Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Doquiromont
Requirement Number	Requirement Language	Requirement number	Requirement
	Definition of Graduate Medical Education		
			Definition of Graduate Medical Education
	Graduate medical education is the crucial step of professional development		Graduate medical education is the crucial
	between medical school and autonomous clinical practice. It is in this vital phase		between medical school and autonomous
	of the continuum of medical education that residents learn to provide optimal		of the continuum of medical education that
	patient care under the supervision of faculty members who not only instruct, but		patient care under the supervision of facu
	serve as role models of excellence, compassion, cultural sensitivity,		serve as role models of excellence, comp
	professionalism, and scholarship.		professionalism, and scholarship.
	Graduate medical education transforms medical students into physician scholars		Graduate medical education transforms n
	who care for the patient, patient's family, and a diverse community; create and		who care for the patient, patient's family,
	integrate new knowledge into practice; and educate future generations of		integrate new knowledge into practice; an
	physicians to serve the public. Practice patterns established during graduate		physicians to serve the public. Practice pa
Int.A.	medical education persist many years later.	[None]	medical education persist many years late
	Graduate medical education has as a core tenet the graded authority and		Graduate medical education has as a core
	responsibility for patient care. The care of patients is undertaken with		responsibility for patient care. The care of
	appropriate faculty supervision and conditional independence, allowing		appropriate faculty supervision and cond
	residents to attain the knowledge, skills, attitudes, judgment, and empathy		residents to attain the knowledge, skills, a
	required for autonomous practice. Graduate medical education develops		required for autonomous practice. Gradua
	physicians who focus on excellence in delivery of safe, equitable, affordable,		physicians who focus on excellence in de
	quality care; and the health of the populations they serve. Graduate medical		quality care; and the health of the populat
	education values the strength that a diverse group of physicians brings to		education values the strength that a diver
	medical care, and the importance of inclusive and psychologically safe learning		medical care, and the importance of inclu
	environments.		environments.
	Graduate medical education occurs in clinical settings that establish the		Graduate medical education occurs in clin
	foundation for practice-based and lifelong learning. The professional		foundation for practice-based and lifelong
	development of the physician, begun in medical school, continues through		development of the physician, begun in m
	faculty modeling of the effacement of self-interest in a humanistic environment		faculty modeling of the effacement of self
	that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery.		that emphasizes joy in curiosity, problem-
	This transformation is often physically, emotionally, and intellectually demanding		This transformation is often physically, en
	and occurs in a variety of clinical learning environments committed to graduate		and occurs in a variety of clinical learning
	medical education and the well-being of patients, residents, fellows, faculty		medical education and the well-being of p
Int.A. (Continued)	members, students, and all members of the health care team.	[None] - (Continued)	members, students, and all members of th
	Definition of Specialty		Definition of Specialty
Int.B.	[The Review Committee must further specify]	[None]	[The Review Committee must further spec
Int.C.	Length of Educational Program [The Review Committee must further specify]	4.1.	Length of Program [The Review Committee must further spec
I.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		
			Sponsoring Institution
	The Sponsoring Institution is the organization or entity that assumes the ultimate		The Sponsoring Institution is the organiza
	financial and academic responsibility for a program of graduate medical		financial and academic responsibility for a
	education, consistent with the ACGME Institutional Requirements.		education, consistent with the ACGME Ins
	When the Sponsoring Institution is not a rotation site for the program, the most		When the Sponsoring Institution is not a r
	commonly utilized site of clinical activity for the program is the primary clinical		commonly utilized site of clinical activity
. <b>A</b> .	site.	[None]	site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by one A
I.A.1.	Institution. (Core)	1.1.	Institution. (Core)

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ial step of professional development us clinical practice. It is in this vital phase that residents learn to provide optimal culty members who not only instruct, but npassion, cultural sensitivity,

s medical students into physician scholars y, and a diverse community; create and and educate future generations of patterns established during graduate ater.

ore tenet the graded authority and of patients is undertaken with nditional independence, allowing s, attitudes, judgment, and empathy duate medical education develops delivery of safe, equitable, affordable, lations they serve. Graduate medical verse group of physicians brings to clusive and psychologically safe learning

clinical settings that establish the ong learning. The professional medical school, continues through elf-interest in a humanistic environment m-solving, academic rigor, and discovery. emotionally, and intellectually demanding ing environments committed to graduate f patients, residents, fellows, faculty f the health care team.

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

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

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	Participating Sites		
			Participating Sites
	A participating site is an organization providing educational experiences or	<b>D L</b> = = = <b>1</b>	A participating site is an organization pro
I.B.	educational assignments/rotations for residents.	[None]	educational assignments/rotations for res
	The program, with approval of its Sponsoring Institution, must designate a		The program, with approval of its Sponso
	primary clinical site. (Core)		primary clinical site. (Core)
	[The Review Committee may specify which other specialties/programs must be		[The Review Committee may specify whic
I.B.1.	present at the primary clinical site]	1.2.	present at the primary clinical site]
	There must be a program letter of agreement (PLA) between the program and		There must be a program letter of agreem
	each participating site that governs the relationship between the program and the		each participating site that governs the re
I.B.2.	participating site providing a required assignment. (Core)	1.3.	participating site providing a required ass
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least every 1
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the design
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinical lea participating sites. (Core)
	At each participating site there must be one faculty member, designated by the		At each participating site there must be of
	program director as the site director, who is accountable for resident education		program director as the site director, who
I.B.3.a)	at that site, in collaboration with the program director. (Core)	1.5.	at that site, in collaboration with the progr
	The program director must submit any additions or deletions of participating		The program director must submit any ad
	sites routinely providing an educational experience, required for all residents, of		sites routinely providing an educational e
	one month full time equivalent (FTE) or more through the ACGME's Accreditation		one month full time equivalent (FTE) or m
	Data System (ADS). (Core)		Data System (ADS). (Core)
I.B.4.	[The Review Committee may further specify]	1.6.	[The Review Committee may further speci
	Workforce Recruitment and Retention		Workforce Recruitment and Retention
	The program, in partnership with its Sponsoring Institution, must engage in		The program, in partnership with its Spon
	practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present),		practices that focus on mission-driven, or retention of a diverse and inclusive workf
	faculty members, senior administrative GME staff members, and other relevant		faculty members, senior administrative G
I.C.	members of its academic community. (Core)	1.7.	members of its academic community. (Co
			Resources
			The program, in partnership with its Spon
			availability of adequate resources for resi
I.D.	Resources	1.8.	[The Review Committee must further spec
	The number is wertaanship with its One weeking bestitution, would approve the		Resources
	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)		The program, in partnership with its Spon availability of adequate resources for resi
	availability of adequate resources for resident education. (obje)		availability of adequate resources for resi
I.D.1.	[The Review Committee must further specify]	1.8.	[The Review Committee must further spec
	The program, in partnership with its Sponsoring Institution, must ensure healthy		The program, in partnership with its Spon
	and safe learning and working environments that promote resident well-being		and safe learning and working environme
I.D.2.	and provide for:	1.9.	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 residents with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/rest fa residents with proximity appropriate for s
	clean and private facilities for lactation that have refrigeration capabilities, with	1.3.0.	clean and private facilities for lactation the
I.D.2.c)	proximity appropriate for safe patient care; (Core)	1.9.c.	proximity appropriate for safe patient care
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropriate

roviding educational experiences or residents.

soring Institution, must designate a

nich other specialties/programs must be

ment (PLA) between the program and relationship between the program and the ssignment. (Core)

y 10 years. (Core)

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

one faculty member, designated by the ho is accountable for resident education ogram director. (Core)

additions or deletions of participating I experience, required for all residents, of more through the ACGME's Accreditation

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onsoring Institution, must engage in ongoing, systematic recruitment and kforce of residents, fellows (if present), GME staff members, and other relevant Core)

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

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

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onsoring Institution, must ensure healthy nents that promote resident well-being

facilities available and accessible for safe patient care; (Core)

that have refrigeration capabilities, with are; (Core)

te to the participating site; and, (Core)

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I.D.2.e)	accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents with disab Institution's policy. (Core)
	Residents must have ready access to specialty-specific and other appropriate		Residents must have ready access to spe
	reference material in print or electronic format. This must include access to		reference material in print or electronic for
I.D.3.	electronic medical literature databases with full text capabilities. (Core)	1.10.	electronic medical literature databases w
	Other Learners and Health Care Personnel		Other Learners and Health Care Personne
	The presence of other learners and other health care personnel, including, but		The presence of other learners and other
	not limited to residents from other programs, subspecialty fellows, and advanced		not limited to residents from other progra
	practice providers, must not negatively impact the appointed residents'		practice providers, must not negatively in
	education. (Core)		education. (Core)
I.E.	[The Review Committee may further specify]	1.11.	[The Review Committee may further spec
II.	Personnel	Section 2	Section 2: Personnel
			Program Director
			There must be one faculty member appoin and accountability for the overall program
II.A.	Program Director	2.1.	applicable program requirements. (Core)
			Program Director
	There must be one faculty member appointed as program director with authority		There must be one faculty member appoin
	and accountability for the overall program, including compliance with all		and accountability for the overall program
II.A.1.	applicable program requirements. (Core)	2.1.	applicable program requirements. (Core)
	The Sponsoring Institution's GMEC must approve a change in program director		The Sponsoring Institution's GMEC must
II.A.1.a)	and must verify the program director's licensure and clinical appointment. (Core)	2.2.	and must verify the program director's lic
	Final approval of the program director resides with the Review Committee. (Core)		Final approval of the program director res
	[For specialties that require Review Committee approval of the program director,		[For specialties that require Review Comr
	the Review Committee may further specify. This requirement will be deleted for		the Review Committee may further specify
	those specialties that do not require Review Committee approval of the program		those specialties that do not require Revi
II.A.1.a).(1)	director.]	2.2.a.	director.]
	The program must demonstrate retention of the program director for a length of		The program must demonstrate retention
	time adequate to maintain continuity of leadership and program stability. (Core)		time adequate to maintain continuity of le
II.A.1.b)	[The Review Committee may further specify]	2.3.	[The Review Committee may further spec
	The program director and, as applicable, the program's leadership team, must be		The program director and, as applicable, t
	provided with support adequate for administration of the program based upon its		provided with support adequate for admin
	size and configuration. (Core) [The Review Committee must further specify minimum dedicated time for		size and configuration. (Core) [The Review Committee must further spec
	program administration, and will determine whether program leadership refers to		program administration, and will determin
	the program director or both the program director and associate/assistant		the program director or both the program
II.A.2.	program director(s).]	2.4.	program director(s).]
			Qualifications of the Program Director The program director must possess spec
			documented educational and/or administr
II.A.3.	Qualifications of the program director:	2.5.	acceptable to the Review Committee. (Co
			Qualifications of the Program Director
	must include specialty expertise and at least three years of documented		The program director must possess spec documented educational and/or administre
II.A.3.a)	educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)	2.5.	acceptable to the Review Committee. (Co
		2.0.	

# nt Language abilities consistent with the Sponsoring

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

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er health care personnel, including, but rams, subspecialty fellows, and advanced impact the appointed residents'

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ointed as program director with authority am, including compliance with all a)

pointed as program director with authority am, including compliance with all a)

st approve a change in program director licensure and clinical appointment. (Core)

resides with the Review Committee. (Core)

mmittee approval of the program director, cify. This requirement will be deleted for view Committee approval of the program

on of the program director for a length of leadership and program stability. (Core) ecify]

e, the program's leadership team, must be ninistration of the program based upon its

becify minimum dedicated time for nine whether program leadership refers to am director and associate/assistant

ecialty expertise and at least three years of strative experience, or qualifications Core)

ecialty expertise and at least three years of strative experience, or qualifications core)

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	must include current certification in the specialty for which they are the program director by the American Board of or by the American Osteopathic Board of, or specialty qualifications that are acceptable to the Review Committee; and, (Core)		The program director must possess curre they are the program director by the Ame Osteopathic Board of, or specialty Review Committee. (Core)
II.A.3.b)	[The Review Committee may further specify acceptable specialty qualifications or that only ABMS and AOA certification will be considered acceptable]	2.5.a.	[The Review Committee may further spec that only ABMS and AOA certification wil
	must include ongoing clinical activity. (Core)		The program director must demonstrate of
II.A.3.c)	[The Review Committee may further specify additional program director qualifications]	2.5.b.	[The Review Committee may further spec qualifications]
	Program Director Responsibilities		
II.A.4.	The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. (Core)	2.6.	Program Director Responsibilities The program director must have respons administration and operations; teaching a recruitment and selection, evaluation, and disciplinary action; supervision of resider context of patient care. (Core)
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.6.a.	The program director must be a role mod
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)	2.6.b.	The program director must design and co consistent with the needs of the commun Institution, and the mission(s) of the prog
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must administer an conducive to educating the residents in e 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)	2.6.d.	The program director must have the auth and non-physicians as faculty members a designation of core faculty members, and evaluate candidates prior to approval. (Co
II.A.4.a).(5)	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.e.	The program director must have the auth supervising interactions and/or learning of 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)	2.6.f.	The program director must submit accura and requested by the DIO, GMEC, and AC
II.A.4.a).(7)	provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.6.g.	The program director must provide a lear residents have the opportunity to raise co provide feedback in a confidential manne 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, or not to promote or renew the appointment of a resident; (Core)	2.6.h.	The program director must ensure the pro Institution's policies and procedures rela including when action is taken to suspen the appointment of a resident. (Core)
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.6.i.	The program director must ensure the pro Institution's policies and procedures on e (Core)
II.A.4.a).(9).(a)	Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Residents must not be required to sign a covenant. (Core)
II.A.4.a).(10)	document verification of education for all residents within 30 days of completion of or departure from the program; and, (Core)	2.6.j.	The program director must document ver within 30 days of completion of or depart

rrent certification in the specialty for which merican Board of \_\_\_\_\_ or by the American ty qualifications that are acceptable to the

ecify acceptable specialty qualifications or will be considered acceptable]

e ongoing clinical activity. (Core)

ecify additional program director

nsibility, authority, and accountability for: g and scholarly activity; resident and promotion of residents, and dents; and resident education in the

odel of professionalism. (Core)

conduct the program in a fashion unity, the mission(s) of the Sponsoring ogram. (Core)

and maintain a learning environment each of the ACGME Competency

thority to approve or remove physicians s at all participating sites, including the nd must develop and oversee a process to Core)

thority to remove residents from genvironments that do not meet the

urate and complete information required ACGME. (Core)

earning and working environment in which concerns, report mistreatment, and ner as appropriate, without fear of

program's compliance with the Sponsoring elated to grievances and due process, end or dismiss, or not to promote or renew

program's compliance with the Sponsoring n employment and non-discrimination.

a non-competition guarantee or restrictive

verification of education for all residents arture from the program. (Core)

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II.A.4.a).(11)	provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)	2.6.k.	The program director must provide verific education upon the resident's request, wi
	provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s). (Core)		The program director must provide applic information related to the applicant's elig examination(s). (Core)
II.A.4.a).(12)	[This requirement may be omitted at the discretion of the Review Committee]	2.6.1.	[This requirement may be omitted at the d
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice- ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		Faculty Faculty members are a foundational elem faculty members teach residents how to o provide an important bridge allowing resi ready, ensuring that patients receive the l models for future generations of physicia commitment to excellence in teaching and dedication to lifelong learning. Faculty me fostering the growth and development of provide is enhanced by the opportunity to By employing a scholarly approach to pat graduate medical education system, impr population.
II.B.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents, 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 residents and themselves.	[None]	Faculty members ensure that patients rec specialist in the field. They recognize and residents, community, and institution. Fac levels of supervision to promote patient s effective learning environment by acting i to the well-being of the residents and the
	There must be a sufficient number of faculty members with competence to instruct and supervise all residents. (Core)		There must be a sufficient number of facuinstruct and supervise all residents. (Core
II.B.1.	[The Review Committee may further specify]	2.7.	[The Review Committee may further spec
II.B.2.	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty Responsibilities Faculty members must be role models of
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost- effective, patient-centered care; (Core)	2.8.a.	Faculty members must demonstrate comi equitable, high-quality, cost-effective, pat
II.B.2.c)	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate a stru- residents, including devoting sufficient tin their supervisory and teaching responsible
,	administer and maintain an educational environment conducive to educating		Faculty members must administer and ma
II.B.2.d)	residents; (Core)	2.8.c.	conducive to educating residents. (Core)
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.8.d.	Faculty members must regularly participa rounds, journal clubs, and conferences.
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually: (Core)	2.8.e.	Faculty members must pursue faculty dev skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating health
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their residents'

fication of an individual resident's within 30 days. (Core)

licants who are offered an interview with igibility for the relevant specialty board

e discretion of the Review Committee]

ement of graduate medical education – o care for patients. Faculty members esidents to grow and become practicee highest quality of care. They are role sians by demonstrating compassion, and patient care, professionalism, and a members experience the pride and joy of of future colleagues. The care they to teach and model exemplary behavior. oatient care, faculty members, through the prove the health of the individual and the

receive the level of care expected from a nd respond to the needs of the patients, Faculty members provide appropriate t safety. Faculty members create an g in a professional manner and attending nemselves.

culty members with competence to pre)

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of professionalism. (Core) mmitment to the delivery of safe, atient-centered care. (Core)

strong interest in the education of time to the educational program to fulfill ibilities. (Core)

maintain an educational environment

pate in organized clinical discussions, . (Core)

levelopment designed to enhance their

Ith inequities, and patient safety; (Detail) s' well-being; and, (Detail)

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	in patient care based on their practice-based learning and improvement efforts. (Detail)		in patient care based on their practice-bas (Detail)
II.B.2.f).(4)	[The Review Committee may further specify additional faculty responsibilities]	2.8.e.4.	[The Review Committee may further speci
			Faculty Qualifications Faculty members must have appropriate of appropriate institutional appointments. (C
II.B.3.	Faculty Qualifications	2.9.	[The Review Committee may further spec
	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)		Faculty Qualifications Faculty members must have appropriate of appropriate institutional appointments. (C
II.B.3.a)	[The Review Committee may further specify]	2.9.	[The Review Committee may further spec
II.B.3.b)	Physician faculty members must:	[None]	
	have current certification in the specialty by the American Board of or the American Osteopathic Board of, or possess qualifications judged acceptable to the Review Committee. (Core)		Physician faculty members must have cur American Board of or the American possess qualifications judged acceptable
II.B.3.b).(1)	[The Review Committee may further specify additional qualifications and/or requirements regarding non-physician faculty members]	2.10.	[The Review Committee may further speci requirements regarding non-physician fac
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)	2.11.	Core Faculty Core faculty members must have a signifi supervision of residents and must devote effort to resident education and/or admini their activities, teach, evaluate, and provid (Core)
	Core faculty members must complete the annual ACGME Faculty Survey. (Core) [The Review Committee must specify the minimum number of core faculty and/or		Core faculty members must complete the [The Review Committee must specify the
	the core faculty-resident 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 core faculty-resident ratio] [The Review Committee may further speci (1)requirements regarding dedicated time non-clinical responsibilities related to res the program, or
II.B.4.a)	(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.]	2.11.a.	(2)requirements regarding the role and re- inclusive of both clinical and non-clinical commitment required to meet those respo
·			Program Coordinator
II.C.	Program Coordinator	2.12.	There must be a program coordinator. (Co Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.12.	There must be a program coordinator. (Co

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based learning and improvement efforts.
ecify additional faculty responsibilities]
e qualifications in their field and hold (Core)
ecify]
e qualifications in their field and hold (Core)
ecify]
current certification in the specialty by the an Osteopathic Board of, or ble to the Review Committee. (Core)
ecify additional qualifications and/or faculty members]
ificant role in the education and ote a significant portion of their entire inistration, and must, as a component of vide formative feedback to residents.
ne annual ACGME Faculty Survey. (Core)
ne minimum number of core faculty and/or
ecify either: ne and support for core faculty members' esident education and/or administration of
responsibilities of core faculty members, al activities, and the corresponding time ponsibilities.]
Core)
Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)		The program coordinator must be provide adequate for administration of the progra configuration. (Core)
II.C.2.	[The Review Committee must further specify minimum dedicated time for the program coordinator]	2.12.a.	[The Review Committee must further spec program coordinator]
	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)		Other Program Personnel The program, in partnership with its Spon the availability of necessary personnel for program. (Core)
II.D.	[The Review Committee may further specify]	2.13.	[The Review Committee may further spec
III.	Resident Appointments	Section 3	Section 3: Resident Appointments
III.A.	Eligibility Requirements	3.2.	Eligibility Requirements An applicant must meet one of the followi appointment to an ACGME-accredited pro
III.A.1.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	Eligibility Requirements An applicant must meet one of the followi appointment to an ACGME-accredited pro
III.A.1.a)	graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)	3.2.a.	graduation from a medical school in the L Committee on Medical Education (LCME) osteopathic medicine in the United States Osteopathic Association Commission on (AOACOCA); or, (Core)
			graduation from a medical school outside of the following additional qualifications: • holding a currently valid certificate from Foreign Medical Graduates (ECFMG) prior
III.A.1.b)	graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)	3.2.b.	<ul> <li>holding a full and unrestricted license to licensing jurisdiction in which the ACGME</li> </ul>
			graduation from a medical school outside of the following additional qualifications: • holding a currently valid certificate from Foreign Medical Graduates (ECFMG) prior
III.A.1.b).(1)	holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)	3.2.b.	<ul> <li>holding a full and unrestricted license to licensing jurisdiction in which the ACGMI</li> </ul>

ded with dedicated time and support ram based upon its size and

becify minimum dedicated time for the

onsoring Institution, must jointly ensure for the effective administration of the

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wing qualifications to be eligible for program: (Core)

wing qualifications to be eligible for program: (Core)

• United States, accredited by the Liaison E) or graduation from a college of es, accredited by the American on Osteopathic College Accreditation

de of the United States, and meeting one s: (Core)

m the Educational Commission for ior to appointment; or, (Core)

to practice medicine in the United States ME-accredited program is located. (Core)

de of the United States, and meeting one s: (Core)

m the Educational Commission for ior to appointment; or, (Core)

to practice medicine in the United States ME-accredited program is located. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement
			graduation from a medical school outside of the following additional qualifications:
			<ul> <li>holding a currently valid certificate from Foreign Medical Graduates (ECFMG) prio</li> </ul>
III.A.1.b).(2)	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)	3.2.b.	<ul> <li>holding a full and unrestricted license to licensing jurisdiction in which the ACGMI</li> </ul>
	All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I)		All prerequisite post-graduate clinical edu transfer into ACGME-accredited residenc ACGME-accredited residency programs, A Royal College of Physicians and Surgeon College of Family Physicians of Canada ( located in Canada, or in residency progra
III.A.2.	Advanced Specialty Accreditation. (Core)	3.3.	Advanced Specialty Accreditation. (Core)
	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)		Residency programs must receive verificat competency in the required clinical field u Milestones evaluations from the prior trai
III.A.2.a)	[The Review Committee may further specify prerequisite postgraduate clinical education]	3.3.a.	[The Review Committee may further spec education]
	Resident Eligibility Exception The Review Committee for will allow the following exception to the resident eligibility requirements: (Core)		Resident Eligibility Exception The Review Committee for will all resident eligibility requirements: (Core)
III.A.3.	[Note: A Review Committee may permit the eligibility exception if the specialty requires completion of a prerequisite residency program prior to admission. If the specialty-specific Program Requirements define multiple program formats, the Review Committee may permit the exception only for the format(s) that require completion of a prerequisite residency program prior to admission. If this language is not applicable, this section will not appear in the specialty-specific requirements.]	3.3.b.	[Note: A Review Committee may permit the requires completion of a prerequisite resist specialty-specific Program Requirements Review Committee may permit the except completion of a prerequisite residency pre language is not applicable, this section we requirements.]
	An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1III.A.2., but who does meet all of the following additional		An ACGME-accredited residency program international graduate applicant who doe listed in 3.2. – 3.3., but who does meet all
III.A.3.a)	qualifications and conditions: (Core) evaluation by the program director and residency selection committee of the	3.3.b.1.	and conditions: <sup>(Core)</sup> evaluation by the program director and re
III.A.3.a).(1)	applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and, (Core)	3.3.b.1.a.	applicant's suitability to enter the program the summative evaluations of this training
III.A.3.a).(2)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.3.b.1.b.	review and approval of the applicant's ex and, (Core)
III.A.3.a).(3)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.3.b.1.c.	verification of Educational Commission for certification. (Core)
III.A.3.b)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.3.b.2.	Applicants accepted through this excepti performance by the Clinical Competency matriculation. (Core)

de of the United States, and meeting one s: (Core)

m the Educational Commission for ior to appointment; or, (Core)

to practice medicine in the United States ME-accredited program is located. (Core)

education required for initial entry or ncy programs must be completed in s, AOA-approved residency programs, ons of Canada (RCPSC)-accredited or a (CFPC)-accredited residency programs grams with ACGME International (ACGME-I) re)

ication of each resident's level of d using ACGME, CanMEDS, or ACGME-I raining program upon matriculation. (Core)

ecify prerequisite postgraduate clinical

allow the following exception to the

the eligibility exception if the specialty esidency program prior to admission. If the its define multiple program formats, the eption only for the format(s) that require program prior to admission. If this will not appear in the specialty-specific

am may accept an exceptionally qualified bes not satisfy the eligibility requirements all of the following additional qualifications

residency selection committee of the ram, based on prior training and review of ing; and, (Core)

exceptional qualifications by the GMEC;

for Foreign Medical Graduates (ECFMG)

otion must have an evaluation of their cy Committee within 12 weeks of

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Resident Complement	-	
	The program director must not appoint more residents than approved by the Review Committee. (Core)		Resident Complement The program director must not appoint m Review Committee. (Core)
III.B.	[The Review Committee may further specify minimum complement numbers]	3.4.	[The Review Committee may further spec
	Resident Transfers		
	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)		Resident Transfers The program must obtain verification of p summative competency-based performan transferring resident, and Milestones eval
III.C.	[The Review Committee may further specify]	3.5.	[The Review Committee may further spec
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is design innovation in graduate medical education affiliation, size, or location of the program
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must support th skillful physicians who provide compassi
IV.	It is recognized programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician-scientists will have a different curriculum from one forming on community bootth	Section 4	It is recognized programs may place diffe public health, etc. It is expected that the p program-specific goals for it and its grade program aiming to prepare physician-scie
IV.	from one focusing on community health. Educational Components	Section 4	from one focusing on community health. Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the following
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, residents, and faculty members; (Core)	4.2.a.	a set of program aims consistent with the needs of the community it serves, and the graduates, which must be made available faculty members; (Core)
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)	4.2.b.	competency-based goals and objectives f designed to promote progress on a trajec must be distributed, reviewed, and availal (Core)
	delineation of resident responsibilities for patient care, progressive responsibility		delineation of resident responsibilities for
IV.A.3.	for patient management, and graded supervision; (Core)	4.2.c.	for patient management, and graded supe
IV.A.4.	a broad range of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured didactic activ Didactic and Clinical Experiences Residents must be provided with protecte activities. (Core)
IV.A.4.a)	Residents must be provided with protected time to participate in core didactic activities. (Core)	4.11.	[The Review Committee may specify requ
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that promote techniques. (Core)

more residents than approved by the

ecify minimum complement numbers]

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

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signed to encourage excellence and on regardless of the organizational am.

the development of knowledgeable, sionate care.

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

### ing educational components:

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

s for each educational experience ectory to autonomous practice. These lable to residents and faculty members;

for patient care, progressive responsibility pervision; (Core) tivities; and, (Core)

cted time to participate in core didactic

quired didactic and clinical experiences] ote patient safety-related goals, tools, and

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<b>Requirement Number</b>	Requirement Language	Requirement Number	Requirement
			ACGME Competencies The Competencies provide a conceptual domains for a trusted physician to enter a Competencies are core to the practice of are further defined by each specialty. The
IV.B.	ACGME Competencies	[None]	the Competencies are articulated through
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGME C
IV.B.1.a)	Professionalism Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professionalism Residents must demonstrate a commitme to ethical principles. (Core) Residents must demonstrate competence
IV.D.1.a)		4.9.	ACGME Competencies – Professionalism Residents must demonstrate a commitme to ethical principles. (Core)
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate competence
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect for oth
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that sup
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autonomy
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, and the
IV.B.1.a).(1).(f)	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	respect and responsiveness to diverse pa limited to diversity in gender, age, culture origin, socioeconomic status, and sexual
IV.B.1.a).(1).(g)	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)	4.3.g.	ability to recognize and develop a plan for well-being; and, (Core)
IV.B.1.a).(1).(h)	appropriately disclosing and addressing conflict or duality of interest. (Core)	4.3.h.	appropriately disclosing and addressing of
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
	Residents 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)		ACGME Competencies – Patient Care and Residents must be able to provide patient centered, compassionate, equitable, appr of health problems and the promotion of l
IV.B.1.b).(1)	[The Review Committee must further specify]	4.4.	[The Review Committee must further spec
	Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)		ACGME Competencies – Patient Care and Residents must be able to perform all me procedures considered essential for the a
IV.B.1.b).(2)	[The Review Committee may further specify]	4.5.	[The Review Committee may further speci
	Medical Knowledge Residents 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 Knowled Residents must demonstrate knowledge clinical, epidemiological, and social-beha inquiry, as well as the application of this l
IV.B.1.c)	[The Review Committee must further specify]	4.6.	[The Review Committee must further spec
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al framework describing the required r autonomous practice. These of all physicians, although the specifics he developmental trajectories in each of gh the Milestones for each specialty.

Competencies into the curriculum.

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others; (Core)

persedes self-interest; (Core)

ny; (Core)

the profession; (Core)

patient populations, including but not ire, race, religion, disabilities, national al orientation; (Core)

for one's own personal and professional

g conflict or duality of interest. (Core)

nd Procedural Skills (Part A)

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

becify]

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

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ledge

e of established and evolving biomedical, navioral sciences, including scientific s knowledge to patient care. (Core)

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	Practice-based Learning and Improvement		· · · ·
	Residents 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;		ACGME Competencies – Practice-Based Residents must demonstrate the ability to patients, to appraise and assimilate scien improve patient care based on constant s
IV.B.1.d)	(Core)	4.7.	(Core)
IV.B.1.d).(1)	Residents must demonstrate competence in:	[None]	
V.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)	4.7.a.	Residents must demonstrate competence and limits in one's knowledge and expert
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	Residents must demonstrate competence goals. (Core)
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	Residents must demonstrate competence appropriate learning activities. (Core)
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	Residents must demonstrate competence using quality improvement methods, inclu care disparities, and implementing chang improvement. (Core)
IV.B.1.d).(1).(e)	incorporating feedback and formative evaluation into daily practice; and, (Core)	4.7.e.	Residents must demonstrate competence formative evaluation into daily practice. (
<u></u>	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)		Residents must demonstrate competence assimilating evidence from scientific stud problems. (Core)
IV.B.1.d).(1).(f)	[The Review Committee may further specify by adding to the list of sub- competencies]	4.7.f.	[The Review Committee may further spec competencies]
IV.B.1.e)	Interpersonal and Communication Skills Residents 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 an Residents must demonstrate interpersona in the effective exchange of information a families, and health professionals. (Core)
IV.B.1.e).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.e).(1).(a)	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient; (Core)	4.8.a.	Residents must demonstrate competence patients and patients' families, as approp socioeconomic circumstances, cultural b learning to engage interpretive services a to each patient. <sup>(Core)</sup>
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health related agencies; (Core)	4.8.b.	Residents must demonstrate competence physicians, other health professionals, ar
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Residents must demonstrate competence leader of a health care team or other profe
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Residents must demonstrate competence families, students, other residents, and of
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate competence physicians and health professionals. (Con
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Residents must demonstrate competence and legible health care records, if applica

d Learning and Improvement to investigate and evaluate their care of entific evidence, and to continuously t self-evaluation and lifelong learning.

ce in identifying strengths, deficiencies, rtise. (Core)

ce in setting learning and improvement

ce in identifying and performing

ce in systematically analyzing practice cluding activities aimed at reducing health nges with the goal of practice

ce in incorporating feedback and (Core)

ce in locating, appraising, and udies related to their patients' health

ecify by adding to the list of sub-

and Communication Skills onal and communication skills that result a and collaboration with patients, their e)

ce in communicating effectively with opriate, across a broad range of backgrounds, and language capabilities, as required to provide appropriate care

ce in communicating effectively with and health-related agencies. (Core)

ce in working effectively as a member or ofessional group. (Core)

ce in educating patients, patients' other health professionals. (Core)

ce in acting in a consultative role to other core)

ce in maintaining comprehensive, timely, cable. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement
	Residents must learn to communicate with patients and patients' families to partner with them to assess their care goals, including, when appropriate, end-of- life goals. (Core)		Residents must learn to communicate wit partner with them to assess their care go life goals. (Core)
IV.B.1.e).(2)	[The Review Committee may further specify by adding to the list of sub- competencies]	4.8.g.	[The Review Committee may further spec competencies]
	Systems-based Practice		
IV.B.1.f)	Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies - Systems-Based Residents must demonstrate an awarenes context and system of health care, includ determinants of health, as well as the abil to provide optimal health care. (Core)
IV.B.1.f).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.f).(1).(a)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Residents must demonstrate competence care delivery settings and systems releva
IV.B.1.f).(1).(b)	coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; (Core)	4.9.b.	Residents must demonstrate competence health care continuum and beyond as rele
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate competence and optimal patient care systems. (Core)
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Residents must demonstrate competence errors and implementing potential system
IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;(Core)	4.9.e.	Residents must demonstrate competence value, equity, cost awareness, delivery ar patient and/or population-based care as a
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate competence and its impact on individual patients' hea
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate competence promote patient safety and disclosure of (Detail)
	Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals. (Core)		Residents must learn to advocate for pati achieve the patient's and patient's family' appropriate, end-of-life goals. (Core)
IV.B.1.f).(2)	[The Review Committee may further specify by adding to the list of sub- competencies]	4.9.h.	[The Review Committee may further spec competencies]

with patients and patients' families to goals, including, when appropriate, end-of-

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d Practice

ness of and responsiveness to the larger uding the structural and social bility to call effectively on other resources

ce in working effectively in various health vant to their clinical specialty. <sup>(Core)</sup>

ice in coordinating patient care across the elevant to their clinical specialty. <sup>(Core)</sup>

ice in advocating for quality patient care

ice in participating in identifying system ems solutions. (Core)

ce in incorporating considerations of and payment, and risk-benefit analysis in s appropriate. (Core)

ce in understanding health care finances ealth decisions. (Core)

ice in using tools and techniques that of patient safety events (real or simulated).

atients within the health care system to ly's care goals, including, when

ecify by adding to the list of sub-

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Requirement Number	Requirement Language	Requirement Number	Requirement
			Curriculum Organization and Resident Ex
			4.10. Curriculum Structure The curriculum must be structured to opti the length of the experiences, and the sup experiences include an appropriate blend responsibilities, clinical teaching, and did
			[The Review Committee must further spec
			4.11. Didactic and Clinical Experiences Residents must be provided with protecte activities. (Core)
			[The Review Committee may specify requi
			4.12. Pain Management The program must provide instruction and applicable for the specialty, including reco disorder. (Core)
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	[The Review Committee may further speci
IV.C.1.	The curriculum must be structured to optimize resident 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) [The Review Committee must further specify]	4.10.	Curriculum Structure The curriculum must be structured to opti the length of the experiences, and the sup experiences include an appropriate blend responsibilities, clinical teaching, and did
	The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)		Pain Management The program must provide instruction and applicable for the specialty, including reco disorder. (Core)
IV.C.2.	[The Review Committee may specify required didactic and clinical experiences]	4.12.	[The Review Committee may further speci

# Experiences

ptimize resident educational experiences, upervisory continuity. These educational nd of supervised patient care lidactic educational events. (Core)

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cted time to participate in core didactic

quired didactic and clinical experiences]

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ptimize resident educational experiences, upervisory continuity. These educational nd of supervised patient care lidactic educational events. (Core)

and experience in pain management if ecognition of the signs of substance use

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Requirement Number	Requirement Language	Requirement Number	Requirement
	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a science. The who cares for patients. This requires the literature, appropriately assimilate new ki The program and faculty must create an e of such skills through resident participati activities may include discovery, integrat
IV.D.	The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity of reprograms prepare physicians for a variety scientists, and educators. It is expected the reflect its mission(s) and aims, and the net example, some programs may concentrate improvement, population health, and/or techoose to utilize more classic forms of bit scholarship.
			Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evidence its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evidence its mission(s) and aims. (Core)
	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)		The program, in partnership with its Spor adequate resources to facilitate resident a activities. (Core)
IV.D.1.b)	[The Review Committee may further specify]	4.13.a.	[The Review Committee may further spec
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance residents' kno approach to evidence-based patient care.
			Faculty Scholarly Activity Among their scholarly activity, programs at least three of the following domains: (C • Research in basic science, education, tre population health • Peer-reviewed grants • Quality improvement and/or patient safe • Systematic reviews, meta-analyses, revie textbooks, or case reports • Creation of curricula, evaluation tools, d electronic educational materials • Contribution to professional committees boards
IV.D.2.	Faculty Scholarly Activity	4.14.	<ul> <li>Innovations in education</li> </ul>

The physician is a humanistic scientist e ability to think critically, evaluate the knowledge, and practice lifelong learning. n environment that fosters the acquisition ation in scholarly activities. Scholarly ation, application, and teaching.

residencies and anticipates that ety of roles, including clinicians, I that the program's scholarship will needs of the community it serves. For rate their scholarly activity on quality r teaching, while other programs might biomedical research as the focus for

ce of scholarly activities consistent with

ce of scholarly activities consistent with

oonsoring Institution, must allocate It and faculty involvement in scholarly

ecify]

nowledge and practice of the scholarly re. (Core)

is must demonstrate accomplishments in (Core)

translational science, patient care, or

fety initiatives view articles, chapters in medical

, didactic educational activities, or

es, educational organizations, or editorial

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Requirement Number	Requirement Language	Requirement Number	Requirement
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, programs at least three of the following domains: (C
	<ul> <li>Research in basic science, education, translational science, patient care, or population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safety initiatives</li> <li>Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports</li> <li>Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials</li> <li>Contribution to professional committees, educational organizations, or editorial boards</li> </ul>		<ul> <li>Research in basic science, education, tr population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safe</li> <li>Systematic reviews, meta-analyses, revietextbooks, or case reports</li> <li>Creation of curricula, evaluation tools, delectronic educational materials</li> <li>Contribution to professional committees boards</li> </ul>
IV.D.2.a)	Innovations in education	4.14.	Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods: [Review Committee will choose to require either IV.D.2.b).(1) or both IV.D.2.b).(1) and IV.D.2.b).(2)]	4.14.a.	<ul> <li>external to the program by the following r</li> <li>faculty participation in grand rounds, popresentations, podium presentations, graprint/electronic resources, articles or pubwebinars, service on professional commitjournal editorial board member, or editor;</li> <li>peer-reviewed publication. (Outcome)</li> <li>[Review Committee will choose to require under 4.13.a.]</li> </ul>
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.	<ul> <li>The program must demonstrate dissemin external to the program by the following r</li> <li>faculty participation in grand rounds, popresentations, podium presentations, gra print/electronic resources, articles or pub webinars, service on professional commitiournal editorial board member, or editor;</li> <li>peer-reviewed publication. (Outcome)</li> <li>[Review Committee will choose to require under 4.13.a.]</li> </ul>

- is must demonstrate accomplishments in (Core)
- translational science, patient care, or
- fety initiatives view articles, chapters in medical
- , didactic educational activities, or
- es, educational organizations, or editorial
- ination of scholarly activity within and g methods:
- posters, workshops, quality improvement rant leadership, non-peer-reviewed ublications, book chapters, textbooks, mittees, or serving as a journal reviewer, or; (Outcome)
- ire either the first bullet or both bullets
- ination of scholarly activity within and g methods:
- posters, workshops, quality improvement rant leadership, non-peer-reviewed ublications, book chapters, textbooks, mittees, or serving as a journal reviewer, or; (Outcome)

ire either the first bullet or both bullets

Roman Numeral		Reformatted	
<b>Requirement Number</b>	Requirement Language	Requirement Number	Requirement Language
			The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:
			• faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)
			<ul> <li>peer-reviewed publication. (Outcome)</li> </ul>
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	[Review Committee will choose to require either the first bullet or both bullets under 4.13.a.]
			Resident Scholarly Activity Residents must participate in scholarship. (Core)
IV.D.3.	Resident Scholarly Activity	4.15.	[The Review Committee may further specify]
	Residents must participate in scholarship. (Core)		Resident Scholarly Activity Residents must participate in scholarship. (Core)
IV.D.3.a)		4.15.	[The Review Committee may further specify]
V.	Evaluation	Section 5	Section 5: Evaluation
			Resident Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)
V.A.	Resident Evaluation	5.1.	[The Review Committee may further specify under any requirement in 5.1.a-g.]
	Feedback and Evaluation [The Review Committee may further specify under any requirement in V.A.1		Resident Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)
V.A.1.		5.1.	[The Review Committee may further specify under any requirement in 5.1.a-g.]
	Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational		Resident Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)
V.A.1.a)		5.1.	[The Review Committee may further specify under any requirement in 5.1.a-g.]
V.A.1.b)		5.1.a.	Evaluation must be documented at the completion of the assignment. (Core)
	For block rotations of greater than three months in duration, evaluation must be		For block rotations of greater than three months in duration, evaluation must be
V.A.1.b).(1)		5.1.a.1.	documented at least every three months. (Core)
V.A.1.b).(2)	Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the	5.1.b.	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones. <sup>(Core)</sup>
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.	The program must use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members). (Core)

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	provide that information to the Clinical Competency Committee for its synthesis		The program must provide that information
	of progressive resident performance and improvement toward unsupervised		Committee for its synthesis of progressiv
V.A.1.c).(2)		5.1.b.2.	improvement toward unsupervised practi
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
<b>V</b> .A. Huj			The program director or their designee, w
V.A.1.d).(1)	meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	Committee, must meet with and review with annual evaluation of performance, includi Milestones. (Core)
V.A.1.d).(2)	assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designee, w Committee, must assist residents in deve capitalize on their strengths and identify a
	develop plans for residents failing to progress, following institutional policies and		The program director or their designee, w Committee, must develop plans for reside
V.A.1.d).(3)	procedures. (Core)	5.1.e.	institutional policies and procedures. (Co
V.A.1.e)	At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a summa includes their readiness to progress to th (Core)
V.A.1.f)	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a resident's performan resident. (Core)
			Resident Evaluation: Final Evaluation
V.A.2.	Final Evaluation	5.2.	The program director must provide a final completion of the program. (Core)
			Resident Evaluation: Final Evaluation
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	The program director must provide a final completion of the program. (Core)
	The specialty-specific Milestones, and when applicable the specialty-specific		The specialty-specific Milestones, and wh
	Case Logs, must be used as tools to ensure residents are able to engage in		Case Logs, must be used as tools to ensu
V.A.2.a).(1)	autonomous practice upon completion of the program. (Core)	5.2.a.	autonomous practice upon completion of
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become part of maintained by the institution, and must be accordance with institutional policy. (Core
- / ( / ( - /			
V.A.2.a).(2).(b)	verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the re knowledge, skills, and behaviors necessa
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared with t program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee must b (Core)
V.A.3.a)	At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)	5.3.a.	At a minimum, the Clinical Competency C of the program faculty, at least one of who
	Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and		Additional members must be faculty mem programs, or other health professionals w
V.A.3.a).(1)		5.3.b.	experience with the program's residents.
V.A.3.b)	The Clinical Competency Committee must:	[None]	

# nt Language tion to the Clinical Competency sive resident performance and ctice. (Core)

with input from the Clinical Competency with each resident their documented semiiding progress along the specialty-specific

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

with input from the Clinical Competency dents failing to progress, following Core)

native evaluation of each resident that the next year of the program, if applicable.

ance must be accessible for review by the

nal evaluation for each resident upon

nal evaluation for each resident upon

when applicable the specialty-specific sure residents are able to engage in of the program. (Core)

of the resident's permanent record be accessible for review by the resident in ore)

e resident has demonstrated the sary to enter autonomous practice. (Core) h the resident upon completion of the

be appointed by the program director.

Committee must include three members whom is a core faculty member. (Core) embers from the same program or other s who have extensive contact and s. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement Language
			The Clinical Competency Committee must review all resident evaluations at least
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	semi-annually. (Core)
	determine each resident's progress on achievement of the specialty-specific	0.0.0.	The Clinical Competency Committee must determine each resident's progress or
V.A.3.b).(2)	Milestones; and, (Core)	5.3.d.	achievement of the specialty-specific Milestones. (Core)
V.A.J.D).(2)		0.0.0.	
			The Clinical Competency Committee must meet prior to the residents' semi-
V A 2 b) (2)	meet prior to the residents' semi-annual evaluations and advise the program	5.3.e.	annual evaluations and advise the program director regarding each resident's
V.A.3.b).(3)	director regarding each resident's progress. (Core)	5.3.e.	progress. (Core)
			Faculty Evaluation
VP	Fearly Evolution	5.4	The program must have a process to evaluate each faculty member's
V.B.	Faculty Evaluation	5.4.	performance as it relates to the educational program at least annually. (Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to evaluate each faculty member's
V.B.1.	performance as it relates to the educational program at least annually. (Core)	5.4.	performance as it relates to the educational program at least annually. (Core)
	This evaluation must include a review of the faculty member's clinical teaching		This evaluation must include a review of the faculty member's clinical teaching
	abilities, engagement with the educational program, participation in faculty		abilities, engagement with the educational program, participation in faculty
	development related to their skills as an educator, clinical performance,		development related to their skills as an educator, clinical performance,
V.B.1.a)	professionalism, and scholarly activities. (Core)	5.4.a.	professionalism, and scholarly activities. (Core)
	This evaluation must include written, anonymous, and confidential evaluations by		This evaluation must include written, anonymous, and confidential evaluations by
V.B.1.b)	the residents. (Core)	5.4.b.	the residents. (Core)
	Faculty members must receive feedback on their evaluations at least annually.		Faculty members must receive feedback on their evaluations at least annually.
V.B.2.	(Core)	5.4.c.	(Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational evaluations should be incorporated into
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development plans. (Core)
			Program Evaluation and Improvement
			The program director must appoint the Program Evaluation Committee to
			conduct and document the Annual Program Evaluation as part of the program's
V.C.	Program Evaluation and Improvement	5.5.	continuous improvement process. (Core)
			Program Evaluation and Improvement
	The program director must appoint the Program Evaluation Committee to		The program director must appoint the Program Evaluation Committee to
	conduct and document the Annual Program Evaluation as part of the program's		conduct and document the Annual Program Evaluation as part of the program's
V.C.1.	continuous improvement process. (Core)	5.5.	continuous improvement process. (Core)
	The Program Evaluation Committee must be composed of at least two program		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		faculty members, at least one of whom is a core faculty member, and at least one
V.C.1.a)	resident. (Core)	5.5.a.	resident. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
	review of the program's self-determined goals and progress toward meeting		Program Evaluation Committee responsibilities must include review of the
V.C.1.b).(1)	them; (Core)	5.5.b.	program's self-determined goals and progress toward meeting them. <sup>(Core)</sup>
			Program Evaluation Committee responsibilities must include guiding ongoing
	guiding ongoing program improvement, including development of new goals,		program improvement, including development of new goals, based upon
V.C.1.b).(2)	based upon outcomes; and, (Core)	5.5.c.	outcomes. (Core)
			Program Evaluation Committee responsibilities must include review of the
	review of the current operating environment to identify strengths, challenges,		current operating environment to identify strengths, challenges, opportunities,
V.C.1.b).(3)	opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	and threats as related to the program's mission and aims. (Core)
•.0.1.0].(0)		0.0.0.	
	The Dreamon Evolution Committee should equal devide suffering the suffering the		The Dreamon Evolution Committee chould consider the suffering from united
	The Program Evaluation Committee should consider the outcomes from prior		The Program Evaluation Committee should consider the outcomes from prior
VC10	Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)		Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)
V.C.1.c)		5.5.e.	
	The Program Evaluation Committee must evaluate the program's mission and	5 5 f	The Program Evaluation Committee must evaluate the program's mission and
V.C.1.d)	aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	aims, strengths, areas for improvement, and threats. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including and discussed with the residents and the submitted to the DIO. (Core)
V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must complete a Self-Study
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited education achieve board certification. One measure program is the ultimate pass rate.
	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.		The program director should encourage a certifying examination offered by the app Specialties (ABMS) member board or Amo certifying board.
V.C.3.	[If certification in the specialty is not offered by the ABMS and/or the AOA, V.C.3.a)-V.C.3.f) will be omitted.]	[None]	[If certification in the specialty is not offer 5.6.f. will be omitted.]
V.C.3.a)	For specialties 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 specialty. (Outcome)	5.6.	Board Certification For specialties in which the ABMS membro offer(s) an annual written exam, in the pre aggregate pass rate of those taking the ex higher than the bottom fifth percentile of
V.C.3.b)	For specialties 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 specialty. (Outcome)	5.6.a.	For specialties in which the ABMS members offer(s) a biennial written exam, in the pre- aggregate pass rate of those taking the ex higher than the bottom fifth percentile of
V.C.3.c)	For specialties 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 specialty. (Outcome)	5.6.b.	For specialties in which the ABMS members offer(s) an annual oral exam, in the precess aggregate pass rate of those taking the example of the precess of the
V.C.3.d)	For specialties 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 specialty. (Outcome)	5.6.c.	For specialties in which the ABMS members offer(s) a biennial oral exam, in the precess pass rate of those taking the examination the bottom fifth percentile of programs in
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 specialty. (Outcome)	5.6.d.	For each of the exams referenced in 5.6.a the time period specified in the requireme rate will have met this requirement, no ma for pass rate in that specialty. <sup>(Outcome)</sup>
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cert of board-eligible residents that graduated

ing the action plan, must be distributed to ne members of the teaching faculty, and be

ly and submit it to the DIO. (Core)

ion is to educate physicians who seek and are of the effectiveness of the educational

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

fered by the ABMS and/or the AOA, 5.6 -

ber board and/or AOA certifying board preceding three years, the program's examination for the first time must be of programs in that specialty. (Outcome)

nber board and/or AOA certifying board preceding six years, the program's examination for the first time must be of programs in that specialty. <sup>(Outcome)</sup>

nber board and/or AOA certifying board ceding three years, the program's examination for the first time must be of programs in that specialty. <sup>(Outcome)</sup>

ber board and/or AOA certifying board ceding six years, the program's aggregate on for the first time must be higher than in that specialty. <sup>(Outcome)</sup>

a.-c., any program whose graduates over nent have achieved an 80 percent pass matter the percentile rank of the program

ertification status annually for the cohort ed seven years earlier. <sup>(Core)</sup>

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Requirement Number	Requirement Language	Requirement Number	Requirement
			Section 6: The Learning and Working Env
	The Learning and Working Environment		The Learning and Working Environment
	Residency education must occur in the context of a learning and working		Residency education must occur in the c
	environment that emphasizes the following principles:		environment that emphasizes the following
	<ul> <li>Excellence in the safety and quality of care rendered to patients by residents today</li> </ul>		• Excellence in the safety and quality of c today
	<ul> <li>Excellence in the safety and quality of care rendered to patients by today's residents in their future practice</li> </ul>		• Excellence in the safety and quality of caresidents in their future practice
	• Excellence in professionalism		• Excellence in professionalism
	<ul> <li>Appreciation for the privilege of caring for patients</li> </ul>		Appreciation for the privilege of caring f
	• Commitment to the well-being of the students, residents, faculty members, and		• Commitment to the well-being of the stu
VI.		Section 6	all members of the health care team
VI.A.		[None]	
VI.A.1.		[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
	A culture of safety requires continuous identification of vulnerabilities and a		Culture of Safety A culture of safety requires continuous in
	willingness to transparently deal with them. An effective organization has formal		willingness to transparently deal with the
	mechanisms to assess the knowledge, skills, and attitudes of its personnel	[None]	mechanisms to assess the knowledge, sk
VI.A.1.a).(1)		[None]	toward safety in order to identify areas fo
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, and fe patient safety systems and contribute to a
vi.A. i.a).(i).(a)		0.1.	patient salety systems and contribute to a
	Patient Safety Events		
	Penerting investigation and follow up of asfety events near misses and upacto		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		Reporting, investigation, and follow-up or conditions are pivotal mechanisms for im
	for the success of any patient safety program. Feedback and experiential		for the success of any patient safety prog
	learning are essential to developing true competence in the ability to identify		learning are essential to developing true
	causes and institute sustainable systems-based changes to ameliorate patient		causes and institute sustainable systems
VI.A.1.a).(2)		[None]	safety vulnerabilities.
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
			Residents, fellows, faculty members, and
	know their responsibilities in reporting patient safety events and unsafe		their responsibilities in reporting patient
VI.A.1.a).(2).(a).(i)	conditions at the clinical site, including how to report such events; and, (Core)	6.2.	the clinical site, including how to report s
			Residents, fellows, faculty members, and
	be provided with summary information of their institution's patient safety reports.		provided with summary information of the
VI.A.1.a).(2).(a).(ii)		6.2.a.	(Core)
	Residents must participate as team members in real and/or simulated		Residents must participate as team mem
	interprofessional clinical patient safety and quality improvement activities, such		interprofessional clinical patient safety an
	as root cause analyses or other activities that include analysis, as well as		as root cause analyses or other activities
VI.A.1.a).(2).(b)	formulation and implementation of actions. (Core)	6.3.	formulation and implementation of action

### nvironment

context of a learning and working ving principles:

care rendered to patients by residents

care rendered to patients by today's

# for patients

tudents, residents, faculty members, and

identification of vulnerabilities and a hem. An effective organization has formal skills, and attitudes of its personnel for improvement.

fellows must actively participate in o a culture of safety. (Core)

of safety events, near misses, and unsafe improving patient safety, and are essential ogram. Feedback and experiential e competence in the ability to identify ns-based changes to ameliorate patient

nd other clinical staff members must know it safety events and unsafe conditions at t such events. (Core)

nd other clinical staff members must be their institution's patient safety reports.

mbers in real and/or simulated and quality improvement activities, such es that include analysis, as well as ons. (Core)

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VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritizing evaluating success of improvement effor
VI.A. 1.4).(0)	Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)		Residents and faculty members must rece benchmarks related to their patient popul
VI.A.1.a).(3).(a)	[The Review Committee may further specify]	6.4.	[The Review Committee may further spec
VI & 2	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is ultim- patient, every physician shares in the resp efforts in the provision of care. Effective p Sponsoring Institutions, define, widely co chain of responsibility and accountability patient care. Supervision in the setting of graduate me effective care to patients; ensures each re knowledge, and attitudes required to enter medicine; and establishes a foundation for
VI.A.2.	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 ultimp patient, every physician shares in the resp efforts in the provision of care. Effective p Sponsoring Institutions, define, widely co chain of responsibility and accountability patient care.
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident'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 me effective care to patients; ensures each re knowledge, and attitudes required to ente medicine; and establishes a foundation fo
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must info in that patient's care when providing direc available to residents, faculty members, o and patients. (Core)
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must info in that patient's care when providing direc available to residents, faculty members, o and patients. (Core)
	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident'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 a for all residents is based on each resident patient complexity and acuity. Supervision methods, as appropriate to the situation.
VI.A.2.a).(2)	[The Review Committee may specify which activities require different levels of supervision.]	6.6.	[The Review Committee may specify whic supervision.]

g activities for care improvement and orts.

eceive data on quality metrics and ulations. (Core)

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imately responsible for the care of the esponsibility and accountability for their e programs, in partnership with their communicate, and monitor a structured ity as it relates to the supervision of all

nedical education provides safe and resident's development of the skills, netr the unsupervised practice of for continued professional growth.

imately responsible for the care of the esponsibility and accountability for their e programs, in partnership with their communicate, and monitor a structured ity as it relates to the supervision of all

nedical education provides safe and resident's development of the skills, netr the unsupervised practice of for continued professional growth.

form each patient of their respective roles rect patient care. This information must be , other members of the health care team,

form each patient of their respective roles rect patient care. This information must be , other members of the health care team,

e appropriate level of supervision in place ent's level of training and ability, as well as ion may be exercised through a variety of n. (Core)

nich activities require different levels of

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
•	Levels of Supervision		
VI.A.2.b)	To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate resident supervis and responsibility, the program must use supervision.
			Direct Supervision The supervising physician is physically p portions of the patient interaction. [The Review Committee may further spec The supervising physician and/or patient resident and the supervising physician is
VI.A.2.b).(1)	Direct Supervision:	6.7.	care through appropriate telecommunicate [The RC may choose to eliminate this piece
<u> </u>			Direct Supervision The supervising physician is physically p portions of the patient interaction. [The Review Committee may further spec
VI.A.2.b).(1).(a)	the supervising physician is physically present with the resident during the key portions of the patient interaction; or, [The Review Committee may further specify]	6.7.	The supervising physician and/or patient resident and the supervising physician is care through appropriate telecommunicat [The RC may choose to eliminate this piece
VI.A.2.b).(1).(a).(i)	PGY-1 residents must initially be supervised directly, only as described in VI.A.2.b).(1).(a). (Core) [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly]	6.7.a.	PGY-1 residents must initially be supervis above definition. (Core) [The Review Committee may describe the residents progress to be supervised indir
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. [The RC may choose not to permit this requirement. The Review Committee may further specify]	6.7.	Direct Supervision The supervising physician is physically p portions of the patient interaction. [The Review Committee may further spec The supervising physician and/or patient resident and the supervising physician is care through appropriate telecommunicat [The RC may choose to eliminate this piec
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	[Nono]	Indirect Supervision The supervising physician is not providin supervision but is immediately available to available to provide appropriate direct su
VI.A.2.b).(2)	resident for guidance and is available to provide appropriate direct supervision.	[None]	available to provide appropriate direct su Oversight
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]	The supervising physician is available to procedures/encounters with feedback pro
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physical prequired. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority and independence, and a supervisory role in p must be assigned by the program directo

vision while providing for graded authority se the following classification of

present with the resident during the key

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nt is not physically present with the is concurrently monitoring the patient cation technology. iece of the definition]

present with the resident during the key

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nt is not physically present with the is concurrently monitoring the patient cation technology. iece of the definition]

vised directly, only as described in the

he conditions under which PGY-1 directly]

present with the resident during the key

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nt is not physically present with the is concurrently monitoring the patient cation technology. iece of the definition]

ling physical or concurrent visual or audio e to the resident for guidance and is supervision.

to provide review of provided after care is delivered. Il presence of a supervising physician is

nd responsibility, conditional n patient care delegated to each resident tor and faculty members. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Requirement Number	The program director must evaluate each resident's abilities based on specific	Requirement Number	The program director must evaluate each
VI.A.2.d).(1)	criteria, guided by the Milestones. (Core)	6.9.a.	criteria, guided by the Milestones. (Core)
	Faculty members functioning as supervising physicians must delegate portions		Faculty members functioning as supervis
	of care to residents based on the needs of the patient and the skills of each		of care to residents based on the needs o
VI.A.2.d).(2)	resident. (Core)	6.9.b.	resident. (Core)
	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of		Senior residents or fellows should serve i in recognition of their progress toward in
VI.A.2.d).(3)	each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	each patient and the skills of the individua
	Programs must set guidelines for circumstances and events in which residents		Programs must set guidelines for circums
VI.A.2.e)	must communicate with the supervising faculty member(s). (Core)	6.10.	must communicate with the supervising f
	Each resident must know the limits of their scope of authority, and the		Each resident must know the limits of the
	circumstances under which the resident is permitted to act with conditional		circumstances under which the resident i
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)
	Faculty supervision assignments must be of sufficient duration to assess the		Faculty supervision assignments must be
VI.A.2.f)	knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	knowledge and skills of each resident and appropriate level of patient care authority
VI.A.2.1)	appropriate level of patient care authority and responsibility. (Core)	0.11.	appropriate level of patient care authority
			Professionalism
			Programs, in partnership with their Spons
			residents and faculty members concernin
			responsibilities of physicians, including b
VI.B.	Professionalism	6.12.	appropriately rested and fit to provide the
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their Spons
	residents and faculty members concerning the professional and ethical		residents and faculty members concernin
VI.B.1.	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.	responsibilities of physicians, including b appropriately rested and fit to provide the
VI.B.2.	The learning objectives of the program must:	[None]	
	be accomplished without excessive reliance on residents to fulfill non-physician		The learning objectives of the program m
VI.B.2.a)	obligations; (Core)	6.12.a.	reliance on residents to fulfill non-physici
			The learning objectives of the program m
	ensure manageable patient care responsibilities; and, (Core)		responsibilities. (Core)
VI.B.2.b)	[The Review Committee may further specify]	6.12.b.	[The Review Committee may further speci
			The learning objectives of the program me
	include efforts to enhance the meaning that each resident finds in the experience		meaning that each resident finds in the ex
	of being a physician, including protecting time with patients, providing		protecting time with patients, providing a
VI.B.2.c)	administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	progressive independence and flexibility, relationships. (Core)
1.0.2.0	The program director, in partnership with the Sponsoring Institution, must	0.12.0.	The program director, in partnership with
	provide a culture of professionalism that supports patient safety and personal		provide a culture of professionalism that
VI.B.3.	responsibility. (Core)	6.12.d.	responsibility. (Core)
	Residents and faculty members must demonstrate an understanding of their		Residents and faculty members must den
	personal role in the safety and welfare of patients entrusted to their care,		personal role in the safety and welfare of
VI.B.4.	including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	including the ability to report unsafe cond
	Programs, in partnership with their Sponsoring Institutions, must provide a		Programs, in partnership with their Spons
	professional, equitable, respectful, and civil environment that is psychologically		professional, equitable, respectful, and ci
VI.B.5.	safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)	6 12 f	safe and that is free from discrimination, s mistreatment, abuse, or coercion of stude
¥1.D.J.	initiated and the state of the	0.12.1.	Instreatment, abuse, or coercion of stude

ch resident's abilities based on specific

ising physicians must delegate portions of the patient and the skills of each

e in a supervisory role to junior residents independence, based on the needs of lual resident or fellow. (Detail)

mstances and events in which residents g faculty member(s). (Core)

heir scope of authority, and the tis permitted to act with conditional

be of sufficient duration to assess the and to delegate to the resident the ity and responsibility. (Core)

nsoring Institutions, must educate ing the professional and ethical g but not limited to their obligation to be he care required by their patients. (Core)

nsoring Institutions, must educate ing the professional and ethical J but not limited to their obligation to be he care required by their patients. (Core)

must be accomplished without excessive ician obligations. (Core)

must ensure manageable patient care

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must include efforts to enhance the experience of being a physician, including administrative support, promoting sy, and enhancing professional

th the Sponsoring Institution, must at supports patient safety and personal

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

nsoring Institutions, must provide a civil environment that is psychologically n, sexual and other forms of harassment, dents, residents, faculty, and staff. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Baquiromon
Requirement Number	Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior	Requirement Number	Requiremen Programs, in partnership with their Spon process for education of residents and fa
VI.B.6.	and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	and a confidential process for reporting, 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		Well-Being Psychological, emotional, and physical w of the competent, caring, and resilient ph to life inside and outside of medicine. We the joy in medicine while managing their responsibility to support other members
	components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.		components of professionalism; they are learned, and nurtured in the context of ot
	Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and		Residents and faculty members are at ris Programs, in partnership with their Spon responsibility to address well-being as of Physicians and all members of the health well-being of each other. A positive cultu models constructive behaviors, and prep
VI.C.	attitudes needed to thrive throughout their careers.	[None]	attitudes needed to thrive throughout the
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in part must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)	6.13.a.	attention to scheduling, work intensity, a resident well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)	6.13.b.	evaluating workplace safety data and add faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal resident and faculty member well- being; and, (Core)	6.13.c.	policies and programs that encourage op being; and, (Core)
VI.C.1.c).(1)	Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Residents must be given the opportunity dental care appointments, including thos (Core)
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents 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 burnou disorders, suicidal ideation, or potential f those who experience these conditions;
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in themse and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-scree
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, affordal counseling, and treatment, including acc hours a day, seven days a week. (Core)
	There are circumstances in which residents 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	<u>10.10.5.</u>	There are circumstances in which resider including but not limited to fatigue, illnes parental, or caregiver leave. Each program
VI.C.2.	absence for residents unable to perform their patient care responsibilities. (Core)	6.14.	absence for residents unable to perform
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 proc patient care and ensure continuity of pati

onsoring Institutions, should have a faculty regarding unprofessional behavior g, investigating, and addressing such

I well-being are critical in the development physician and require proactive attention Well-being requires that physicians retain eir own real-life stresses. Self-care and rs of the health care team are important are also skills that must be modeled, other aspects of residency training.

risk for burnout and depression. onsoring Institutions, have the same other aspects of resident competence. Ith care team share responsibility for the Iture in a clinical learning environment epares residents with the skills and heir careers.

artnership with the Sponsoring Institution,

and work compression that impacts

ddressing the safety of residents and

optimal resident and faculty member well-

ity to attend medical, mental health, and ose scheduled during their working hours.

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out, depression, and substance use I for violence, including means to assist ;; (Core)

selves and how to seek appropriate care;

eening. (Core)

lable mental health assessment, ccess to urgent and emergent care 24

dents may be unable to attend work, ess, family emergencies, and medical, ram must allow an appropriate length of m their patient care responsibilities. (Core) rocedures in place to ensure coverage of atient care. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	These policies must be implemented without fear of negative consequences for	Requirement itumber	These policies must be implemented with
VI.C.2.b)	the resident who is or was unable to provide the clinical work. (Core)	6.14.b.	the resident who is or was unable to prov
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all residents and signs of fatigue and sleep deprivation, ale mitigation processes. (Detail)
VI.D.1.	Programs must educate all residents 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 residents and signs of fatigue and sleep deprivation, ale mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Spon adequate sleep facilities and safe transpo be too fatigued to safely return home. (Co
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services. (Core)		Clinical Responsibilities The clinical responsibilities for each resid safety, resident ability, severity and comp available support services. (Core) [Optimal clinical workload may be further
	Teamwork		
	Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. (Core)		Teamwork Residents must care for patients in an en- communication and promotes safe, interp specialty and larger health system. (Core)
VI.E.2.	[The Review Committee may further specify]	6.18.	[The Review Committee may further spec
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignmer care, including their safety, frequency, an
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 assignmer care, including their safety, frequency, an
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Spons monitor effective, structured hand-off pro care and patient safety. (Core)
VI.E.3.c)	Programs must ensure that residents are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that residents are members in the hand-off process. (Outcome
	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents 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 Spons effective program structure that is configu educational and clinical experience opport opportunities for rest and personal activit
VI.F.	[The Review Committee may further specify under any requirement in VI.F.]	[None]	[The Review Committee may further spec 6.28.]

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ecify under any requirement in 6.20. –

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Requirement Number	Requirement Language	Requirement Number	Requirement
	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		Maximum Hours of Clinical and Education Clinical and educational work hours must week, averaged over a four-week period,
VI.F.1.	educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	educational activities, clinical work done
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work and Residents should have eight hours off be education periods. (Detail)
VI.F.2.a)	Residents should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work and Residents should have eight hours off be education periods. (Detail)
·	Residents must have at least 14 hours free of clinical work and education after 24		Residents must have at least 14 hours fre
VI.F.2.b)	hours of in-house call. (Core)	6.21.a.	hours of in-house call. (Core)
	Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call		Residents must be scheduled for a minim work and required education (when avera
VI.F.2.c)	cannot be assigned on these free days. (Core)	6.21.b.	cannot be assigned on these free days. (0
			Maximum Clinical Work and Education Pe
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Clinical and educational work periods for continuous scheduled clinical assignment
VI.F.3.a)	Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Pe Clinical and educational work periods for continuous scheduled clinical assignmen
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 resident education. Additional patient care responsibilities must not be assigned to a resident during this time. (Core)	6.22.a.	Up to four hours of additional time may be safety, such as providing effective transit Additional patient care responsibilities me this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour Exce In rare circumstances, after handing off a their own initiative, may elect to remain or following circumstances: to continue to p unstable patient; to give humanistic atten patient's family; or to attend unique educa
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a resident, 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 Exce In rare circumstances, after handing off a their own initiative, may elect to remain of following circumstances: to continue to p unstable patient; to give humanistic atten patient's family; or to attend unique educa
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or education 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-s or a maximum of 88 clinical and education based on a sound educational rationale.
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	6.24.a.	In preparing a request for an exception, the clinical and educational work hour exception Policies and Procedures. (Detail)
		5.2T.U.	Moonlighting Moonlighting must not interfere with the a goals and objectives of the educational p
VI.F.5.	Moonlighting	6.25.	resident's fitness for work nor compromis

ional Work per Week

Ist be limited to no more than 80 hours per I, inclusive of all in-house clinical and Ie from home, and all moonlighting. (Core)

nd Education

between scheduled clinical work and

nd Education

between scheduled clinical work and

ree of clinical work and education after 24

mum of one day in seven free of clinical raged over four weeks). At-home call (Core)

Period Length

or residents must not exceed 24 hours of ents. (Core)

Period Length

or residents must not exceed 24 hours of ents. (Core)

be used for activities related to patient sitions of care, and/or resident education. must not be assigned to a resident during

#### ceptions

all other responsibilities, a resident, on or return to the clinical site in the provide care to a single severely ill or ention to the needs of a patient or ucational events. (Detail)

ceptions

all other responsibilities, a resident, on or return to the clinical site in the provide care to a single severely ill or ention to the needs of a patient or ucational events. (Detail)

ation must be counted toward the 80-hour

n-specific exceptions for up to 10 percent ional work hours to individual programs

the program director must follow the eption policy from the ACGME Manual of

e ability of the resident to achieve the program, and must not interfere with the nise patient safety. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement
VI.F.5.a)	Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the a goals and objectives of the educational p resident's fitness for work nor compromis
VI.F.5.b)	Time spent by residents 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 residents in internal and ex ACGME Glossary of Terms) must be coun weekly limit. (Core)
VI.F.5.c)	PGY-1 residents are not permitted to moonlight. (Core)	6.25.b.	PGY-1 residents are not permitted to moo
	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (Core)		In-House Night Float Night float must occur within the context requirements. (Core)
VI.F.6.	[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 Review Committee.]	6.26.	[The maximum number of consecutive we number of months of night float per year i Committee.]
VI.F.7.	Maximum In-House On-Call Frequency Residents 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 Residents must be scheduled for in-house third night (when averaged over a four-we
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities by re toward the 80-hour maximum weekly limit subject to the every-third-night limitation, one day in seven free of clinical work and weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities by re toward the 80-hour maximum weekly limit subject to the every-third-night limitation, one day in seven free of clinical work and weeks. (Core)
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)	6.28.a.	At-home call must not be so frequent or ta personal time for each resident. (Core)

e ability of the resident to achieve the program, and must not interfere with the nise patient safety. (Core)

external moonlighting (as defined in the unted toward the 80-hour maximum

oonlight. (Core)

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

weeks of night float, and maximum Ir may be further specified by the Review

use call no more frequently than every week period). (Core)

residents on at-home call must count nit. The frequency of at-home call is not on, but must satisfy the requirement for nd education, when averaged over four

residents on at-home call must count nit. The frequency of at-home call is not on, but must satisfy the requirement for nd education, when averaged over four

r taxing as to preclude rest or reasonable