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. 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 supprision and conditional independence.		Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians wh practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed physicians. Graduate medical educat group of physicians brings to medica inclusive and psychologically safe le Fellows who have completed residen in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecia
Int.A.	faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	faculty supervision and conditional in serve as role models of excellence, c professionalism, and scholarship. Th knowledge, patient care skills, and ex area of practice. Fellowship is an inte clinical and didactic education that fo of patients. Fellowship education is c intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.		In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exe physicians, the fellowship experience pursue hypothesis-driven scientific i the medical literature and patient car expertise achieved, fellows develop i infrastructure that promotes collabor
Int.B.	Definition of Subspecialty Geriatric psychiatry focuses on prevention, diagnosis, evaluation, and treatment of psychiatric disorders seen in older adult patients.	[None]	Definition of Subspecialty Geriatric psychiatry focuses on preventi of psychiatric disorders seen in older ad
Int.C.	Length of Educational Program The educational program in geriatric psychiatry must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in geriatric psy (Core)

cation

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

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

any fellowship programs advance ets. While the ability to create new exclusive to fellowship-educated ace expands a physician's abilities to c inquiry that results in contributions to are. Beyond the clinical subspecialty o mentored relationships built on an orative research.

ntion, diagnosis, evaluation, and treatment adult patients.

sychiatry must be 12 months in length.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
l.	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		The Sponsoring Institution is the orga ultimate financial and academic respo
	medical education consistent with the ACGME Institutional Requirements.		medical education consistent with the
	When the Sponsoring Institution is not a rotation site for the program, the		When the Sponsoring Institution is no
	most commonly utilized site of clinical activity for the program is the	[Nono]	most commonly utilized site of clinica
I.A.	primary clinical site. The program must be sponsored by one ACGME-accredited Sponsoring	[None]	primary clinical site.
I.A.1.	Institution. (Core)	1.1.	The program must be sponsored by of Institution. (Core)
	Participating Sites		
			Participating Sites
	A participating site is an organization providing educational experiences		A participating site is an organization
I.B.	or educational assignments/rotations for fellows.	[None]	or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.D. I.	The Sponsoring Institution must also sponsor an ACGME-accredited program in		The Sponsoring Institution must also spo
I.B.1.a)	psychiatry. (Core)	1.2.a.	psychiatry. (Core)
	There must be a program letter of agreement (PLA) between the program		There must be a program letter of agree
	and each participating site that governs the relationship between the		and each participating site that govern
I.B.2.	program and the participating site providing a required assignment. (Core) The PLA must:		program and the participating site pro
I.B.2.a) I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	[None] 1.3.a.	The PLA must be renewed at least eve
1.0.2.a).(1)	be renewed at least every to years, and, (oure)	1.0.a.	The PLA must be approved by the des
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
	The program must monitor the clinical learning and working environment		The program must monitor the clinical
I.B.3.	at all participating sites. (Core)	1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated		At each participating site there must b
	by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	by the program director, who is accousing site, in collaboration with the program
I.B.3.a)		1.5.	
	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required		The program director must submit any participating sites routinely providing
	for all fellows, of one month full time equivalent (FTE) or more through the		for all fellows, of one month full time e
I.B.4.	ACGME's Accreditation Data System (ADS). (Core)	1.6.	ACGME's Accreditation Data System (
	The number of and distance between participating sites must allow for fellows'		The number of and distance between particular
I.B.4.a)	full participation in all organized educational aspects of the program. (Detail)	1.6.a.	full participation in all organized educatio

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

oonsoring Institution, must designate a

ponsor an ACGME-accredited program in

greement (PLA) between the program erns the relationship between the roviding a required assignment. (Core)

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

cal learning and working environment

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

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

participating sites must allow for fellows' tional aspects of the program. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi present), fellows, faculty members, so members, and other relevant member
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	The psychiatry department of the Sponsoring Institution must be a part of or affiliated with at least one acute care general hospital. (Core)	1.8.a.	The psychiatry department of the Spons affiliated with at least one acute care ge
I.D.1.a).(1)	The acute care hospital must have a full range of services, including both medical and surgical services, intensive care units, an emergency department, a diagnostic laboratory and imaging services, and a pathology department. (Core)	1.8.a.1.	The acute care hospital must have a full medical and surgical services, intensive a diagnostic laboratory and imaging serv (Core)
I.D.1.b)	There must be at least one long-term care facility. (Core)	1.8.b.	There must be at least one long-term ca
I.D.1.b).(1)	Such facilities should be either discrete institutions separate from an acute care hospital or formally designated units or services within an acute care hospital. (Detail)	1.8.b.1.	Such facilities should be either discrete in hospital or formally designated units or s (Detail)
I.D.1.c)	There must be an ambulatory care service that provides care in a multidisciplinary environment. (Core)	1.8.c.	There must be an ambulatory care servi multidisciplinary environment. (Core)
I.D.1.d)	Each participating site must provide teaching facilities and office space. (Core)	1.8.d.	Each participating site must provide tead
I.D.1.e)	There must be patients available that span the spectrum of psychiatric diagnoses in late life and that reflect the diversity of the local community with respect to sexual orientation, gender identity, race, ethnicity, religion, socioeconomic status, and education level. (Core)	1.8.e.	There must be patients available that sp diagnoses in late life and that reflect the respect to sexual orientation, gender ide socioeconomic status, and education lev
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate are assigned in-house call; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core

on

s Sponsoring Institution, must engage driven, ongoing, systematic recruitment isive workforce of residents (if senior administrative GME staff pers of its academic community. (Core)

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

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

nsoring Institution must be a part of or general hospital. (Core)

ull range of services, including both ve care units, an emergency department, ervices, and a pathology department.

care facility. (Core)

e institutions separate from an acute care or services within an acute care hospital.

rvice that provides care in a

aching facilities and office space. (Core)

span the spectrum of psychiatric he diversity of the local community with dentity, race, ethnicity, religion, level. (Core)

s Sponsoring Institution, must ensure ing environments that promote fellow

)

/rest facilities available and accessible ate for safe patient care, if the fellows

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

opriate to the participating site; and,

isabilities consistent with the pre)

Roman Numeral Requirement Number	. Requirement Language	Reformatted Requirement Number	Requirement
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prim include access to electronic medical l capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and he not limited to residents from other pro advanced practice providers, must no fellows' education. (Core)
П.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicat must be provided with support adequ based upon its size and configuration
	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)		Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direct director and one or more associate (or a
	Number of Approved Fellow Positions: 1-6 Minimum Support Required (FTE): 0.20 Number of Approved Resident Positions: 7-8 Minimum Support Required (FTE): 0.36		Number of Approved Fellow Positions: 1 0.20 Number of Approved Resident Positions (FTE): 0.36
II.A.2.a)	Number of Approved Resident Positions: 9-10 Minimum Support Required (FTE): 0.40	2.3.a.	Number of Approved Resident Positions (FTE): 0.40
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie

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

sonnel

health care personnel, including but programs, subspecialty fellows, and not negatively impact the appointed

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)

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

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

1-6 | Minimum Support Required (FTE):

ns: 7-8 | Minimum Support Required

ns: 9-10 | Minimum Support Required

tor:

subspecialty expertise and iew Committee. (Core)

tor

subspecialty expertise and iew Committee. (Core)

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Psychiatry and Neurology (ABPN) or by the American Osteopathic Board of Neurology and Psychiatry (AOBNP), or subspecialty qualifications that are acceptable to the Review Committee; and, (Core)	2.4.a.	The program director must possess c subspecialty for which they are the pr Board of Psychiatry and Neurology (ABI Board of Neurology and Psychiatry (AOI that are acceptable to the Review Con
II.A.3.c)	must include ongoing clinical activity. (Core)	2.4.b.	The program director must demonstrate
	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 responsion accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe
II.A.4.	education in the context of patient care. (Core)	2.5.	education in the context of patient car
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core) 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(a) of the program (Core)		The program director must be a role n The program director must design and consistent with the needs of the comr
II.A.4.a).(2) II.A.4.a).(3)	mission(s) of the program; (Core) administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.b. 2.5.c.	Sponsoring Institution, and the mission The program director must administer environment conducive to educating to 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 learning 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 which fellows have the opportunity to mistreatment, and provide feedback in appropriate, without fear of intimidation
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 appointm
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)

current certification in the program director by the American BPN) or by the American Osteopathic OBNP), or subspecialty qualifications ommittee. (Core)

e ongoing clinical activity. (Core)

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

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

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

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

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

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

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

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

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

n a non-competition guarantee or

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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 (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,
	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 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 the meduea		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 to by demonstrating compassion, comm patient care, professionalism, and a con- Faculty members experience the pride development of future colleagues. The the opportunity to teach and model ex- scholarly approach to patient care, fa graduate medical education system, if and the population. Faculty members ensure that patients from a specialist in the field. They rect the patients, fellows, community, and provide appropriate levels of supervise Faculty members create an effective for professional manner and attending to
II.B.	themselves. There must be a sufficient number of faculty members with competence to	[None]	themselves. There must be a sufficient number of
II.B.1.	instruct and supervise all fellows. (Core)	2.6.	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
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly parti discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue faculty their skills. (Core)

ent Language ent verification of education for all n of or departure from the program.

verification of an individual fellow's t, within 30 days. (Core)

al element of graduate medical fellows how to care for patients. tant bridge allowing fellows to grow ing that patients receive the highest is 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)

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

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa American Osteopathic Board of Neuro qualifications judged acceptable to th
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 to 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)
II.B.4.b)	In addition to the program director, there must be at least one core faculty member certified in the subspecialty by the ABPN or AOBNP. (Core)	2.10.b.	In addition to the program director, there member certified in the subspecialty by t
II.C.	Program Coordinator	2.11.	Program Coordinator There must be administrative support
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	Program Coordinator There must be administrative support
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program coordinator r time and support specified below for adm
II.C.1.a)	Number of Approved Fellow Positions: 1-6 Minimum FTE: 0.50 Number of Approved Resident Positions: 7-8 Minimum FTE: 0.66 Number of Approved Resident Positions: 9-10 Minimum FTE: 0.70	2.11.a.	Number of Approved Fellow Positions: 1 Number of Approved Resident Positions Number of Approved Resident Positions
	Other Program Personnel		
	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective	2.42	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core)

oriate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

nbers

nbers must have current certification in oard of Psychiatry and Neurology or the urology and Psychiatry, or possess the Review Committee. (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 /ote a significant portion of their entire ministration, and must, as a , evaluate, and provide formative

e annual ACGME Faculty Survey.

re must be at least one core faculty y the ABPN or AOBNP. (Core)

ort for program coordination. (Core)

ort for program coordination. (Core)

r must be provided with the dedicated dministration of the program: (Core)

: 1-6 | Minimum FTE: 0.50 ns: 7-8 | Minimum FTE: 0.66 ns: 9-10 | Minimum FTE: 0.70

Sponsoring Institution, must jointly personnel for the effective e)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.D.1.	Geriatric Care Team	[None]	
II.D.1.a)	The geriatric care team should include representatives from related clinical disciplines, including activity or occupational therapy, neuropsychology, nutrition, pharmacy, physical therapy, psychiatric nursing, psychology, and social work. (Core)	2.12.a.	Geriatric Care Team The geriatric care team should include r disciplines, including activity or occupati nutrition, pharmacy, physical therapy, ps social work. (Core)
II.D.1.b)	Qualified clinicians from disciplines within medicine should be available for participation on the geriatric care team for consultation, including one or more from among the following: family medicine, internal medicine (including geriatric medicine), hospice and palliative medicine, neurology, and physical medicine and rehabilitation. (Core)	2.12.b.	Qualified clinicians from disciplines with participation on the geriatric care team f from among the following: family medici medicine), hospice and palliative medici and rehabilitation. (Core)
II.D.1.c)	Fellows should have access to professionals representing allied disciplines, including ethics, law, and pastoral care. (Detail)	2.12.c.	Fellows should have access to profession including ethics, law, and pastoral care.
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship 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 program, fellows must have satisfactorily completed a general psychiatry program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fell a general psychiatry program that satisf
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Psychiatry will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Psychiatry the fellowship eligibility requirements
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 appli- eligibility requirements listed in 3.2., following additional qualifications an
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)

representatives from related clinical ational therapy, neuropsychology, psychiatric nursing, psychology, and

hin medicine should be available for for consultation, including one or more cine, internal medicine (including geriatric cine, neurology, and physical medicine

sionals representing allied disciplines, e. (Detail)

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 om the core residency program. (Core)

ellows must have satisfactorily completed sfies the requirements in 3.2. (Core)

y will allow the following exception to ts:

rogram may accept an exceptionally licant who does not satisfy the , but who does meet all of the nd conditions: (Core)

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

		Reformatted	
Roman Numeral		Requirement	
Requirement Number	r Requirement Language	Number	Requiremen
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)
	verification of Educational Commission for Foreign Medical Graduates		verification of Educational Commission
III.A.1.c).(1).(c)	(ECFMG) certification. (Core)	3.2.b.1.c.	(ECFMG) certification. (Core)
	Applicants accepted through this exception must have an evaluation of		Applicants accepted through this exc
III.A.1.c).(2)	their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	their performance by the Clinical Con of matriculation. (Core)
	Fellow Complement	5.2.0.2.	
			Fellow Complement
	The program director must not appoint more fellows than approved by the		The program director must not appoint
III.B.	Review Committee. (Core)	3.3.	Review Committee. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence		The ACGME accreditation system is c
	and innovation in graduate medical education regardless of the		and innovation in graduate medical e
	organizational affiliation, size, or location of the program.		organizational affiliation, size, or loca
	The educational program must support the development of		The educational program must suppo
	knowledgeable, skillful physicians who provide compassionate care.		knowledgeable, skillful physicians wh
	It is recognized that programs may place different emphasis on research,		It is recognized that programs may pl
	leadership, public health, etc. It is expected that the program aims will		leadership, public health, etc. It is exp
	reflect the nuanced program-specific goals for it and its graduates; for		reflect the nuanced program-specific
	example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on		example, it is expected that a program scientists will have a different curricu
IV.	•	Section 4	community health.
<u> </u>	Educational Components		
			Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
	a set of program aims consistent with the Sponsoring Institution's		a set of program aims consistent with
	mission, the needs of the community it serves, and the desired distinctive		mission, the needs of the community
IV.A.1.	capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	capabilities of its graduates, which m applicants, fellows, and faculty memb
	competency-based goals and objectives for each educational experience		competency-based goals and objectiv
	designed to promote progress on a trajectory to autonomous practice in		designed to promote progress on a tr
	their subspecialty. These must be distributed, reviewed, and available to		their subspecialty. These must be dis
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	fellows and faculty members; (Core)
	delineation of fellow responsibilities for patient care, progressive		delineation of fellow responsibilities f
IV.A.3.	responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	responsibility for patient managemen subspecialty; (Core)
IV.A.3. IV.A.4.	subspecially, (Core) structured educational activities beyond direct patient care; and, (Core)	4.2.d.	subspecially, (Core) structured educational activities beyo
			Didactic and Clinical Experiences
	Fellows must be provided with protected time to participate in core		Fellows must be provided with protect
IV.A.4.a)	didactic activities. (Core)	4.11.	didactic activities. (Core)

ent Language nt's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

s 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, expected that the program aims will fic goals for it and its graduates; for ram aiming to prepare physicianculum from one focusing on

llowing educational components:

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

tives for each educational experience trajectory to autonomous practice in distributed, 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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
_	formal educational activities that promote patient safety-related goals,		formal educational activities that pro
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitr adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in diagnosis and treatment of all major psychiatric disorders seen in older adult patients, including: (Core)	4.4.a.	Fellows must demonstrate competence psychiatric disorders seen in older adult
IV.B.1.b).(1).(a).(i)	adjustment disorders; (Core)	4.4.a.1.	adjustment disorders; (Core)
IV.B.1.b).(1).(a).(ii)	affective disorders; (Core)	4.4.a.2.	affective disorders; (Core)
IV.B.1.b).(1).(a).(iii)	anxiety disorders; (Core)	4.4.a.3.	anxiety disorders; (Core)
IV.B.1.b).(1).(a).(iv)	continuation of psychiatric illnesses that began earlier in life; (Core)	4.4.a.4.	continuation of psychiatric illnesses that
IV.B.1.b).(1).(a).(v)	delirium; (Core)	4.4.a.5.	delirium; (Core)
IV.B.1.b).(1).(a).(vi)	iatrogenesis; (Core)	4.4.a.6.	iatrogenesis; (Core)
IV.B.1.b).(1).(a).(vii)	late-onset psychoses; (Core)	4.4.a.7.	late-onset psychoses; (Core)
IV.B.1.b).(1).(a).(viii)	medical presentations of psychiatric disorders; (Core)	4.4.a.8.	medical presentations of psychiatric disc
IV.B.1.b).(1).(a).(ix)	neurocognitive disorders; (Core)	4.4.a.9.	neurocognitive disorders; (Core)
IV.B.1.b).(1).(a).(x)	personality disorders; (Core)	4.4.a.10.	personality disorders; (Core)
IV.B.1.b).(1).(a).(xi)	sexual disorders; (Core)	4.4.a.11.	sexual disorders; (Core)
IV.B.1.b).(1).(a).(xii)	sleep disorders; (Core)	4.4.a.12.	sleep disorders; (Core)
IV.B.1.b).(1).(a).(xiii)	substance-related disorders; (Core)	4.4.a.13.	substance-related disorders; (Core)
IV.B.1.b).(1).(a).(xiv)	trauma-related disorders; (Core)	4.4.a.14.	trauma-related disorders; (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in:	[None]	
IV.B.1.b).(1).(b).(i)	performing a comprehensive clinical assessment that takes into account the special needs of older adult patients, including mental status exam, structured cognitive assessment, community and environmental assessment, family and caregiver assessment, medical assessment, and functional assessment; (Core)	4.4.b.	Fellows must demonstrate competence assessment that takes into account the including mental status exam, structured environmental assessment, family and c assessment, and functional assessment

ent Language romote patient safety-related goals,

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

GME Competencies into the curriculum.

nalism itment to professionalism and an pre)

re and Procedural Skills (Part A)

tient care that is patient- and familye, appropriate, and effective for the he promotion of health. (Core)

ce in diagnosis and treatment of all major ult patients, including: (Core)

at began earlier in life; (Core)

isorders; (Core)

ce in performing a comprehensive clinical ne special needs of older adult patients, red cognitive assessment, community and d caregiver assessment, medical ent. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(b).(ii)	short-term and long-term diagnostic and treatment planning by using the appropriate synthesis of clinical findings and historical as well as current information acquired from the patient and/or relevant others, including family members, caregivers, and/or other health care professionals; (Core)	4.4.c.	Fellows must demonstrate competence and treatment planning by using the app and historical as well as current informat relevant others, including family member professionals. (Core)
IV.B.1.b).(1).(b).(iii)	selecting and using clinical laboratory tests, radiologic and other imaging procedures, and polysomnographic, electrophysiologic, and neuropsychologic tests; (Core)	4.4.d.	Fellows must demonstrate competence tests, radiologic and other imaging proce electrophysiologic, and neuropsychologi
IV.B.1.b).(1).(b).(iv)	recognizing and managing comorbid psychiatric disorders and behavioral and psychological symptoms of dementia; (Core)	4.4.e.	Fellows must demonstrate competence psychiatric disorders and behavioral and (Core)
	This must include demonstration of competence in the ongoing monitoring of changes in mental and physical health status and medical regimens. (Core)	4.4.e.1.	This must include demonstration of com changes in mental and physical health s
IV.B.1.b).(1).(b).(v)	recognizing the stressful impact of psychiatric illness on caregivers, assessing the emotional state of caregivers and their ability to function, and providing guidance and protection to caregivers; (Core)	4.4.f.	Fellows must demonstrate competence psychiatric illness on caregivers, assess and their ability to function, and providing (Core)
IV.B.1.b).(1).(b).(vi)	recognizing and assessing elder abuse and providing appropriate interventions; (Core)	4.4.g.	Fellows must demonstrate competence abuse and providing appropriate intervent
IV.B.1.b).(1).(b).(vii)	managing the care of older adult patients with emotional or behavioral disorders, and using age-appropriate modifications in techniques and goals in applying the various psychotherapies and behavioral strategies; (Core)	4.4.h.	Fellows must demonstrate competence patients with emotional or behavioral dis modifications in techniques and goals in and behavioral strategies. (Core)
IV.B.1.b).(1).(b).(viii)	counseling patients in domains related to safe and successful aging, including life transitions, bereavement, psychological development in older age, healthy sexual functioning, social connection, loneliness, and lifestyle behaviors that promote cognitive health; (Core)	4.4.i.	Fellows must demonstrate competence related to safe and successful aging, inc psychological development in older age, connection, loneliness, and lifestyle beha (Core)
IV.B.1.b).(1).(b).(ix)	forging therapeutic alliances with older adult patients and their families of all genders, from diverse backgrounds, and from a variety of ethnic, racial, sociocultural, and economic backgrounds; and, (Core)	4.4.j.	Fellows must demonstrate competence older adult patients and their families of and from a variety of ethnic, racial, socio (Core)
IV.B.1.b).(1).(b).(x)	providing culturally competent care to socioeconomically disadvantaged, racial minority, and sexual and gender minority older adult patients while addressing social determinants of health. (Core)	4.4.k.	Fellows must demonstrate competence socioeconomically disadvantaged, racial minority older adult patients while addres (Core)
IV.B.1.b).(1).(c)	Fellows must effectively integrate telehealth and electronic health records into patient assessment and treatment, including communication with other health care practitioners. (Core)	4.4.1.	Fellows must effectively integrate telehe patient assessment and treatment, inclu- care practitioners. (Core)
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

e in short-term and long-term diagnostic opropriate synthesis of clinical findings ation acquired from the patient and/or pers, caregivers, and/or other health care

e in selecting and using clinical laboratory ocedures, and polysomnographic, ogic tests. (Core)

e in recognizing and managing comorbid nd psychological symptoms of dementia.

mpetence in the ongoing monitoring of status and medical regimens. (Core)

e in recognizing the stressful impact of ssing the emotional state of caregivers ing guidance and protection to caregivers.

e in recognizing and assessing elder ventions. (Core)

e in managing the care of older adult disorders, and using age-appropriate in applying the various psychotherapies

e in counseling patients in domains ncluding life transitions, bereavement, je, healthy sexual functioning, social chaviors that promote cognitive health.

e in forging therapeutic alliances with of all genders, from diverse backgrounds, ciocultural, and economic backgrounds.

e in providing culturally competent care to ial minority, and sexual and gender ressing social determinants of health.

nealth and electronic health records into luding communication with other health

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

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IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of the following content and skills areas:	[None]	
IV.B.1.c).(1).(a)	biological and psychosocial aspects of normal aging, psychiatric impact of acute and chronic physical illnesses, and biological and psychosocial aspects of the pathology of primary psychiatric disturbances beginning in or continuing into older age; (Core)		Fellows must demonstrate competence i psychosocial aspects of normal aging, pe physical illnesses, and biological and psy primary psychiatric disturbances beginni (Core)
IV.B.1.c).(1).(b)	current scientific understanding of aging and longevity, including theories of aging, epidemiology and natural history of aging, and diseases of older adult patients, to include: (Core)	4.6.b.	Fellows must demonstrate competence i understanding of aging and longevity, in and natural history of aging, and disease (Core)
IV.B.1.c).(1).(b).(i)	effects of biologic aging on human physiology with emphasis on altered pharmacokinetics, pharmacodynamics, and sensory acuity in older adult patients; (Core)	4.6.b.1.	effects of biologic aging on human physi pharmacokinetics, pharmacodynamics, a patients; (Core)
IV.B.1.c).(1).(b).(ii)	differences and gradations between normal and abnormal age-related changes with particular reference to memory and cognition, affective stability, personality and behavioral patterns, sleep, and sexuality; and, (Core)	4.6.b.2.	differences and gradations between norr with particular reference to memory and and behavioral patterns, sleep, and sexu
IV.B.1.c).(1).(b).(iii)	successful and maladaptive responses to stressors frequently encountered in older adult patients, including retirement, death of a spouse, role changes, interpersonal and health status losses, financial difficulties, environmental relocations, and increased dependency. (Core)	4.6.b.3.	successful and maladaptive responses to older adult patients, including retirement interpersonal and health status losses, fi relocations, and increased dependency.
IV.B.1.c).(1).(c)	relevance of cultural and ethnic differences, promotion of respect and health using a person-centered care model, and the unique problems as seen in some minority groups as these relate to mental illness in older adult patients, including neurocognitive disorders; (Core)	4.6.c.	Fellows must demonstrate competence i cultural and ethnic differences, promotion centered care model, and the unique pro as these relate to mental illness in older disorders. (Core)
IV.B.1.c).(1).(d)	epidemiology, diagnosis, and treatment of all major psychiatric disorders seen in older adult patients, including the use of biomarkers and novel therapies in neurocognitive disorders; (Core)	4.6.d.	Fellows must demonstrate competence i diagnosis, and treatment of all major psy patients, including the use of biomarkers disorders. (Core)
IV.B.1.c).(1).(e)	indications, side effects, and therapeutic limitations of psychoactive drugs and the pharmacologic alterations associated with aging, including: (Core)	4.6.e.	Fellows must demonstrate competence i effects, and therapeutic limitations of psy alterations associated with aging, includi
IV.B.1.c).(1).(e).(i)	changes in pharmacokinetics, pharmacodynamics, and drug interactions; (Core)	4.6.e.1.	changes in pharmacokinetics, pharmaco
IV.B.1.c).(1).(e).(ii)	appropriate medication management and strategies to recognize and correct medication non-compliance; and, (Core)	4.6.e.2.	appropriate medication management and medication non-compliance; and, (Core)
IV.B.1.c).(1).(e).(iii)	the psychiatric manifestations of iatrogenic influences. (Core)	4.6.e.3.	the psychiatric manifestations of iatroger

nowledge

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

e in their knowledge of biological and psychiatric impact of acute and chronic psychosocial aspects of the pathology of ning in or continuing into older age.

e in their knowledge of current scientific including theories of aging, epidemiology ses of older adult patients, to include:

siology with emphasis on altered , and sensory acuity in older adult

ormal and abnormal age-related changes id cognition, affective stability, personality xuality; and, (Core)

to stressors frequently encountered in nt, death of a spouse, role changes, financial difficulties, environmental y. (Core)

e in their knowledge of relevance of ion of respect and health using a personproblems as seen in some minority groups er adult patients, including neurocognitive

e in their knowledge of epidemiology, sychiatric disorders seen in older adult ers and novel therapies in neurocognitive

e in their knowledge of indications, side psychoactive drugs and the pharmacologic iding: (Core)

codynamics, and drug interactions; (Core) nd strategies to recognize and correct e)

enic influences. (Core)

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IV.B.1.c).(1).(f)	applications and limitations of behavioral therapeutic strategies and physical restraints; (Core)	4.6.f.	Fellows must demonstrate competence limitations of behavioral therapeutic stra
IV.B.1.c).(1).(g)	appropriate use and application of electroconvulsive therapy, non-invasive brain stimulation, and other non-pharmacological somatic therapies in older adult patients; (Core)	4.6.g.	Fellows must demonstrate competence and application of electroconvulsive ther other non-pharmacological somatic thera
IV.B.1.c).(1).(h)	appropriate use of psychodynamic understanding of developmental problems, conflict, and adjustment difficulties in older adult patients that may complicate the clinical presentation and influence the physician-patient relationship or treatment planning; (Core)	4.6.h.	Fellows must demonstrate competence psychodynamic understanding of develo adjustment difficulties in older adult patie presentation and influence the physician planning. (Core)
IV.B.1.c).(1).(i)	appropriate use of psychotherapies as applied to older adult patients, including individual, group, and family therapies; (Core)	4.6.i.	Fellows must demonstrate competence psychotherapies as applied to older adul and family therapies. (Core)
IV.B.1.c).(1).(j)	psychosocial impact of institutionalization; (Core)	4.6.j.	Fellows must demonstrate competence impact of institutionalization. (Core)
IV.B.1.c).(1).(k)	family dynamics in the context of aging, including intergenerational issues; (Core)	4.6.k.	Fellows must demonstrate competence the context of aging, including intergene
IV.B.1.c).(1).(I)	ethical and legal issues especially pertinent to geriatric psychiatry, including competence, capacity, guardianship, right to refuse treatment, right to refuse placement, wills, advance directives, informed consent, elder abuse, intimate partner violence, the withholding of medical treatments, state laws governing involuntary admissions of patients with neurocognitive disorders, and federal legislative guidelines governing psychotropic drug prescription in nursing homes and other settings; (Core)	4.6.1.	Fellows must demonstrate competence issues especially pertinent to geriatric per capacity, guardianship, right to refuse treadvance directives, informed consent, el the withholding of medical treatments, st admissions of patients with neurocognitic guidelines governing psychotropic drug per settings. (Core)
IV.B.1.c).(1).(m)	current economic aspects of supporting services and practice management, including Title III of the Older Americans Act, Medicare, Medicaid, and cost containment; and, (Core)	4.6.m.	Fellows must demonstrate competence aspects of supporting services and pract the Older Americans Act, Medicare, Med
IV.B.1.c).(1).(n)	research methodologies related to geriatric psychiatry, including biostatistics, clinical epidemiology, medical information sciences, decision analysis, critical literature review, and research design (to include cross-sectional and longitudinal methods). (Core)	4.6.n.	Fellows must demonstrate competence methodologies related to geriatric psych epidemiology, medical information scien review, and research design (to include methods). (Core)
IV.B.1.c).(2)	Fellows must demonstrate a depth of understanding in their knowledge of US society, including its diversity, and a willingness to engage in a process of continuous learning and self-evaluation in this process. (Core)	4.6.0.	Fellows must demonstrate a depth of un society, including its diversity, and a willi continuous learning and self-evaluation i
IV.B.1.c).(3)	Fellows should apply principles of cultural humility in the process of developing an understanding of their patients. (Core)	4.6.p.	Fellows should apply principles of cultura an understanding of their patients. (Core
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 ba lifelong learning. (Core)

e in their knowledge of applications and rategies and physical restraints. (Core)

e in their knowledge of appropriate use lerapy, non-invasive brain stimulation, and erapies in older adult patients. (Core)

e in their knowledge of appropriate use of elopmental problems, conflict, and itients that may complicate the clinical an-patient relationship or treatment

e in their knowledge of appropriate use of dult patients, including individual, group,

e in their knowledge of psychosocial

e in their knowledge of family dynamics in nerational issues. (Core)

e in their knowledge of ethical and legal psychiatry, including competence, treatment, right to refuse placement, wills, elder abuse, intimate partner violence, state laws governing involuntary itive disorders, and federal legislative g prescription in nursing homes and other

e in their knowledge of current economic actice management, including Title III of ledicaid, and cost containment. (Core)

e in their knowledge of research chiatry, including biostatistics, clinical ences, decision analysis, critical literature e cross-sectional and longitudinal

understanding in their knowledge of US illingness to engage in a process of n in this process. (Core)

ural humility in the process of developing re)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 inf 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-Ba Fellows must demonstrate an awaren larger context and system of health c social determinants of health, as well other resources to provide optimal he
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	 Curriculum Organization and Fellow F 4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experier continuity. These educational experier supervised patient care responsibilitie educational events. (Core) 4.11. Didactic and Clinical Experience Fellows must be provided with protect didactic activities. (Core) 4.12. Pain Management The program must provide instruction management if applicable for the subthe 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 responsibiliti educational events. (Core)
IV.C.1.(a)	Curriculum design must be consistent with the program's aims and must demonstrate a systematic approach, with attention to evidence-based principles and scientific literature, standards of the profession, and developmental appropriateness for learners. (Core)	4.10.a.	Curriculum design must be consistent w demonstrate a systematic approach, wit and scientific literature, standards of the appropriateness for learners. (Core)
IV.C.1.(b)	The assignment of rotations must be structured to minimize the frequency of rotational transitions. (Core)	4.10.b.	The assignment of rotations must be strurotational transitions. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instruction management if applicable for the sub- the signs of substance use disorder.

onal 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)

Experiences

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

ces

tected time to participate in core

ion and experience in pain ubspecialty, including recognition of r. (Core)

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

with the program's aims and must with attention to evidence-based principles the profession, and developmental

structured to minimize the frequency of

ion and experience in pain ubspecialty, including recognition of r. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.3.	The 12-month program must be completed within no more than a two-year period. (Core)	4.11.a.	The 12-month program must be complet period. (Core)
IV.C.4.	Conferences in geriatric psychiatry, including grand rounds, case conferences, seminars, and journal club, should be specifically designed to augment clinical experiences. (Core)	4.11.b.	Conferences in geriatric psychiatry, inclused seminars, and journal club, should be speciences. (Core)
IV.C.4.a)	Fellows must attend at least 70 percent of all required didactic components of the program.	4.11.b.1.	Fellows must attend at least 70 percent the program.
IV.C.4.a).(1)	Attendance by fellows and faculty members should be documented. (Detail)	4.11.b.1.a.	Attendance by fellows and faculty memb
IV.C.5.	The curriculum must include didactic instruction and clinical experiences to enable fellows to achieve all required competency-based outcomes. (Core)	4.11.c.	The curriculum must include didactic ins enable fellows to achieve all required co
IV.C.6.	As part of their longitudinal care experience, fellows must be assigned to follow and treat patients requiring continuing care. (Core)	4.11.d.	As part of their longitudinal care experient and treat patients requiring continuing care
IV.C.7.	Fellows should have clinical experience in geriatric psychopharmacology, electroconvulsive therapy, non-invasive brain stimulation, and using individual and group psychotherapies. (Core)	4.11.e.	Fellows should have clinical experience electroconvulsive therapy, non-invasive and group psychotherapies. (Core)
IV.C.8.	Fellows must have patient care experiences as part of an interdisciplinary geriatric care team. (Core)	4.11.f.	Fellows must have patient care experier geriatric care team. (Core)
IV.C.9.	Fellows must have geriatric psychiatry consultation experience. (Core)	4.11.g.	Fellows must have geriatric psychiatry c
IV.C.9.a)	Consultation experiences should be formally available on the non-psychiatric services of an acute care hospital. (Detail)	4.11.g.1.	Consultation experiences should be forn services of an acute care hospital. (Deta
IV.C.9.b)	Experience should include consultation to inpatient, outpatient, and emergency services, as well as consultative experience in chronic care facilities. (Detail)	4.11.g.2.	Experience should include consultation t services, as well as consultative experie
IV.C.10.	Fellows should have experiences that enable them to become familiar with the organizational and administrative aspects of home health care services, outreach services, and crisis intervention services in both community and home settings. (Core)	4.11.h.	Fellows should have experiences that er organizational and administrative aspect outreach services, and crisis interventior settings. (Core)
IV.C.11.	Each fellow must have a minimum of two hours of faculty preceptorship weekly, one of which must be one-to-one preceptorship and one of which may be group preceptorship. (Core)	4.11.i.	Each fellow must have a minimum of two one of which must be one-to-one precep preceptorship. (Core)

leted within no more than a two-year

cluding grand rounds, case conferences, specifically designed to augment clinical

nt of all required didactic components of

nbers should be documented. (Detail)

nstruction and clinical experiences to

competency-based outcomes. (Core) ience, fellows must be assigned to follow

care. (Core)

ce in geriatric psychopharmacology, ve brain stimulation, and using individual

ences as part of an interdisciplinary

consultation experience. (Core)

rmally available on the non-psychiatric etail)

n to inpatient, outpatient, and emergency ience in chronic care facilities. (Detail)

enable them to become familiar with the ects of home health care services, ion services in both community and home

wo hours of faculty preceptorship weekly, eptorship and one of which may be group

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The prograd environment that fosters the acquisite participation in scholarly activities as Program Requirements. Scholarly activities integration, application, and teaching 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, popu other programs might choose to utiliz research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities 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.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Faculty members must participate in sch subspecialty, including local, regional, an research, presentations, or publications.
IV.D.2.a)	Faculty members must participate in scholarly activities appropriate to the subspecialty, including local, regional, and national specialty societies; research; presentations; or publications. (Detail)	4.14.	Faculty Scholarly Activity Faculty members must participate in sch subspecialty, including local, regional, an research, presentations, or publications.
IV.D.2.b)	Faculty members must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)	4.14.a.	Faculty members must regularly particip rounds, journal clubs, and conferences.
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Fellows must participate in developing n findings. (Core)
IV.D.3.a)	Fellows must participate in developing new knowledge or evaluating research findings. (Core)	4.15.	Fellow Scholarly Activity Fellows must participate in developing n findings. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation

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 nctivities may include discovery, ng.

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

dence of scholarly activities, ims. (Core)

dence of scholarly activities, ims. (Core)

cholarly activities appropriate to the and national specialty societies, is. (Detail)

cholarly activities appropriate to the and national specialty societies, s. (Detail)

ipate in organized clinical discussions, s. (Detail)

new knowledge or evaluating research

new knowledge or evaluating research

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser 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 Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at lea
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 objection 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 other professional staff members); ar
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 perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designer Competency Committee, must meet v documented semi-annual evaluation along the subspecialty-specific Miles
V.A.1.d).(2)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.d.	The program director or their designer Competency Committee, must developrogress, following institutional polic
V.A.1.e)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.e.	The evaluations of a fellow's perform by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones subspecialty-specific Case Logs, mus are able to engage in autonomous pro program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	

valuation erve, evaluate, and frequently provide rring each rotation or similar

valuation

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

valuation

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

the completion of the assignment.

east every three months. (Core)

ctive performance evaluation based on sialty-specific Milestones, and must:

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

ical Competency Committee for its formance and improvement toward

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

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	become part of the fellow's permanent record maintained by the	Rumber	The final evaluation must become par
	institution, and must be accessible for review by the fellow in accordance		maintained by the institution, and mus
V.A.2.a).(2).(a)	with institutional policy; (Core)	5.2.b.	fellow in accordance with institutiona
,,,,,,,			The final evaluation must verify that the
	verify that the fellow has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors nece
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
			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.	the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competenc
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a co
	be faculty members from the same program or other programs, or other		be faculty members from the same pro
	health professionals who have extensive contact and experience with the		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]	
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)
	determine each fellow's progress on achievement of the subspecialty-		The Clinical Competency Committee r
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.c.	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 o 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 sc
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p

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

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of

nust be appointed by the program

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

e must review all fellow evaluations at

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

e must meet prior to the fellows' semiprogram 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

ent

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the F conduct and document the Annual Progr program's continuous improvement proc
V.C.1	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member,	5.5.	The Program Evaluation Committee mus program faculty members, at least one o
V.C.1.a) V.C.1.b)	and at least one fellow. (Core) Program Evaluation Committee responsibilities must include:	5.5.a. [None]	and at least one fellow. (Core)
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 responsi program's self-determined goals and pro (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 responsi ongoing program improvement, includin based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsi current operating environment to identify opportunities, and threats as related to t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee show prior Annual Program Evaluation(s), agg evaluations of the program, and other re 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 mus and aims, strengths, areas for improvem
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includin distributed to and discussed with the me the fellows, and be submitted to the DIO.
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self-S (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.		Board Certification One goal of ACGME-accredited educatio seek and achieve board certification. On the educational program is the ultimate p
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encourage take the certifying examination offered b of Medical Specialties (ABMS) member b Association (AOA) certifying board.
	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		Board Certification For subspecialties in which the ABMS m certifying board offer(s) an annual writte years, the program's aggregate pass rate for the first time must be higher than the
V.C.3.a)	programs in that subspecialty. (Outcome)	5.6.	programs in that subspecialty. (Outcome

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

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

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

ponsibilities must include guiding luding development of new goals,

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

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

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

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

self-Study and submit it to the DIO.

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

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

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremen
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 ABM certifying board offer(s) a biennial we 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 ABM certifying board offer(s) an annual or the program's aggregate pass rate of first time must be higher than the boy 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 ABM certifying board offer(s) a biennial or the program's aggregate pass rate of first time must be higher than the boa that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in graduates over the time period speci an 80 percent pass rate will have met percentile rank of the program for pa (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles: •Excellence in the safety and quality of care rendered to patients by		Section 6: The Learning and Working Fellowship education must occur in t environment that emphasizes the foll •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 professionalism		fellows today •Excellence in the safety and quality today's fellows in their future practice •Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the 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]	

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

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

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

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

ng Environment

the context of a learning and working plowing principles:

of care rendered to patients by

y of care rendered to patients by ice

oviding care for patients

he students, residents, fellows, faculty lealth care team

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Requirement Number	Culture of Safety	Number	Kequirement
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.
, , ,	The program, its faculty, residents, and fellows must actively participate in		The program, its faculty, residents, an
VI.A.1.a).(1).(a)	patient safety systems and contribute to a culture of safety. (Core)	6.1.	patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and instit changes to ameliorate patient safety w
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; (Core)	6.2.	Residents, fellows, faculty members, a must know their responsibilities in rep unsafe conditions at the clinical site, 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 infor 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
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
	Fellows and faculty members must receive data on quality metrics and		Fellows and faculty members must re-
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4.	benchmarks related to their patient po

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 te to a culture of safety. (Core)

r-up of safety events, near misses, and anisms for improving patient safety, f any patient safety program. Feedback tial to developing true competence in stitute sustainable systems-based 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 fety and quality improvement activities, er activities that include analysis, as tion of actions. (Core)

tizing activities for care improvement ment efforts. receive data on quality metrics and populations. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structure accountability as it relates to the supe
VI.A.2.	Supervision and Accountability	[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.
	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 un the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structure accountability as it relates to the supe
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; ensures skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a)	Fellows and faculty members must inform each patient of their respective		Fellows and faculty members must in
VI.A.2.a).(1)		6.5.	roles in that patient's care when provi
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.a.	This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the program must demonstrate that the place for all fellows is based on each as well as patient complexity and acuit through a variety of methods, as approximations as a proximal seturations.
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.

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

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

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

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. to fellows, faculty members, other nd patients. (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)

ervision while providing for graded ogram must use the following

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremen
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate tele
			Direct Supervision The supervising physician is physica key portions of the patient interactior
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 pat the fellow and the supervising physic patient care through appropriate tele
			Direct Supervision The supervising physician is physica key portions of the patient interactior
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 pat the fellow and the supervising physic patient care through appropriate tele
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 availabl 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 progr (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 Milester
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)		Faculty members functioning as super portions of care to fellows based on the of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisor 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)		Programs must set guidelines for circ fellows must communicate with the s

cally present with the fellow during the ion.

Patient is not physically present with sician is concurrently monitoring the lecommunication technology.

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patient is not physically present with sician is concurrently monitoring the lecommunication technology.

cally present with the fellow during the one content of the fellow during the formation of the fellow during the fellow

Patient is not physically present with sician is concurrently monitoring the lecommunication technology.

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

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

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

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

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

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

ircumstances and events in which supervising faculty member(s). (Core)

VI.A.2.e).(1) Fac the VI.A.2.f) VI.B. VI.B. VI.B. VI.B.1. VI.B.2. Circlender Fac the Pro- fell res to the Pro- fell res to the Pro- fell res	aculty supervision assignments must be of sufficient duration to assess he knowledge and skills of each fellow and to delegate to the fellow the	6.10.a. 6.11.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome) Faculty supervision assignments must the knowledge and skills of each fellow appropriate level of patient care authors.
VI.A.2.f) the app VI.B. Pro Field res to b VI.B.1. pat VI.B.2. The	e knowledge and skills of each fellow and to delegate to the fellow the	6.11.	the knowledge and skills of each fello appropriate level of patient care author
Pro fell res to I VI.B.1. pat VI.B.2. The			Professionalism
fell res to l VI.B.1. pat VI.B.2. The	rofessionalism	6.12.	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)
	rograms, in partnership with their Sponsoring Institutions, must educate llows and faculty members concerning the professional and ethical esponsibilities of physicians, including but not limited to their obligation be appropriately rested and fit to provide the care required by their atients. (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 p patients. (Core)
	ne learning objectives of the program must:	[None]	
	e accomplished without excessive reliance on fellows to fulfill non- nysician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b) ens	nsure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
exp pro	clude efforts to enhance the meaning that each fellow finds in the operience of being a physician, including protecting time with patients, roviding administrative support, promoting progressive independence ad 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)
pro	ne program director, in partnership with the Sponsoring Institution, must rovide a culture of professionalism that supports patient safety and ersonal responsibility. (Core)	6.12.d.	The program director, in partnership of provide a culture of professionalism to personal responsibility. (Core)
per	ellows and faculty members must demonstrate an understanding of their ersonal role in the safety and welfare of patients entrusted to their care, cluding 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 of
a p psy for	rograms, in partnership with their Sponsoring Institutions, must provide professional, equitable, respectful, and civil environment that is sychologically safe and that is free from discrimination, sexual and other orms of harassment, mistreatment, abuse, or coercion of students, llows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
Pro	rograms, in partnership with their Sponsoring Institutions, should have a rocess for education of fellows and faculty regarding unprofessional ehavior and a confidential process for reporting, investigating, and		Programs, in partnership with their S process for education of fellows and behavior and a confidential process f

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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
	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 proactive attention to life inside and outside of medicine. Well-being		development of the competent, caring proactive attention to life inside and c
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the joy
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and r
	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		professionalism; they are also skills t
	nurtured in the context of other aspects of fellowship training.		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 competence. Physicians and all members of the health care team share		same responsibility to address well-b 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.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
1.0.1.	attention to scheduling, work intensity, and work compression that	0.10.	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 encourage
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
VI.C.1.c).(1)	and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	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 potent
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-so
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
VI.C.1.e)	counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	counseling, and treatment, including 24 hours a day, seven days a week. (0
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fell
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	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)

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

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

mbers in:

urnout, depression, and substance use 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

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Roman Numeral Requirement Number	Requirement Language	Requirement Number	Requirement Language
	The program must have policies and procedures in place to ensure	Number	The program must have policies and procedures in place to ensure
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure continuity of patient care. (Core)
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)
vi.d.	Fatigue Mitigation	6.15.	Fatigue Mitigation 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)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)
VI.E.2.a)	Contributors to effective interprofessional teams include consulting physicians, psychologists, psychiatric nurses, social workers, and other professional and paraprofessional mental health personnel involved in the evaluation and treatment of patients. (Detail)	6.18.a.	Contributors to effective interprofessional teams include consulting physicians, psychologists, psychiatric nurses, social workers, and other professional and paraprofessional mental health personnel involved in the evaluation and treatment of patients. (Detail)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
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 assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
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 Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)

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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 S an effective program structure that is educational and clinical experience o opportunities for rest and personal a
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educ Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit 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 k 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 t 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 f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
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 Educatio Clinical and educational work periods hours of continuous scheduled clinic
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 effe fellow education. Additional patient c assigned to a fellow during this time.
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)

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

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

ork and Education f between scheduled clinical work and

ork and Education f between scheduled clinical work and

s free of clinical work and education re)

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

ion Period Length

ods for fellows must not exceed 24 nical assignments. (Core)

ion Period Length

ods for fellows must not exceed 24 nical assignments. (Core)

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

Exceptions

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

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted 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 of 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 at (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 edue 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 an individual programs based on a sound
VI.F.4.c)	The Review Committee for Psychiatry will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Psychiatry wi to the 80-hour limit to the fellows' work w
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	6.25.a.	Time spent by fellows in internal and on the ACGME Glossary of Terms) must is maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.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 f 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.

lucation must be counted toward the

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

will not consider requests for exceptions week.

n 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-

ıcy

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, pre) Geriatric Psychiatry Crosswalk

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	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)		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 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 reasonable personal time for each fell

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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)

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