-accredited /ed residency program. (Core)

n 1 above:] erification of each entering fellow's feld using ACGME, ACGME-I, or m the core residency program. (Core)

n 2 above:] erification of each entering fellow's ield using ACGME Milestones program. (Core)

specify prerequisite postgraduate

specify prerequisite postgraduate

Il allow the following exception to the

ted Option 1 will decide whether or ion will be deleted for Review ception and for Review Committees

ogram may accept an exceptionally cant who does not satisfy the but who does meet all of the d conditions: (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	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,		evaluation by the program director and the applicant's suitability to enter the p review of the summative evaluations o
III.A.1.c).(1).(a) III.A.1.c).(1).(b)	(Core) review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.a. 3.2.b.1.b.	(Core) review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exce their performance by the Clinical Comp of matriculation. (Core)
Ш.В.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core) [The Review Committee may further specify minimum complement numbers]	3.3.	Fellow Complement The program director must not appoint Review Committee. (Core) [The Review Committee may further sp numbers]
	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program. The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. It is recognized that programs may place different emphasis on research,		Section 4: Educational Program The ACGME accreditation system is de and innovation in graduate medical edu organizational affiliation, size, or locati The educational program must support knowledgeable, skillful physicians who It is recognized that programs may play
IV.	leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	leadership, public health, etc. It is experient reflect the nuanced program-specific g example, it is expected that a program scientists will have a different curriculu community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follow
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with t mission, the needs of the community it capabilities of its graduates, which mu- applicants, fellows, and faculty membe
	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to		competency-based goals and objective designed to promote progress on a tra their subspecialty. These must be distr
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	fellows and faculty members; (Core)

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

s exceptional qualifications by the

ion for Foreign Medical Graduates

ception must have an evaluation of npetency Committee within 12 weeks

int more fellows than approved by the

specify minimum complement

designed to encourage excellence ducation regardless of the ation of the program.

ort the development of ho provide compassionate care.

lace different emphasis on research, pected that the program aims will goals for it and its graduates; for m aiming to prepare physicianulum from one focusing on

owing educational components:

h the Sponsoring Institution's it serves, and the desired distinctive nust be made available to program bers; (Core)

ves for each educational experience rajectory to autonomous practice in stributed, reviewed, and available to

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement I
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities for responsibility for patient management, subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyon
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with protected didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that promotools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a conceptual required domains for a trusted physicial These Competencies are core to the pro- the specifics are further defined by eac trajectories in each of the Competencies Milestones for each subspecialty. The f subspecialty-specific patient care and pro- refining the other competencies acquired
IV.D.		[None]	
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGME
IV.B.1.a) IV.B.1.b)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	ACGME Competencies – Professionalis Fellows must demonstrate a commitme adherence to ethical principles. (Core)
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core) [The Review Committee must further specify]	4.4.	ACGME Competencies – Patient Care a Fellows must be able to provide patient centered, compassionate, equitable, ap treatment of health problems and the p
	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 a Fellows must be able to perform all me procedures considered essential for the
IV.B.1.b).(2)	[The Review Committee may further specify]	4.5.	[The Review Committee may further sp

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

ond direct patient care; and, (Core)

cted time to participate in core

mote patient safety-related goals,

tual framework describing the cian to enter autonomous practice. practice of all physicians, although ach subspecialty. The developmental cies are articulated through the e focus in fellowship is on d medical knowledge, as well as uired in residency.

IE Competencies into the curriculum.

lism nent to professionalism and an e)

and Procedural Skills (Part A)

ent care that is patient- and familyappropriate, and effective for the promotion of health. (Core)

specify]

e and Procedural Skills (Part B) nedical, diagnostic, and surgical the area of practice. (Core)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
	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)		ACGME Competencies – Medical Know Fellows must demonstrate knowledge biomedical, clinical, epidemiological, a including scientific inquiry, as well as patient care. (Core)
IV.B.1.c)	[The Review Committee must further specify]	4.6.	[The Review Committee must further s
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Base Fellows must demonstrate the ability t of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersonal Fellows must demonstrate interperson result in the effective exchange of info patients, their families, and health prof
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-Base Fellows must demonstrate an awarene larger context and system of health ca social determinants of health, as well a other resources to provide optimal hea

owledge ge of established and evolving l, and social-behavioral sciences, is the application of this knowledge to

r specify]

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

al and Communication Skills onal and communication skills that formation and collaboration with rofessionals. (Core)

ased Practice ness of and responsiveness to the care, including the structural and II as the ability to call effectively on nealth care. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			Curriculum Organization and Fellow E
			4.10. Curriculum Structure The curriculum must be structured to a experiences, the length of the experien continuity. These educational experien supervised patient care responsibilitie educational events. (Core)
			[The Review Committee must further s
			4.11. Didactic and Clinical Experiences Fellows must be provided with protect didactic activities. (Core)
			[The Review Committee may specify re experiences]
	Curriculum Organization and Fellow Experiences		4.12. Pain Management The program must provide instruction management if applicable for the subs the signs of substance use disorder. (6
IV.C.	[The Review Committee may specify required didactic and clinical experiences]	4.10 4.12.	[The Review Committee may further sp
	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Structure The curriculum must be structured to a experiences, the length of the experien continuity. These educational experien supervised patient care responsibilitie educational events. (Core)
IV.C.1.	[The Review Committee must further specify]	4.10.	[The Review Committee must further s
	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)		Pain Management The program must provide instruction management if applicable for the subs the signs of substance use disorder. (6
IV.C.2.	[The Review Committee may further specify]	4.12.	[The Review Committee may further sp

Experiences

o optimize fellow educational iences, and the supervisory iences include an appropriate blend of ties, clinical teaching, and didactic

r specify]

es ected time to participate in core

required didactic and clinical

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

specify]

o optimize fellow educational iences, and the supervisory iences include an appropriate blend of ties, clinical teaching, and didactic

r specify]

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Scholarship		
IV.D.	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science. scientist who cares for patients. This r evaluate the literature, appropriately as practice lifelong learning. The program environment that fosters the acquisition participation in scholarly activities as a Program Requirements. Scholarly activities as a Program Requirements. Scholarly activities integration, application, and teaching. The ACGME recognizes the diversity of programs prepare physicians for a var scientists, and educators. It is expected will reflect its mission(s) and aims, and serves. For example, some programs r activity on quality improvement, popula other programs might choose to utilized research as the focus for scholarship.
			Program Responsibilities The program must demonstrate evider consistent with its mission(s) and aim
IV.D.1.	Program Responsibilities	4.13.	[The Review Committee may further sp
	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)		Program Responsibilities The program must demonstrate eviden consistent with its mission(s) and aims
IV.D.1.a)	[The Review Committee may further specify]	4.13.	[The Review Committee may further sp
	Faculty Scholarly Activity		Faculty Scholarly Activity
IV.D.2.	[Faculty Scholarly Activity [The Review Committee may further specify]	4.14.	[The Review Committee may further sp

e. The physician is a humanistic s requires the ability to think critically, assimilate new knowledge, and am and faculty must create an ition of such skills through fellow s defined in the subspecialty-specific ctivities may include discovery, g.

of fellowships and anticipates that variety of roles, including clinicians, cted that the program's scholarship and the needs of the community it s may concentrate their scholarly pulation health, and/or teaching, while lize more classic forms of biomedical p.

ence of scholarly activities, ms. (Core)

specify]

ence of scholarly activities, ms. (Core)

specify]

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement Fellow Scholarly Activity
IV.D.3.	Fellow Scholarly Activity [The Review Committee may further specify]	4.15.	[The Review Committee may further sp
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 fellow practice of their core specialty during t
	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)		If programs permit their fellows to utiliz it must not exceed 20 percent of their t academic year. (Core)
IV.E.1.	[This section will be deleted for those Review Committees that choose not to permit the independent practice option. For those that choose to permit this option, the Review Committee may further specify.]		[This section will be deleted for those F to permit the independent practice opti this option, the Review Committee may
V.	Evaluation	Section 5	Section 5: Evaluation
			Fellow Evaluation: Feedback and Evalu Faculty members must directly observe feedback on fellow performance during educational assignment. (Core) [The Review Committee may further sp
V.A.	Fellow Evaluation	5.1.	[The Review Committee may further sp – 5.1.g]
			Fellow Evaluation: Feedback and Evalu Faculty members must directly observe feedback on fellow performance during educational assignment. (Core)
	Feedback and Evaluation		[The Review Committee may further sp
V.A.1.	[The Review Committee may further specify under any requirement in V.A.1V.A.1.f)]	5.1.	[The Review Committee may further sp – 5.1.g]
			Fellow Evaluation: Feedback and Evalu Faculty members must directly observe feedback on fellow performance during educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)		[The Review Committee may further sp
V.A.1.a)	[The Review Committee may further specify]	5.1.	[The Review Committee may further sp – 5.1.g]
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the (Core)

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specify]
ows to engage in the independent I their fellowship program.
lize the independent practice option, time per week or 10 weeks of an
e Review Committees that choose not otion. For those that choose to permit ay further specify.]
luation ve, evaluate, and frequently provide ng each rotation or similar
specify]
specify under any requirement in 5.1
luation ve, evaluate, and frequently provide ng each rotation or similar
specify]
specify under any requirement in 5.1
luation ve, evaluate, and frequently provide ng each rotation or similar
specify]
specify under any requirement in 5.1
e completion of the assignment.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.A.1.b).(1)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at leas
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 the Competencies and the subspecialty (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty mo other professional staff members); and
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinical synthesis of progressive fellow perform unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; (Core)	5.1.c.	The program director or their designee Competency Committee, must meet wit documented semi-annual evaluation of along the subspecialty-specific Milesto
V.A.1.d).(2)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.d.	The program director or their designee Competency Committee, must develop progress, following institutional policie
	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)		The evaluations of a fellow's performar by the fellow. (Core)
V.A.1.e)	[The Review Committee may further specify under any requirement in V.A.1V.A.1.e)]	5.1.e.	[The Review Committee may further sp – 5.1.e.]
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a find completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)		Fellow Evaluation: Final Evaluation The program director must provide a fin completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, a subspecialty-specific Case Logs, must are able to engage in autonomous prac program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become part maintained by the institution, and must fellow in accordance with institutional
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the knowledge, skills, and behaviors neces (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared wir program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mus director. (Core)

ast every three months. (Core)

ve performance evaluation based on Ity-specific Milestones, and must:

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

al Competency Committee for its prmance and improvement toward

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

ee, with input from the Clinical op plans for fellows failing to cies and procedures. (Core)

ance must be accessible for review

specify under any requirement in 5.1.

final evaluation for each fellow upon

final evaluation for each fellow upon

, and when applicable the st be used as tools to ensure fellows actice upon completion of the

rt of the fellow's permanent record ist be accessible for review by the al policy. (Core)

he fellow has demonstrated the essary to enter autonomous practice.

with the fellow upon completion of the

ust be appointed by the program

Roman Numeral Requirement	Deminerant Lemman	Reformatted Requirement	
Number	Requirement Language At a minimum the Clinical Competency Committee must include three	Number	Requirement L At a minimum the Clinical Competency
	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		members, at least one of whom is a cor be faculty members from the same prog health professionals who have extensiv
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee m least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee m progress on achievement of the subspe
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee m annual evaluations and advise the prog fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to ev performance as it relates to the educati (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to ev performance as it relates to the educati (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review of teaching abilities, engagement with the in faculty development related to their sperformance, professionalism, and sch
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, co fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedbac annually. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the conduct and document the Annual Prog program's continuous improvement pro
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the conduct and document the Annual Prog program's continuous improvement pro
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee mu program faculty members, at least one and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsion program's self-determined goals and program)

Language

cy Committee must include three ore faculty member. Members must rogram or other programs, or other sive contact and experience with the

must review all fellow evaluations at

must determine each fellow's pecialty-specific Milestones. (Core) must meet prior to the fellows' semi-

ogram director regarding each

evaluate each faculty member's ational program at least annually.

evaluate each faculty member's ational program at least annually.

of the faculty member's clinical ne educational program, participation r skills as an educator, clinical cholarly activities. (Core) confidential evaluations by the

ack on their evaluations at least

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

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

nust be composed of at least two e of whom is a core faculty member,

onsibilities must include review of the progress toward meeting them.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 respon ongoing program improvement, includ based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respon current operating environment to ident opportunities, and threats as related to (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee sh prior Annual Program Evaluation(s), ag evaluations of the program, and other r the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee mu and aims, strengths, areas for improve
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includ distributed to and discussed with the n the fellows, and be submitted to the Di
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- (Core)
V.C.3.	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board. [If certification in the subspecialty is not offered by the ABMS and/or the AOA, V.C.3.a)-V.C.3.f) will be omitted.]	[None]	Board Certification One goal of ACGME-accredited educate seek and achieve board certification. O the educational program is the ultimate The program director should encourag take the certifying examination offered of Medical Specialties (ABMS) member Association (AOA) certifying board. [If certification in the subspecialty is no AOA, 5.6. – 5.6.e. will be omitted.]
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual writh years, the program's aggregate pass ra for the first time must be higher than th programs in that subspecialty. (Outcon
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial writt years, the program's aggregate pass rate for the first time must be higher than the programs in that subspecialty. (Outcome

onsibilities must include guiding ding development of new goals,

onsibilities must include review of the ntify strengths, challenges, to the program's mission and aims.

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

nust evaluate the program's mission /ement, and threats. (Core)

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

If-Study and submit it to the DIO.

ation is to educate physicians who One measure of the effectiveness of ate pass rate.

age all eligible program graduates to ed by the applicable American Board er board or American Osteopathic

not offered by the ABMS and/or the

S member board and/or AOA itten exam, in the preceding three rate of those taking the examination the bottom fifth percentile of ome)

S member board and/or AOA itten exam, in the preceding six rate of those taking the examination the bottom fifth percentile of ome)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual oral the program's aggregate pass rate of t first time must be higher than the botto that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial oral the program's aggregate pass rate of t first time must be higher than the botto that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5. graduates over the time period specific an 80 percent pass rate will have met t percentile rank of the program for pass (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 of cohort of board-eligible fellows that gr
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Section 6: The Learning and Working E Fellowship education must occur in the environment that emphasizes the follow
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of provi
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 s members, and all members of the healt
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuous and a willingness to transparently deal organization has formal mechanisms t attitudes of its personnel toward safety improvement.

S member board and/or AOA al exam, in the preceding three years, f those taking the examination for the ttom fifth percentile of programs in

S member board and/or AOA al exam, in the preceding six years, f those taking the examination for the ttom fifth percentile of programs in

5.6. – 5.6.c., any program whose fied in the requirement have achieved this requirement, no matter the ss rate in that subspecialty.

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

Environment

the context of a learning and working lowing principles:

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students, residents, fellows, faculty alth care team

us identification of vulnerabilities al with them. An effective to assess the knowledge, skills, and ety in order to identify areas for

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
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 patient safety systems and contribute
	Patient Safety Events		Patient Safety Events
	Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based		Reporting, investigation, and follow-up unsafe conditions are pivotal mechanis and are essential for the success of an and experiential learning are essential the ability to identify causes and institu
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities.	[None]	changes to ameliorate patient safety v
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; (Core)	6.2.	Residents, fellows, faculty members, a must know their responsibilities in rep unsafe conditions at the clinical site, ir (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, a must be provided with summary inforn safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mem interprofessional clinical patient safety such as root cause analyses or other a well as formulation and implementation
	Quality Metrics		
VI.A.1.a).(3)	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 prioritizin and evaluating success of improvement
	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)		Fellows and faculty members must rec benchmarks related to their patient po
VI.A.1.a).(3).(a)	[The Review Committee may further specify]	6.4.	[The Review Committee may further sp
			Supervision and Accountability Although the attending physician is ult the patient, every physician shares in t accountability for their efforts in the pr in partnership with their Sponsoring In communicate, and monitor a structure accountability as it relates to the super
			Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes require practice of medicine; and establishes a
VI.A.2.	Supervision and Accountability	[None]	professional growth.

ind fellows must actively participate in te to a culture of safety. (Core)

up of safety events, near misses, and nisms for improving patient safety, any patient safety program. Feedback al to developing true competence in titute sustainable systems-based vulnerabilities.

, and other clinical staff members eporting patient safety events and , including how to report such events.

and other clinical staff members rmation of their institution's patient

mbers in real and/or simulated ety and quality improvement activities, r activities that include analysis, as ion of actions. (Core)

izing activities for care improvement nent efforts.

eceive data on quality metrics and populations. (Core)

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ultimately responsible for the care of n the responsibility and provision of care. Effective programs, Institutions, define, widely red chain of responsibility and pervision of all patient care.

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

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Requirement Number	Requirement Language	Requirement Number	Requirement I
	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 ult the patient, every physician shares in t accountability for their efforts in the pr in partnership with their Sponsoring In communicate, and monitor a structure accountability as it relates to the super
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 i and effective care to patients; ensures skills, knowledge, and attitudes require practice of medicine; and establishes a professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must info roles in that patient's care when provid
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.a.	This information must be available to fe members of the health care team, and p
	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)		The program must demonstrate that the place for all fellows is based on each fe as well as patient complexity and acuity through a variety of methods, as appro
VI.A.2.a).(2)	[The Review Committee may specify which activities require different levels of supervision.]	6.6.	[The Review Committee may specify wl levels of supervision.]
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 supervis authority and responsibility, the progra classification of supervision.
			Direct Supervision The supervising physician is physically key portions of the patient interaction.
			[The Review Committee may further sp
			The supervising physician and/or patie the fellow and the supervising physicia patient care through appropriate teleco
VI.A.2.b).(1)	Direct Supervision:	6.7.	[The Review Committee may choose no Review Committee may further specify]

Itimately responsible for the care of the responsibility and provision of care. Effective programs, Institutions, define, widely red chain of responsibility and pervision of all patient care.

e medical education provides safe es each fellow's development of the ired to enter the unsupervised s a foundation for continued

form each patient of their respective riding direct patient care. (Core) fellows, faculty members, other d patients. (Core)

the appropriate level of supervision in fellow's level of training and ability, iity. Supervision may be exercised ropriate to the situation. (Core)

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vision while providing for graded ram must use the following

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			Direct Supervision The supervising physician is physicall
			key portions of the patient interaction.
	the supervising physician is physically present with the fellow during the		The supervising physician and/or patie the fellow and the supervising physicia patient care through appropriate teleco
VI.A.2.b).(1).(a)	key portions of the patient interaction; or, [The Review Committee may further specify]	6.7.	[The RC may choose not to permit this may further specify]
			Direct Supervision The supervising physician is physically key portions of the patient interaction.
			[The Review Committee may further sp
	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.		The supervising physician and/or patie the fellow and the supervising physicia patient care through appropriate teleco
VI.A.2.b).(1).(b)	[The Review Committee may choose not to permit this requirement. The Review Committee may further specify]	6.7.	[The RC may choose not to permit this may further specify]
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 provi or audio supervision but is immediatel guidance and is available to provide ap
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority a independence, and a supervisory role i fellow must be assigned by the program (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate ea specific criteria, guided by the Milestor
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)		Faculty members functioning as super portions of care to fellows based on th of each fellow. (Core)

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viding physical or concurrent visual ely available to the fellow for appropriate direct supervision.

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

ervising physicians must delegate the needs of the patient and the skills

Roman Numeral Requirement		Reformatted Requirement	
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VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress toward of each patient and the skills of the ind
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 circu fellows must communicate with the su
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
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 the knowledge and skills of each fellow appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spo fellows and faculty members concernir responsibilities of physicians, includin to be appropriately rested and fit to pro patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Spo fellows and faculty members concernir responsibilities of physicians, includin to be appropriately rested and fit to pro patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the program excessive reliance on fellows to fulfill r
	ensure manageable patient care responsibilities; and, (Core)		The learning objectives of the program care responsibilities. (Core)
VI.B.2.b)	[The Review Committee may further specify]	6.12.b.	[The Review Committee may further sp
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in th including protecting time with patients promoting progressive independence a professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership w provide a culture of professionalism th personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must den personal role in the safety and welfare including the ability to report unsafe co

y role to junior fellows and residents rd independence, based on the needs ndividual resident or fellow. (Detail)

cumstances and events in which supervising faculty member(s). (Core) heir scope of authority, and the w is permitted to act with conditional

ist be of sufficient duration to assess ow and to delegate to the fellow the ority and responsibility. (Core)

ponsoring Institutions, must educate ning the professional and ethical ing but not limited to their obligation provide the care required by their

ponsoring Institutions, must educate ning the professional and ethical ing but not limited to their obligation provide the care required by their

m must be accomplished without I non-physician obligations. (Core)

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m must include efforts to enhance the experience of being a physician, ts, providing administrative support, e and flexibility, and enhancing

with the Sponsoring Institution, must that supports patient safety and

emonstrate an understanding of their re of patients entrusted to their care, conditions and safety events. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free fr forms of harassment, mistreatment, at fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and fa behavior and a confidential process fo addressing such concerns. (Core)
	 Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share 		Well-Being Psychological, emotional, and physical development of the competent, caring, proactive attention to life inside and ou requires that physicians retain the joy own real-life stresses. Self-care and re members of the health care team are in professionalism; they are also skills the nurtured in the context of other aspect Fellows and faculty members are at ris Programs, in partnership with their Sp same responsibility to address well-be competence. Physicians and all memb
VI.C.	responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	responsibility for the well-being of eac clinical learning environment models of prepares fellows with the skills and att 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 p Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity impacts fellow well-being; (Core)
VI.C.1.b)	 evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core) policies and programs that encourage optimal fellow and faculty member 	6.13.b.	evaluating workplace safety data and a faculty members; (Core) policies and programs that encourage
VI.C.1.c)	well-being; and, (Core) Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their	6.13.c.	Fellows must be given the opportunity and dental care appointments, includir
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty memb
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burn disorders, suicidal ideation, or potentia assist those who experience these cor
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 then appropriate care; and, (Core)

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

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

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

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

partnership with the Sponsoring

ity, and work compression that

addressing the safety of fellows and

e optimal fellow and faculty member

ity to attend medical, mental health, ding those scheduled during their

nbers in:

rnout, depression, and substance use ntial for violence, including means to onditions; (Core)

emselves and how to seek

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-screening. (Core)
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affordable mental hea counseling, and treatment, including access to urgent a 24 hours a day, seven days a week. (Core)
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fellows may be unab including but not limited to fatigue, illness, family emer medical, parental, or caregiver leave. Each program mu appropriate length of absence for fellows unable to per care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and procedures in plac coverage of patient care and ensure continuity of patient
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented without fear of neg consequences for the fellow who is or was unable to pr work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members the signs of fatigue and sleep deprivation, alertness ma fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members the signs of fatigue and sleep deprivation, alertness ma fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Sponsoring Institute adequate sleep facilities and safe transportation option may be too fatigued to safely return home. (Core)
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	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)		Clinical Responsibilities The clinical responsibilities for each fellow must be bas patient safety, fellow ability, severity and complexity of illness/condition, and available support services. (Core
VI.E.1.	[Optimal clinical workload may be further specified by each Review Committee]	6.17.	[Optimal clinical workload may be further specified by e Committee]
	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)		Teamwork Fellows must care for patients in an environment that m communication and promotes safe, interprofessional, to the subspecialty and larger health system. (Core)
VI.E.2.	[The Review Committee may further specify]	6.18.	[The Review Committee may further specify]
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignments to optimize patient care, including their safety, frequency, and struc

health assessment, gent and emergent care

unable to attend work, emergencies, and m must allow an perform their patient

place to ensure oatient care. (Core)

of negative to provide the clinical

mbers in recognition of ss management, and

mbers in recognition of ss management, and

nstitution, must ensure ptions for fellows who

be based on PGY level, ity of patient (Core)

by each Review

hat maximizes nal, team-based care in

imize transitions in structure. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 assignn patient care, including their safety, frec
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 Spo and monitor effective, structured hand- continuity of care and patient safety. (C
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 team members in the hand-off process.
	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.		Clinical Experience and Education Programs, in partnership with their Spo an effective program structure that is c educational and clinical experience opp opportunities for rest and personal acti
VI.F.	[The Review Committee may further specify under any requirement in VI.F. VI.F.8.a).(1)]	[None]	[The Review Committee may further sp – 6.28.a]
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educat Clinical and educational work hours mu hours per week, averaged over a four-w house clinical and educational activitie and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work a Fellows should have eight hours off be education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work a Fellows should have eight hours off be education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours fre after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a minim clinical work and required education (w home call cannot be assigned on these
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods f hours of continuous scheduled clinical
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods f hours of continuous scheduled clinical
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time may patient safety, such as providing effect fellow education. Additional patient car assigned to a fellow during this time. (0

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nments to optimize transitions in equency, and structure. (Core)
ponsoring Institutions, must ensure d-off processes to facilitate both (Core)
re competent in communicating with ss. (Outcome)
ponsoring Institutions, must design configured to provide fellows with pportunities, as well as reasonable ctivities.
specify under any requirement in 6.20
ational Work per Week must be limited to no more than 80 r-week period, inclusive of all in- ties, clinical work done from home,
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imum of one day in seven free of (when averaged over four weeks). At- se free days. (Core)
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on Period Length s for fellows must not exceed 24 cal assignments. (Core)
ay be used for activities related to ctive transitions of care, and/or are responsibilities must not be (Core)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour Ex In rare circumstances, after handing of on their own initiative, may elect to rem the following circumstances: to contine severely ill or unstable patient; to give of a patient or patient's family; or to att (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour Ex In rare circumstances, after handing of on their own initiative, may elect to ren the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to att (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or educ 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.	6.24.	A Review Committee may grant rotation percent or a maximum of 88 clinical an individual programs based on a sound
VI.F.4.c).(1)	In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. (Detail)	6.24.a.	In preparing a request for an exception the clinical and educational work hour Manual of Policies and Procedures. (De
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with th goals and objectives of the educationa with the fellow's fitness for work nor co
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 th goals and objectives of the educationa with the fellow's fitness for work nor co
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 extended the ACGME Glossary of Terms) must b maximum weekly limit. (Core)
	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core) [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the		In-House Night Float Night float must occur within the conte seven requirements. (Core) [The maximum number of consecutive number of months of night float per year
VI.F.6.	Review Committee.]	6.26.	Review Committee.]

Exceptions

off all other responsibilities, a fellow, emain or return to the clinical site in inue to provide care to a single re humanistic attention to the needs attend unique educational events.

Exceptions

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

on, the program director must follow ur exception policy from the ACGME Detail)

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

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

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ve weeks of night float, and maximum vear may be further specified by the

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
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-hous every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities by count toward the 80-hour maximum we home call is not subject to the every-th the requirement for one day in seven f when averaged over four weeks. (Core
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities b count toward the 80-hour maximum we home call is not subject to the every-th the requirement for one day in seven f when averaged over four weeks. (Core
	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core) [The Review Committee may further specify under any requirement in VI.F.		At-home call must not be so frequent of reasonable personal time for each fello [The Review Committee may further sp Clinical Experience and Education sec
VI.F.8.a).(1)	VI.F.8.a).(1)]	6.28.a.	Education above through 6.28.)]

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

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

by fellows on at-home call must weekly limit. The frequency of atthird-night limitation, but must satisfy free of clinical work and education, pre)

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