Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		Definition of Graduate Medical Educa Fellowship is advanced graduate med residency program for physicians wh practice. Fellowship-trained physicial subspecialty care, which may also in community resource for expertise in new knowledge into practice, and edu physicians. Graduate medical educat group of physicians brings to medical inclusive and psychologically safe le
Int.A.	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Fellows who have completed residen in their core specialty. The prior medi fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional in serve as role models of excellence, c professionalism, and scholarship. Th knowledge, patient care skills, and ex area of practice. Fellowship is an inte- clinical and didactic education that for of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, in members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient car expertise achieved, fellows develop r infrastructure that promotes collabor
Int.B.	Definition of Subspecialty Endocrinology, diabetes, and metabolism is the subspecialty of internal medicine that focuses on the diagnosis and care of disorders of the endocrine (glandular) system and associated metabolic dysfunction.	[None]	Definition of Subspecialty Endocrinology, diabetes, and metabolist medicine that focuses on the diagnosis (glandular) system and associated meta
Int.C.	Length of Educational Program The educational program in endocrinology, diabetes, and metabolism must be 24 months in length. (Core)	4.1.	Length of Program The educational program in endocrinolog 24 months in length. (Core)

cation

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

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

ny fellowship programs advance ts. While the ability to create new ecclusive to fellowship-educated ce expands a physician's abilities to inquiry that results in contributions to pre. Beyond the clinical subspecialty mentored relationships built on an prative research.

ism is the subspecialty of internal s and care of disorders of the endocrine tabolic dysfunction.

logy, diabetes, and metabolism must be

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		Sponsoring Institution
	The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		The Sponsoring Institution is the orga ultimate financial and academic response medical education consistent with the
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
1.7.	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by c
I.A.1.	Institution. (Core)	1.1.	Institution. (Core)
	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
	The program, with approval of its Sponsoring Institution, must designate a		The program, with approval of its Spo
I.B.1.	primary clinical site. (Core)	1.2.	primary clinical site. (Core)
I.B.1.a)	An endocrinology, diabetes, and metabolism fellowship must function as an integral part of an ACGME-accredited program in internal medicine. (Core)	1.2.a.	An endocrinology, diabetes, and metabo integral part of an ACGME-accredited pr
I.B.1.b)	There must be a collaborative relationship with the program director of the internal medicine residency program to ensure compliance with the ACGME accreditation requirements. (Core)	1.2.b.	There must be a collaborative relationsh internal medicine residency program to e accreditation requirements. (Core)
	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the dea (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that		At each participating site there must by the program director, who is accou
	site, in collaboration with the program director. (Core) The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the		site, in collaboration with the program The program director must submit an participating sites routinely providing for all fellows, of one month full time
	ACGME's Accreditation Data System (ADS). (Core) The program should ensure that fellows are not unduly burdened by required	1.6.	ACGME's Accreditation Data System The program should ensure that fellows
I.B.5.	rotations at geographically distant sites. (Core)	1.6.a.	rotations at geographically distant sites.

rganization or entity that assumes the sponsibility for a program of graduate the ACGME Institutional Requirements.

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

bolism fellowship must function as an program in internal medicine. (Core)

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

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

every 10 years. (Core) lesignated institutional official (DIO).

ical learning and working environment

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

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

vs are not unduly burdened by required es. (Core)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	Workforce Recruitment and Retention		Workforce Recruitment and Retention
	The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment		The program, in partnership with its S in practices that focus on mission-driv
	and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and		and retention of a diverse and inclusivity fellows, faculty members, senior admit
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	The program, in partnership with its Sponsoring Institution, must:	[None]	
I.D.1.a).(1)	ensure the program has adequate space available, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space; (Core)	1.8.a.	The program, in partnership with its Spor program has adequate space available, i examination rooms, computers, visual ar space. (Core)
I.D.1.a).(2)	ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work; (Core)	1.8.b.	The program, in partnership with its Spon appropriate in-person or remote/virtual c using telecommunication technology, are work. (Core)
I.D.1.a).(3)	provide access to an electronic health record (EHR); and, (Core)	1.8.c.	The program, in partnership with its Spo to an electronic health record (EHR). (Co
I.D.1.a).(4)	provide fellows with access to training using simulation to support fellow education and patient safety. (Core)	1.8.d.	The program, in partnership with its Spo with access to training using simulation t safety. (Core)
I.D.1.b)	There must be a complete biochemistry laboratory and facilities for hormone immunoassays. (Core)	1.8.e.	There must be a complete biochemistry i immunoassays. (Core)
I.D.1.c)	There must be access to karyotyping and immunohistologic studies. (Core)	1.8.f.	There must be access to karyotyping and
I.D.1.d)	Imaging services must include nuclear, radiologic, and ultrasound facilities, including bone density. (Core)	1.8.g.	Imaging services must include nuclear, r including bone density. (Core)
I.D.1.e)	The program must provide fellows with a patient population representative of both the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. (Core)	1.8.h.	The program must provide fellows with a both the broad spectrum of clinical disord by subspecialists in this area, and of the program. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate

on

Sponsoring Institution, must engage Iriven, ongoing, systematic recruitment sive workforce of residents (if present), ministrative GME staff members, and emic community. (Core)

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

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

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

consoring Institution, must ensure that consultations, including those done are available in settings in which fellows

oonsoring Institution, must provide access Core)

onsoring Institution, must provide fellows n to support fellow education and patient

y laboratory and facilities for hormone

nd immunohistologic studies. (Core) , radiologic, and ultrasound facilities,

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

Sponsoring Institution, must ensure ng environments that promote fellow

)

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

Roman Numeral	Pequirement Lenguege	Reformatted	Demuinement
Requirement Number		Requirement Number	Requirement clean and private facilities for lactatio
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	with proximity appropriate for safe pa
	security and safety measures appropriate to the participating site; and,	1.0.0.	security and safety measures appropri
I.D.2.d)	(Core)	1.9.d.	(Core)
,	accommodations for fellows with disabilities consistent with the		accommodations for fellows with disa
I.D.2.e)	Sponsoring Institution's policy. (Core)	1.9.e.	Sponsoring Institution's policy. (Core
	Fellows must have ready access to subspecialty-specific and other		Fellows must have ready access to su
	appropriate reference material in print or electronic format. This must		appropriate reference material in print
	include access to electronic medical literature databases with full text		include access to electronic medical I
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
	The presence of other learners and other health care personnel, including		The presence of other learners and ot
	but not limited to residents from other programs, subspecialty fellows,		but not limited to residents from other
	and advanced practice providers, must not negatively impact the		and advanced practice providers, mus
I.E.	appointed fellows' education. (Core)	1.11.	appointed fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
			Program Director
			There must be one faculty member ap
			authority and accountability for the ov
II.A.	Program Director	2.1.	with all applicable program requireme
			Program Director
	There must be one faculty member appointed as program director with		There must be one faculty member ap
II.A.1.	authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	authority and accountability for the ov with all applicable program requireme
II.A. I.	The Sponsoring Institution's Graduate Medical Education Committee	2.1.	
	(GMEC) must approve a change in program director and must verify the		The Sponsoring Institution's Graduate (GMEC) must approve a change in pro
II.A.1.a)	program director's licensure and clinical appointment. (Core)	2.2.	program director's licensure and clini
	Final approval of the program director resides with the Review Committee.		Final approval of the program director
II.A.1.a).(1)	(Core)	2.2.a.	(Core)
	The program director and, as applicable, the program's leadership team,		The program director and, as applicat
	must be provided with support adequate for administration of the program		must be provided with support adequ
II.A.2.	based upon its size and configuration. (Core)	2.3.	based upon its size and configuration
	At a minimum, the program director must be provided with the dedicated time		At a minimum, the program director mus
	and support specified below for administration of the program: (Core)		and support specified below for administ
	Number of Approved Fellow Positions: <7 Minimum Support Required (FTE):		Number of Approved Fellow Positions: <
	0.20		0.20
	Number of Approved Fellow Positions: 7-9 Minimum Support Required (FTE): 0.25		Number of Approved Fellow Positions: 7 0.25
	Number of Approved Fellow Positions: 10-12 Minimum Support Required (FTE): 0.30		Number of Approved Fellow Positions: 1 (FTE): 0.30
	Number of Approved Fellow Positions: 13-15 Minimum Support Required (FTE): 0.35		Number of Approved Fellow Positions: 1 (FTE): 0.35
	Number of Approved Fellow Positions: 16-18 Minimum Support Required		Number of Approved Fellow Positions: 1
II.A.2.a)	(FTE): 0.40	2.3.a.	(FTE): 0.40

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

priate to the participating site; and,

sabilities consistent with the re)

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

sonnel

other health care personnel, including ner programs, subspecialty fellows, nust not negatively impact the)

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

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

ate Medical Education Committee program director and must verify the nical appointment. (Core)

tor resides with the Review Committee.

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

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

- <7 | Minimum Support Required (FTE):
- 7-9 | Minimum Support Required (FTE):
- 10-12 | Minimum Support Required
- 13-15 | Minimum Support Required
- 16-18 | Minimum Support Required

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Programs must appoint at least one of the subspecialty-certified core faculty		Programs must appoint at least one of th
II.A.2.b)	members to be associate program director(s). (Core)	2.3.b.	members to be associate program direct
	The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core)		The associate program director(s) must l dedicated minimum time for administration
	Number of Approved Fellow Positions: <7 Minimum Support Required (FTE): Refer to PR II.B.4.c)		Number of Approved Fellow Positions: < Refer to PR 2.10.c.
	Number of Approved Fellow Positions: 7-9 Minimum Support Required (FTE): 0.13		Number of Approved Fellow Positions: 7 0.13
	Number of Approved Fellow Positions: 10-12 Minimum Support Required (FTE): 0.14		Number of Approved Fellow Positions: 1 (FTE): 0.14
	Number of Approved Fellow Positions: 13-15 Minimum Support Required (FTE): 0.15		Number of Approved Fellow Positions: 1 (FTE): 0.15
	Number of Approved Fellow Positions: 16-18 Minimum Support Required (FTE): 0.16		Number of Approved Fellow Positions: 1 (FTE): 0.16
	Number of Approved Fellow Positions: 19-21 Minimum Support Required (FTE): 0.17		Number of Approved Fellow Positions: 1 (FTE): 0.17
	Number of Approved Fellow Positions: 22-24 Minimum Support Required (FTE): 0.18		Number of Approved Fellow Positions: 2 (FTE): 0.18
II.A.2.c)	Number of Approved Fellow Positions: 25-27 Minimum Support Required (FTE): 0.24	2.3.c.	Number of Approved Fellow Positions: 2 (FTE): 0.24
II.A.3.	Qualifications of the program directory	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
П.А.Э.	Qualifications of the program director:	2.4.	Qualifications of the Program Director
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	The program director must possess s qualifications acceptable to the Revie
			<u> </u>
II.A.3.a).(1)	The program director must have at least three years of documented educational and/or administrative experience in an ACGME-accredited internal medicine residency or endocrinology, diabetes, and metabolism fellowship. (Core)	2.4.b.	The program director must have at least and/or administrative experience in an A residency or endocrinology, diabetes, an
	must include current certification in the subspecialty for which they are the program director by the American Board of Internal Medicine (ABIM) or by the American Osteopathic Board of Internal Medicine (AOBIM), or subspecialty gualifications that are acceptable to the Review Committee.		The program director must possess c subspecialty for which they are the pr Board of Internal Medicine (ABIM) or by Internal Medicine (AOBIM), or subspeci
II.A.3.b)	(Core)	2.4.a.	acceptable to the Review Committee.
II.A.3.b).(1)	The Review Committee only accepts current ABIM or AOBIM certification in endocrinology, diabetes and metabolism. (Core)	2.4.a.1.	The Review Committee only accepts cur endocrinology, diabetes and metabolism
	Program Director Responsibilities		
	The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow		Program Director Responsibilities The program director must have responsibility for: administration and activity; fellow recruitment and select fellows, and disciplinary action; super
II.A.4.	education in the context of patient care. (Core)	2.5.	education in the context of patient car
II.A.4.a)	The program director must:	[None]	

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

st be provided with support equal to a ation of the program as follows: (Core)

<7 | Minimum Support Required (FTE):

7-9 | Minimum Support Required (FTE):

10-12 | Minimum Support Required

13-15 | Minimum Support Required

16-18 | Minimum Support Required

19-21 | Minimum Support Required

22-24 | Minimum Support Required

25-27 | Minimum Support Required

tor:

subspecialty expertise and iew Committee. (Core)

or

subspecialty expertise and iew Committee. (Core)

st three years of documented educational ACGME-accredited internal medicine and metabolism fellowship. (Core)

current certification in the program director by the American by the American Osteopathic Board of ecialty qualifications that are e. (Core)

current ABIM or AOBIM certification in sm. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role n
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and consistent with the needs of the comr Sponsoring Institution, and the missic
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer environment conducive to educating t Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of cor develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit acc required and requested by the DIO, GI
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a l which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when action not to promote, or renew the appointment
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion o (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request, w

e model of professionalism. (Core) and conduct the program in a fashion munity, the mission(s) of the sion(s) of the program. (Core) ter and maintain a learning g the fellows in each of the ACGME

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

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

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

a learning and working environment in to raise concerns, report mistreatment, tial manner as appropriate, without fear

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

he program's compliance with the disconting the dis

n a non-competition guarantee or

nt verification of education for all not or departure from the program.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a c Faculty members experience the prid development of future colleagues. The the opportunity to teach and model e scholarly approach to patient care, fa graduate medical education system, for and the population. Faculty members ensure that patients from a specialist in the field. They rec
II.B.	the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	the patients, fellows, community, and provide appropriate levels of supervis Faculty members create an effective l professional manner and attending to themselves.
п.в.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	[None] 2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
1.0.2.0	regularly participate in organized clinical discussions, rounds, journal	2.1.0.	Faculty members must regularly parti
II.B.2.e)	clubs, and conferences; and, (Core)	2.7.d.	discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint

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

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

of faculty members with competence to Core)

lels of professionalism. (Core) e commitment to the delivery of safe, ve, patient-centered care. (Core) e a strong interest in the education of nt time to the educational program to g responsibilities. (Core) and maintain an educational

g fellows. (Core) rticipate in organized clinical

and conferences. (Core)

Ity development designed to enhance

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

Roman Numeral Requirement Number II.B.3.b)	Requirement Language Subspecialty physician faculty members must:	Reformatted Requirement Number [None]	Requiremen
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa American Osteopathic Board of Intern judged acceptable to the Review Com
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member I Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sign supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)
	In addition to the program director, programs must have the minimum number of core faculty members who are certified in endocrinology, diabetes and metabolism by the ABIM or the AOBIM based on the number of approved fellow positions, as follows. (Core) Number of Approved Positions: 1-3 Minimum Number of ABIM or AOBIM Certified Core Faculty: 1 Number of Approved Positions: 4-6 Minimum Number of ABIM or AOBIM Certified Core Faculty: 3 Number of Approved Positions: 7-9 Minimum Number of ABIM or AOBIM Certified Core Faculty: 4 Number of Approved Positions: 10-12 Minimum Number of ABIM or AOBIM Certified Core Faculty: 6 Number of Approved Positions: 13-15 Minimum Number of ABIM or AOBIM Certified Core Faculty: 8 Number of Approved Positions: 13-15 Minimum Number of ABIM or AOBIM Certified Core Faculty: 8 Number of Approved Positions: 16-18 Minimum Number of ABIM or AOBIM Certified Core Faculty: 10 Number of Approved Positions: 19-21 Minimum Number of ABIM or AOBIM Certified Core Faculty: 12 Number of Approved Positions: 22-24 Minimum Number of ABIM or AOBIM Certified Core Faculty: 14 Number of Approved Positions: 25-27 Minimum Number of ABIM or AOBIM Certified Core Faculty: 14		In addition to the program director, progr core faculty members who are certified i metabolism by the ABIM or the AOBIM to positions, as follows. (Core) Number of Approved Positions: 1-3 Mir Certified Core Faculty: 1 Number of Approved Positions: 4-6 Mir Certified Core Faculty: 3 Number of Approved Positions: 7-9 Mir Certified Core Faculty: 4 Number of Approved Positions: 10-12 N Certified Core Faculty: 6 Number of Approved Positions: 13-15 N Certified Core Faculty: 8 Number of Approved Positions: 16-18 N Certified Core Faculty: 10 Number of Approved Positions: 19-21 N Certified Core Faculty: 12 Number of Approved Positions: 22-24 N Certified Core Faculty: 14 Number of Approved Positions: 25-27 N
II.B.4.b)	Certified Core Faculty: 16	2.10.b.	Certified Core Faculty: 16

nbers

nbers must have current certification in oard of Internal Medicine or the ernal Medicine, or possess qualifications ommittee. (Core)

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

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

e annual ACGME Faculty Survey.

grams must have the minimum number of I in endocrinology, diabetes and I based on the number of approved fellow

inimum Number of ABIM or AOBIM

linimum Number of ABIM or AOBIM

inimum Number of ABIM or AOBIM

| Minimum Number of ABIM or AOBIM

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
		-	
	The required core faculty members must be provided with support equal to an aggregate minimum of 10 percent/FTE for educational and administrative responsibilities that do not involve direct patient care. Support must be provided based on the program size as follows: (Core)		The required core faculty members must aggregate minimum of 10 percent/FTE for responsibilities that do not involve direct based on the program size as follows: (C
	Number of Approved Fellow Positions: 1-3 Minimum Aggregate Support Required (FTE): 0.10 Number of Approved Fellow Positions: 4-6 Minimum Aggregate Support		Number of Approved Fellow Positions: 1- Required (FTE): 0.10 Number of Approved Fellow Positions: 4-
	Required (FTE): 0.20 Number of Approved Fellow Positions: 7-9 Minimum Aggregate Support Required (FTE): 0.20		Required (FTE): 0.20 Number of Approved Fellow Positions: 7- Required (FTE): 0.20
	Number of Approved Fellow Positions: 10-12 Minimum Aggregate Support Required (FTE): 0.20 Number of Approved Fellow Positions: 13-15 Minimum Aggregate Support		Number of Approved Fellow Positions: 10 Required (FTE): 0.20 Number of Approved Fellow Positions: 13
	Required (FTE): 0.20 Number of Approved Fellow Positions: 16-18 Minimum Aggregate Support Required (FTE): 0.20		Required (FTE): 0.20 Number of Approved Fellow Positions: 1 Required (FTE): 0.20
	Number of Approved Fellow Positions: 19-21 Minimum Aggregate Support Required (FTE): 0.25 Number of Approved Fellow Positions: 22-24 Minimum Aggregate Support		Number of Approved Fellow Positions: 19 Required (FTE): 0.25 Number of Approved Fellow Positions: 22
II.B.4.c)	Required (FTE): 0.25 Number of Approved Fellow Positions: 25-27 Minimum Aggregate Support Required (FTE): 0.25	2.10.c.	Required (FTE): 0.25 Number of Approved Fellow Positions: 25 Required (FTE): 0.25
		2.10.0.	Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinator.
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator.
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration o and configuration. (Core)

ust be provided with support equal to an For educational and administrative ct patient care. Support must be provided (Core)

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

or. (Core)

or. (Core)

rovided with dedicated time and of the program based upon its size

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)		At a minimum, the program coordinator r time and support specified below for adm administrative support must be provided (Core)
	Number of Approved Fellow Positions: 1-3 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0		Number of Approved Fellow Positions: 1- Coordinator Support: 0.30 Additional A Administration of the Program: 0
	Number of Approved Fellow Positions: 4-6 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.20		Number of Approved Fellow Positions: 4- Coordinator Support: 0.30 Additional A Administration of the Program: 0.20
	Number of Approved Fellow Positions: 7-9 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.38		Number of Approved Fellow Positions: 7- Coordinator Support: 0.30 Additional A Administration of the Program: 0.38
	Number of Approved Fellow Positions: 10-12 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.44		Number of Approved Fellow Positions: 10 Coordinator Support: 0.30 Additional A Administration of the Program: 0.44
	Number of Approved Fellow Positions: 13-15 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.50		Number of Approved Fellow Positions: 13 Coordinator Support: 0.30 Additional A Administration of the Program: 0.50
II.C.2.a)	Number of Approved Fellow Positions: 16-18 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.56	2.11.b.	Number of Approved Fellow Positions: 10 Coordinator Support: 0.30 Additional A Administration of the Program: 0.56
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary pe administration of the program. (Core)
II.D.1.	There must be a close working relationship with dietary and/or nutrition services, as well as with specialists in general surgery, nephrology, neurological surgery, neurology, obstetrics and gynecology, ophthalmology, pediatrics, podiatry, and urology. (Detail)	2.12.a.	There must be a close working relationsh services, as well as with specialists in ge surgery, neurology, obstetrics and gynec podiatry, and urology. (Detail)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	

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

- : 1-3 | Minimum FTE Required for Aggregate FTE Required for
- : 4-6 | Minimum FTE Required for Aggregate FTE Required for
- 7-9 | Minimum FTE Required for Aggregate FTE Required for
- : 10-12 | Minimum FTE Required for Aggregate FTE Required for
- : 13-15 | Minimum FTE Required for I Aggregate FTE Required for
- 16-18 | Minimum FTE Required for Aggregate FTE Required for

Sponsoring Institution, must jointly personnel for the effective

nship with dietary and/or nutrition general surgery, nephrology, neurological ecology, ophthalmology, pediatrics,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
III.A.1.	All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	All required clinical education for ent programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations fro
III.A.1.b)	Prior to appointment in the fellowship, fellows should have completed an internal medicine program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the fellowship, fe internal medicine program that satisfies
III.A.1.b).(1)	Fellows who did not complete an internal medicine program that satisfies the requirements in III.A.1. must have at least three years of internal medicine education prior to starting the fellowship as well as met all of the criteria in the "Fellow Eligibility Exception" section below. (Core)	3.2.a.1.a.	Fellows who did not complete an interna requirements in 3.2. must have at least t education prior to starting the fellowship "Fellow Eligibility Exception" section belo
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Internal Medicine will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Internal Me exception to the fellowship eligibility
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and conditio
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director ar the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Con of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)

ip Programs

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

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

fellows should have completed an s the requirements in 3.2. (Core)

nal medicine program that satisfies the t three years of internal medicine ip as well as met all of the criteria in the elow. (Core)

ledicine will allow the following y requirements:

rogram may accept an exceptionally licant who does not satisfy the but who does meet all of the following ions: (Core)

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

pint more fellows than approved by the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, an matriculation. (Core)
	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 o and innovation in graduate medical ec organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pla leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which me applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tra their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient management subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
			Didactic and Clinical Experiences
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pron tools, and techniques. (Core)

on of previous educational experiences d performance evaluation prior to and Milestones evaluations upon

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

port the development of who provide compassionate care.

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

lowing educational components:

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

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

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

yond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competenc Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the	[None]	The average must integrate all ACCN
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
	Fellows must demonstrate competence in the evaluation and management of hormonal problems, including diseases, infections, neoplasms, and other		Fellows must demonstrate competence i hormonal problems, including diseases,
IV.B.1.b).(1).(a)	causes of dysfunction, of the following endocrine organs: (Core)	4.4.a.	causes of dysfunction, of the following er
, (, (, (,	adrenal cortex and medulla; (Core)	4.4.a.1.	adrenal cortex and medulla; (Core)
IV.B.1.b).(1).(a).(ii)	hypothalamus and pituitary; (Core)	4.4.a.2.	hypothalamus and pituitary; (Core)
, , , , , , , ,	ovaries and testes; (Core)	4.4.a.3.	ovaries and testes; (Core)
IV.B.1.b).(1).(a).(iv)	pancreatic islets; (Core)	4.4.a.4.	pancreatic islets; (Core)
, , , , , , , ,	parathyroid; and, (Core)	4.4.a.5.	parathyroid; and, (Core)
IV.B.1.b).(1).(a).(vi)	thyroid. (Core)	4.4.a.6.	thyroid. (Core)
IIV D 1 b) (1) (b)	Fellows must demonstrate competence in the care of patients with type 1 and type 2 diabetes, as well as other types of diabetes, including: (Core)	4.4.b.	Fellows must demonstrate competence i type 2 diabetes, as well as other types of
IV.B.1.b).(1).(b) IV.B.1.b).(1).(b).(i)	atypical diabetes; (Core)	4.4.b.1.	atypical diabetes; (Core)
IV.B.1.b).(1).(b).(ii)	cystic fibrosis-related diabetes; (Core)	4.4.b.2.	cystic fibrosis-related diabetes; (Core)
	diabetes detection and management during pregnancy; (Core)	4.4.b.3.	diabetes detection and management dur
	evaluation and management of acute, life-threatening complications of hyper- and hypoglycemia; (Core)	4.4.b.4.	evaluation and management of acute, life and hypoglycemia; (Core)
IV.B.1.b).(1).(b).(v)	evaluation and management of intensive insulin therapy in critical care and surgical patients; (Core)	4.4.b.5.	evaluation and management of intensive surgical patients; (Core)
IV.B.1.b).(1).(b).(vi)	intensive management of glycemic control in the ambulatory setting; (Core)	4.4.b.6.	intensive management of glycemic contr
IV.B.1.b).(1).(b).(vii)	latent autoimmune diabetes in adults; (Core)	4.4.b.7.	latent autoimmune diabetes in adults; (C
	long-term goals, counseling, education, and monitoring; (Core)	4.4.b.8.	long-term goals, counseling, education, a
IV.B.1.b).(1).(b).(ix)	monogenic diabetes; (Core)	4.4.b.9.	monogenic diabetes; (Core)
IV.B.1.b).(1).(b).(x)	multidisciplinary diabetes education and treatment programs; (Core)	4.4.b.10.	multidisciplinary diabetes education and
IV.B.1.b).(1).(b).(xi)	prevention and surveillance of microvascular and macrovascular complications; and, (Core)	4.4.b.11.	prevention and surveillance of microvaso and, (Core)
IV.B.1.b).(1).(b).(xii)	transplant-related diabetes. (Core)	4.4.b.12.	transplant-related diabetes. (Core)

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

ME Competencies into the curriculum.

nalism itment to professionalism and an re)

re and Procedural Skills (Part A) ient care that is patient- and family-, appropriate, and effective for the ne promotion of health. (Core)

e in the evaluation and management of s, infections, neoplasms, and other endocrine organs: (Core)

e in the care of patients with type 1 and of diabetes, including: (Core)

uring pregnancy; (Core) life-threatening complications of hyper-

ve insulin therapy in critical care and

ntrol in the ambulatory setting; (Core) (Core)

, and monitoring; (Core)

d treatment programs; (Core)

scular and macrovascular complications;

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(c)	Fellows must demonstrate competence in the care of patients with:	[None]	
IV.B.1.b).(1).(c).(i)	calcium, phosphorus, and magnesium imbalances; (Core)	4.4.c.	Fellows must demonstrate competence phosphorus, and magnesium imbalance
IV.B.1.b).(1).(c).(ii)	disorders of bone and mineral metabolism, with particular emphasis on the diagnosis and management of osteoporosis; (Core)	4.4.d.	Fellows must demonstrate competence bone and mineral metabolism, with parti management of osteoporosis. (Core)
IV.B.1.b).(1).(c).(iii)	disorders of fluid, electrolyte, and acid-base metabolism; (Core)	4.4.e.	Fellows must demonstrate competence fluid, electrolyte, and acid-base metaboli Fellows must demonstrate competence
IV.B.1.b).(1).(c).(iv)	gonadal disorders; and, (Core)	4.4.f.	disorders. (Core)
IV.B.1.b).(1).(c).(v)	nutritional disorders of obesity, anorexia nervosa, and bulimia. (Core)	4.4.g.	Fellows must demonstrate competence disorders of obesity, anorexia nervosa, a
IV.B.1.b).(1).(d) IV.B.1.b).(1).(d).(i)	Fellows must demonstrate competence in the performance of the following: diagnosis and management of ectopic hormone production; (Core)	[None] 4.4.h.	Fellows must demonstrate competence management of ectopic hormone produc
IV.B.1.b).(1).(d).(ii)	diagnosis and management of lipid and lipoprotein disorders; (Core)	4.4.i.	Fellows must demonstrate competence management of lipid and lipoprotein disc
IV.B.1.b).(1).(d).(iii)	genetic screening and counseling for endocrine and metabolic disorders; (Core)	4.4.j.	Fellows must demonstrate competence and counseling for endocrine and metab
IV.B.1.b).(1).(d).(iv)	interpretation of hormone assays; (Core)	4.4.k.	Fellows must demonstrate competence hormone assays. (Core)
IV.B.1.b).(1).(d).(v)	interpretation of laboratory studies, including the effects of non-endocrine disorders on these studies; (Core)	4.4.1.	Fellows must demonstrate competence laboratory studies, including the effects studies. (Core)
IV.B.1.b).(1).(d).(vi)	interpretation of radiologic studies for diagnosis and treatment of endocrine and metabolic diseases, including: (Core)	4.4.m.	Fellows must demonstrate competence radiologic studies for diagnosis and trea diseases, including: (Core)
IV.B.1.b).(1).(d).(vi).(a)	computed tomography; (Core)	4.4.m.1.	computed tomography; (Core)
IV.B.1.b).(1).(d).(vi).(b)	magnetic resonance imaging; (Core)	4.4.m.2.	magnetic resonance imaging; (Core)
IV.B.1.b).(1).(d).(vi).(c)	quantification of bone density; (Core)	4.4.m.3.	quantification of bone density; (Core)
IV.B.1.b).(1).(d).(vi).(d)	radionuclide localization of endocrine tissue; and, (Core)	4.4.m.4.	radionuclide localization of endocrine tis
IV.B.1.b).(1).(d).(vi).(e)	ultrasonography of the soft tissues of the neck. (Core)	4.4.m.5.	ultrasonography of the soft tissues of the
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in the ability to:	[None]	
IV.B.1.b).(2).(a).(i)	perform diagnostic and therapeutic procedures relevant to their specific career paths; and, (Core)	4.5.a.	Fellows must demonstrate competence therapeutic procedures relevant to their
	treat their patients' conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective. (Core)	4.5.b.	Fellows must demonstrate competence conditions with practices that are patient effective, timely, and cost-effective. (Cor

e in the care of patients with calcium, ces. (Core)

e in the care of patients with disorders of rticular emphasis on the diagnosis and

e in the care of patients with disorders of olism. (Core)

ce in the care of patients with gonadal

e in the care of patients with nutritional , and bulimia. (Core)

e in the performance of diagnosis and luction. (Core)

ce in the performance of diagnosis and isorders. (Core)

e in the performance of genetic screening abolic disorders. (Core)

e in the performance of interpreting

ce in the performance of interpreting ts of non-endocrine disorders on these

e in the performance of interpreting eatment of endocrine and metabolic

issue; and, (Core)

he neck. (Core)

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

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

ce in the ability to treat their patients' ent-centered, safe, scientifically based, Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	- · · ·
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in the performance:	4.5.c.	Fellows must demonstrate competence glucose monitoring.
IV.B.1.b).(2).(b).(i)	of continuous glucose monitoring; (Core)	4.5.d.	Fellows must demonstrate competence glucose monitoring. (Core)
IV.B.1.b).(2).(b).(ii)	of gender dysphoria or hormonal treatments for transgender patients; (Core)	4.5.e.	Fellows must demonstrate competence or hormonal treatments for transgender
IV.B.1.b).(2).(b).(iii)	of management of insulin pumps; (Core)	4.5.f.	Fellows must demonstrate competence insulin pumps. (Core)
IV.B.1.b).(2).(b).(iv)	and interpretation of stimulation and suppression tests; (Core)	4.5.g.	Fellows must demonstrate competence stimulation and suppression tests. (Core
IV.B.1.b).(2).(b).(v)	of skeletal dual photon absorptiometry interpretation; (Core)	4.5.h.	Fellows must demonstrate competence photon absorptiometry interpretation. (C
IV.B.1.b).(2).(b).(vi)	of thyroid biopsy; and, (Core)	4.5.i.	Fellows must demonstrate competence (Core)
IV.B.1.b).(2).(b).(vii)	of thyroid ultrasound. (Core)	4.5.j.	Fellows must demonstrate competence ultrasound. (Core)
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate sufficient knowledge in the following areas:	[None]	
IV.B.1.c).(1).(a)	basic laboratory techniques, including quality control, quality assurance, and proficiency standards; (Core)	4.6.a.	Fellows must demonstrate sufficient kno including quality control, quality assuran
IV.B.1.c).(1).(b)	biochemistry and physiology, including cell and molecular biology, as they relate to endocrinology, diabetes, and metabolism; (Core)	4.6.b.	Fellows must demonstrate sufficient kno including cell and molecular biology, as and metabolism. (Core)
IV.B.1.c).(1).(c)	developmental endocrinology, including growth and development, sexual differentiation, and pubertal maturation; (Core)	4.6.c.	Fellows must demonstrate sufficient kno endocrinology, including growth and dev pubertal maturation. (Core)
IV.B.1.c).(1).(d)	endocrine adaptations and maladaptations to systemic diseases; (Core)	4.6.d.	Fellows must demonstrate sufficient kno maladaptations to systemic diseases. (C
IV.B.1.c).(1).(e)	endocrine aspects of psychiatric diseases; (Core)	4.6.e.	Fellows must demonstrate sufficient kno psychiatric diseases. (Core)
IV.B.1.c).(1).(f)	endocrine physiology and pathophysiology in systemic diseases and principles of hormone action; (Core)	4.6.f.	Fellows must demonstrate sufficient kno pathophysiology in systemic diseases ar
IV.B.1.c).(1).(g)	genetics as it relates to endocrine diseases; (Core)	4.6.g.	Fellows must demonstrate sufficient kno endocrine diseases. (Core)
IV.B.1.c).(1).(h)	pathogenesis and epidemiology of diabetes mellitus; (Core)	4.6.h.	Fellows must demonstrate sufficient kno epidemiology of diabetes mellitus. (Core
IV.B.1.c).(1).(i)	signal transduction pathways and biology of hormone receptors; and, (Core)	4.6.i.	Fellows must demonstrate sufficient kno and biology of hormone receptors. (Core
IV.B.1.c).(1).(j)	whole organ and islet cell pancreatic transplantation. (Core)	4.6.j.	Fellows must demonstrate sufficient kno pancreatic transplantation. (Core)

e in the performance of continuous

e in the performance of continuous

e in the performance of gender dysphoria er patients. (Core)

e in the performance of management of

e in the performance and interpretation of pre)

ce in the performance of skeletal dual (Core)

e in the performance of thyroid biopsy.

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

nowledge in basic laboratory techniques, ance, and proficiency standards. (Core)

nowledge in biochemistry and physiology, s they relate to endocrinology, diabetes,

nowledge in developmental evelopment, sexual differentiation, and

nowledge in endocrine adaptations and (Core)

nowledge in endocrine aspects of

nowledge in endocrine physiology and and principles of hormone action. (Core) nowledge in genetics as it relates to

nowledge in pathogenesis and re)

nowledge in signal transduction pathways pre)

nowledge in whole organ and islet cell

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IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of info patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he
			 4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibilitie educational events. (Core) 4.11. Didactic and Clinical Experience Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Pain Management The program must provide instruction management if applicable for the subs the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Structure The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibilitie educational events. (Core)
IV.C.1.a)	Rotations must be of sufficient length to provide longitudinal relationships with faculty members to allow for meaningful assessment and feedback. (Core)	4.10.a.	Rotations must be of sufficient length to faculty members to allow for meaningful
/ IV.C.1.b)	Rotations must be structured to allow fellows to function as part of an effective interprofessional team that works together towards the shared goals of patient safety and quality improvement. (Core)	4.10.b.	Rotations must be structured to allow fel interprofessional team that works togethe safety and quality improvement. (Core)
IV.C.1.c)	Schedules must be structured to minimize conflicting inpatient and outpatient responsibilities. (Core)	4.10.c.	Schedules must be structured to minimiz responsibilities. (Core)

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

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

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

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

ces ected time to participate in core

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

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

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

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

nize conflicting inpatient and outpatient

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IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instructior management if applicable for the subs the signs of substance use disorder.
IV.C.3.	A minimum of 12 months must be devoted to clinical experience. (Core)	4.11.a.	A minimum of 12 months must be devote
IV.C.4.	Experience with Continuity Ambulatory Patients	4.11.b.	Experience with Continuity Ambulatory F Fellows must have continuity ambulatory program that exposes them to the bread
IV.C.4.a)	Fellows must have continuity ambulatory clinic experience for the duration of the program that exposes them to the breadth and depth of the subspecialty. (Core)	4.11.b.	Experience with Continuity Ambulatory F Fellows must have continuity ambulatory program that exposes them to the bread
IV.C.4.a).(1)	This experience should average one half-day each week. (Detail) Each fellow should, on average, be responsible for four to eight patients during	4.11.b.1.	This experience should average one half Each fellow should, on average, be resp
IV.C.4.b)	each half-day session. (Detail)	4.11.b.2.	each half-day session. (Detail)
IV.C.4.c)	The continuity patient care experience should not be interrupted by more than one month, excluding a fellow's vacation. (Detail)	4.11.b.3.	The continuity patient care experience sl one month, excluding a fellow's vacation
IV.C.4.d)	The program must include a minimum of two half days of ambulatory care per week, averaged over the two years of education, which includes the continuity ambulatory experience. (Detail)	4.11.b.4.	The program must include a minimum of week, averaged over the two years of ed ambulatory experience. (Detail)
IV.C.5.	The educational program must provide fellows with individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competence development in the foundational educational experiences of the subspecialty. (Core)	4.11.c.	The educational program must provide for experiences to allow them to participate practice or to further skill/competence de educational experiences of the subspeci
IV.C.5.a)	Direct supervision of procedures performed by each fellow must occur until proficiency has been acquired and documented by the program director. (Core)	4.11.d.	Direct supervision of procedures perform proficiency has been acquired and docu
IV.C.5.b)	Faculty members must teach and supervise the fellows in the performance and interpretation of procedures, which must be documented in each fellow's record, including indications, outcomes, diagnoses, and supervisor(s). (Core)	4.11.e.	Faculty members must teach and supervinterpretation of procedures, which must including indications, outcomes, diagnos
IV.C.6.	Fellows must have experience in the role of an endocrinology consultant in both the inpatient and outpatient settings. (Core)	4.11.f.	Fellows must have experience in the role the inpatient and outpatient settings. (Co
IV.C.7.	Required Didactic Experience	4.11.g.	Required Didactic Experience The educational program must include d knowledge content in the subspecialty ar
IV.C.7.a)	The educational program must include didactic instruction based upon the core knowledge content in the subspecialty area. (Core)	4.11.g.	Required Didactic Experience The educational program must include d knowledge content in the subspecialty ar
IV.C.7.a).(1)	The program must ensure that fellows have an opportunity to review all knowledge content from conferences that they could not attend. (Core)	4.11.g.1.	The program must ensure that fellows hat knowledge content from conferences that the second sec
IV.C.7.a).(2)	Fellows must have a sufficient number of didactic sessions to ensure fellow-fellow and fellow-faculty interaction. (Core)	4.11.g.2.	Fellows must have a sufficient number o fellow and fellow-faculty interaction. (Cor

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

oted to clinical experience. (Core)

Patients

bry clinic experience for the duration of the adth and depth of the subspecialty. (Core)

Patients

ory clinic experience for the duration of the adth and depth of the subspecialty. (Core) alf-day each week. (Detail)

sponsible for four to eight patients during

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

of two half days of ambulatory care per education, which includes the continuity

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

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

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

ole of an endocrinology consultant in both Core)

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

didactic instruction based upon the core area. (Core)

have an opportunity to review all hat they could not attend. (Core)

of didactic sessions to ensure fellowcore)

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IV.C.8.	Fellows must be provided a patient- or case-based approach to clinical teaching that includes interactions between fellows and the teaching faculty member, bedside teaching, discussion of pathophysiology, and the application of current evidence in diagnostic and therapeutic decisions. (Core)	4.11.h.	Fellows must be provided a patient- or of that includes interactions between fellow bedside teaching, discussion of pathoph evidence in diagnostic and therapeutic of
11.0.0.			The teaching must occur with a frequence
IV.C.8.a)	with a frequency and duration to ensure a meaningful relationship between the assigned teaching faculty member and the fellow, and;(Core)	4.11.h.1.	relationship between the assigned teach (Core)
IV.C.8.b)	on all inpatient, telemedicine, and consultative services. (Core)	4.11.h.2.	The teaching must occur on all inpatient services. (Core)
IV.C.9.	Fellows must receive instruction in practice management relevant to the subspecialty. (Detail)	4.11.i.	Fellows must receive instruction in pract subspecialty. (Detail)
	Scholarship		
	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly activities integration, application, and teaching
IV.D.	The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, ar serves. For example, some programs activity on quality improvement, pope other programs might choose to utiliz research as the focus for scholarship
			Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow scholarly activities. (Core)

r case-based approach to clinical teaching ows and the teaching faculty member, physiology, and the application of current c decisions. (Core)

ency and duration to ensure a meaningful ching faculty member and the fellow.

ent, telemedicine, and consultative

actice management relevant to the

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

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

dence of scholarly activities, aims. (Core)

dence of scholarly activities, ims. (Core)

Sponsoring Institution, must allocate ow and faculty involvement in

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, in textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional committe editorial boards •Innovations in education
IV.D.2.a)	 Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, in textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional committe editorial boards •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:	4.14.a.	The program must demonstrate disse and external to the program by the fo
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.1.	faculty participation in grand rounds, improvement presentations, podium p peer-reviewed print/electronic resource chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(1).(a)	At least 50 percent of the core faculty members who are certified in endocrinology, diabetes, and metabolism by the ABIM or AOBIM (see Program Requirements II.B.4.b)-c) must annually engage in a variety of scholarly activities, as listed in Program Requirement IV.D.2.b).(1). (Core)	4.14.a.1.a.	At least 50 percent of the core faculty me endocrinology, diabetes, and metabolism Requirements 2.10.bc.) must annually activities, as listed in Program Requirem

grams must demonstrate of the following domains: (Core) on, translational science, patient care, t safety initiatives of, review articles, chapters in medical ols, didactic educational activities, or hittees, educational organizations, or

rams must demonstrate f the following domains: (Core) on, translational science, patient care,

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

semination of scholarly activity within following methods:

s, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book rice on professional committees, or al editorial board member, or editor.

members who are certified in sm by the ABIM or AOBIM (see Program ly engage in a variety of scholarly ement 4.14.a.1. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity While in the program all fellows must en- scholarly activities: participation in grand improvement presentations; podium preserviewed print/electronic resources; artici- textbooks; webinars; service on professi- reviewer, journal editorial board member
IV.D.3.a)	While in the program all fellows must engage in at least one of the following scholarly activities: participation in grand rounds; posters; workshops; quality improvement presentations; podium presentations; grant leadership; non-peer-reviewed print/electronic resources; articles or publications; book chapters; textbooks; webinars; service on professional committees; or serving as a journal reviewer, journal editorial board member, or editor. (Outcome)	4.15.	Fellow Scholarly Activity While in the program all fellows must en- scholarly activities: participation in grand improvement presentations; podium pre- reviewed print/electronic resources; artic textbooks; webinars; service on professi reviewer, journal editorial board member
V.	Evaluation	Section 5	Section 5: Evaluation Fellow Evaluation: Feedback and Eval
V.A.	Fellow Evaluation	5.1.	Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.a).(1)	Assessment of procedural competence should include a formal evaluation process and not be based solely on a minimum number of procedures performed. (Core)	5.1.h.	Assessment of procedural competence s process and not be based solely on a mi performed. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than thr must be documented at least every th
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 cor clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)

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

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

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

e should include a formal evaluation minimum number of procedures

the completion of the assignment.

hree months in duration, evaluation three months. (Core)

ontinuity clinic in the context of other luated at least every three months and

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

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

cal Competency Committee for its formance and improvement toward

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Requirement Number	Requirement Language	Requirement Number	Requirement
	The program director or their designee, with input from the Clinical		•
V.A.1.d)	Competency Committee, must:	[None]	
	meet with and review with each fellow their documented semi-annual		The program director or their designe Competency Committee, must meet v
	evaluation of performance, including progress along the subspecialty-		documented semi-annual evaluation of
V.A.1.d).(1)	specific Milestones; (Core)	5.1.c.	along the subspecialty-specific Milest
	assist fellows in developing individualized learning plans to capitalize on		The program director or their designe Competency Committee, must assist learning plans to capitalize on their st
V.A.1.d).(2)	their strengths and identify areas for growth; and, (Core)	5.1.d.	growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sun that includes their readiness to progra applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performative by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the	5.2.5	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra
V.A.2.a).(1) V.A.2.a).(2)	program. (Core) The final evaluation must:	5.2.a.	program. (Core)
V.A.Z.d).(Z)		[None]	The final evolution must become new
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu fellow in accordance with institutiona
V A 2 a) (2) (b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors neco (Core)
V.A.2.a).(2).(b)	benaviors necessary to enter autonomous practice, and, (Core)	5.2.0.	The final evaluation must be shared w
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the		At a minimum the Clinical Competend members, at least one of whom is a co be faculty members from the same pr health professionals who have extens
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	

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

nee, with input from the Clinical st fellows in developing individualized strengths and identify areas for

nee, with input from the Clinical lop plans for fellows failing to icies and procedures. (Core)

ummative evaluation of each fellow gress to the next year of the program, if

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a final evaluation for each fellow upon

a final evaluation for each fellow upon

es, and when applicable the just be used as tools to ensure fellows practice upon completion of the

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

t the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

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

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V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee r least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee I progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee r annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pla
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Proprogram's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee m program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue based upon outcomes. (Core)

e must review all fellow evaluations at

e must determine each fellow's ospecialty-specific Milestones. (Core) e must meet prior to the fellows' semiorogram director regarding each

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

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

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

n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

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

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

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

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

oonsibilities must include guiding luding development of new goals,

Roman Numeral Requirement Number	. Requirement Language	Reformatted Requirement Number	Requirement
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related to (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee n and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) membe
V.C.3.		[None]	Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)

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

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

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

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

self-Study and submit it to the DIO.

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specifi an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
1.0.0.0		0.0.0.	
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environme Fellowship education must occur in the environment that emphasizes the follo
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality o fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality o today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the s members, and all members of the heat
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for	-	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safet
VI.A.1.a).(1)	<i>improvement.</i> The program, its faculty, residents, and fellows must actively participate in	[None]	<i>improvement.</i> The program, its faculty, residents, an
VI.A.1.a).(1).(a)		6.1.	patient safety systems and contribute

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

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

g Environment

nent

the context of a learning and working llowing principles:

of care rendered to patients by

v of care rendered to patients by ce

oviding care for patients

e students, residents, fellows, faculty ealth care team

ous identification of vulnerabilities leal with them. An effective is to assess the knowledge, skills, and fety in order to identify areas for

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities. Residents, fellows, faculty members, and other clinical staff members	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essential the ability to identify causes and instit changes to ameliorate patient safety v
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, a must know their responsibilities in rep unsafe conditions at the clinical site, i (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, a must be provided with summary inform safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team men interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
	Quality Metrics Access to data is essential to prioritizing activities for care improvement		Quality Metrics Access to data is essential to prioritiz
VI.A.1.a).(3)	and evaluating success of improvement efforts.	[None]	and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re- benchmarks related to their patient po
			Supervision and Accountability Although the attending physician is un the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring In communicate, and monitor a structure accountability as it relates to the supe
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requin practice of medicine; and establishes professional growth.

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

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

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

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

tizing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	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 u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when provi information must be available to fellow of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when provi information must be available to fellow of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or pati the fellow and the supervising physic patient care through appropriate telec
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or pati the fellow and the supervising physic patient care through appropriate telec

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

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

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

t the appropriate level of supervision in h fellow's level of training and ability, cuity. Supervision may be exercised propriate to the situation. (Core)

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	r Requiremen
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or path the fellow and the supervising physic patient care through appropriate teleo
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
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 physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as super portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)

cally present with the fellow during the on.

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

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

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

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

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

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

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

rcumstances and events in which supervising faculty member(s). (Core) their scope of authority, and the ow is permitted to act with conditional

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

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

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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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	Well-Being		
			Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, carin
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the jo
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and i
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		professionalism; they are also skills nurtured in the context of other aspec
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at r
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		same responsibility to address well-k
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and		clinical learning environment models
	prepares fellows with the skills and attitudes needed to thrive throughout		prepares fellows with the skills and a
VI.C.	their careers.	[None]	their careers.
	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourag
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunit
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or poten
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
, , , ,	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-self-self-self-self-self-self-self-
,,,,	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (
,	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fel
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, il
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)
VI.V.2.			

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

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

ge optimal fellow and faculty member

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

mbers in:

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

nemselves and how to seek

-screening. (Core)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of
y VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented v consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.2.a)	The program must provide educational experiences that allow fellows to interact with and learn from other health care professionals, such as physicians in other specialties, advanced practice providers, nurses, social workers, physical therapists, case managers, language interpreters, and dieticians, to achieve effective, interdisciplinary, and interprofessional team-based care. (Core)	6.18.a.	The program must provide educational e with and learn from other health care pro specialties, advanced practice providers therapists, case managers, language inte effective, interdisciplinary, and interprofe
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured han continuity of care and patient safety. (
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces

nt Language			
d procedures in place to ensure			
continuity of patient care. (Core)			
d without fear of negative			
or was unable to provide the clinical			
and faculty members in recognition of /ation, alertness management, and))			
and faculty members in recognition of /ation, alertness management, and))			
Sponsoring Institution, must ensure ansportation options for fellows who home. (Core)			
e fellow must be based on PGY level, / and complexity of patient port services. (Core)			
environment that maximizes interprofessional, team-based care in ystem. (Core)			
experiences that allow fellows to interact rofessionals, such as physicians in other			
nterpreters, and dieticians, to achieve			
rs, nurses, social workers, physical nterpreters, and dieticians, to achieve fessional team-based care. (Core) gnments to optimize transitions in frequency, and structure. (Core)			
nterpreters, and dieticians, to achieve fessional team-based care. (Core) gnments to optimize transitions in			
nterpreters, and dieticians, to achieve fessional team-based care. (Core) gnments to optimize transitions in requency, and structure. (Core)			
nterpreters, and dieticians, to achieve fessional team-based care. (Core) gnments to optimize transitions in requency, and structure. (Core) gnments to optimize transitions in requency, and structure. (Core) Sponsoring Institutions, must ensure nd-off processes to facilitate both			

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VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience op opportunities for rest and personal ac
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours m hours per week, averaged over a four- house clinical and educational activitie and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off be education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off be education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours fr after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At- home call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a minir clinical work and required education (home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatior Clinical and educational work periods hours of continuous scheduled clinica
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effec fellow education. Additional patient ca assigned to a fellow during this time. (
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour Ex In rare circumstances, after handing o on their own initiative, may elect to rer the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to at (Detail)

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

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

rk and Education ⁻ between scheduled clinical work and

rk and Education [•] between scheduled clinical work and

free of clinical work and education

nimum of one day in seven free of n (when averaged over four weeks). Atese free days. (Core)

ion Period Length

ds for fellows must not exceed 24 ical assignments. (Core)

ion Period Length

ds for fellows must not exceed 24 ical assignments. (Core)

nay be used for activities related to ective transitions of care, and/or care responsibilities must not be e. (Core)

Exceptions

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

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Requirement Number	Requirement Language	Requirement Number	. Requirement
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing c on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
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 edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sound
VI.F.4.c)	The Review Committee for Internal Medicine will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Internal Medi exceptions to the 80-hour limit to the fello
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
УІ.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Core

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

ducation must be counted toward the

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

edicine will not consider requests for ellows' work week.

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

h the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core) d external moonlighting (as defined in st be counted toward the 80-hour

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

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

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

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VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w home call is not subject to the every-tl the requirement for one day in seven f when averaged over four weeks. (Core
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent or reasonable personal time for each fello

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

ore) nt or taxing as to preclude rest or ellow. (Core)