Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		Definition of Graduate Medical Educa Fellowship is advanced graduate med residency program for physicians wh practice. Fellowship-trained physicial subspecialty care, which may also in community resource for expertise in new knowledge into practice, and edu physicians. Graduate medical educat group of physicians brings to medical inclusive and psychologically safe le
Int.A.	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.		Fellows who have completed residen in their core specialty. The prior medi fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional in as role models of excellence, compas professionalism, and scholarship. The knowledge, patient care skills, and ex area of practice. Fellowship is an inter- clinical and didactic education that for of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, i members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient car expertise achieved, fellows develop r infrastructure that promotes collabor
Int.B.	Definition of Subspecialty Neuroendovascular intervention is a subspecialty that uses minimally invasive catheter-based technology, radiologic imaging, and clinical expertise to diagnose and treat diseases of the central nervous system, head, neck, and spine. The unique clinical and invasive nature of this subspecialty requires special training and skills.	[None]	Definition of Subspecialty Neuroendovascular intervention is a sub catheter-based technology, radiologic in diagnose and treat diseases of the cent spine. The unique clinical and invasive r special training and skills.

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 sation 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 icians entering residency. The fellow's ialty is undertaken with appropriate independence. Faculty members serve assion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused itensive program of subspecialty focuses on the multidisciplinary care often physically, emotionally, and rs in a variety of clinical learning te medical education and the wells, faculty members, students, and all

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

ubspecialty that uses minimally invasive imaging, and clinical expertise to ntral nervous system, head, neck, and e nature of this subspecialty requires

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Length of Educational Program		Length of Program
	The educational program in neuroendovascular intervention must be 24 months		The educational program in neuroendov
Int.C.	in length. (Core)	4.1.	in length. (Core)
l	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp medical education consistent with th
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is new most commonly utilized site of clinical primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by o
I.A.1.	Institution. (Core)	1.1.	Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization 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.B.1.a)	A program in neuroendovascular intervention must be jointly administered by programs in diagnostic radiology, neurological surgery, neuroradiology, and child neurology or neurology which are accredited by the ACGME; these programs must be present within the same primary clinical site. (Core)	1.2.a.	A program in neuroendovascular interve programs in diagnostic radiology, neuro child neurology or neurology which are a programs must be present within the sa
I.B.1.a).(1)	To request an exception, programs should submit a plan for how the intent of the requirement will be met. (Core)	1.2.a.1.	To request an exception, programs shout the requirement will be met. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of age and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is acco site, in collaboration with the program
	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the		The program director must submit an participating sites routinely providing for all fellows, of one month full time
I.B.4.	ACGME's Accreditation Data System (ADS). (Core)	1.6.	ACGME's Accreditation Data System

ovascular intervention must be 24 months

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

vention must be jointly administered by rological surgery, neuroradiology, and e accredited by the ACGME; these same primary clinical site. (Core) ould submit a plan for how the intent of

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

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

ical learning and working environment

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
· ·	Workforce Recruitment and Retention		Workforce Recruitment and Retention
I.C.	The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
1.0.	Nesources	1.0.	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.	The program, in partnership with its S the availability of adequate resources
I.D.1.a)	Equipment and Facilities	1.8.a.	Equipment and Facilities Modern imaging/procedure rooms and e the performance of all neuroendovascula
I.D.1.a).(1)	Modern imaging/procedure rooms and equipment must be available and permit the performance of all neuroendovascular intervention procedures. (Core)	1.8.a.	Equipment and Facilities Modern imaging/procedure rooms and e the performance of all neuroendovascula
I.D.1.a).(2)	Rooms in which neuroendovascular intervention procedures are performed must be equipped with physiological monitoring and resuscitative equipment. (Core)	1.8.b.	Rooms in which neuroendovascular inte be equipped with physiological monitorir
I.D.1.a).(2).(a)	The following equipment must be modern and available to the program:	1.8.b.1.	The following equipment must be moder
I.D.1.a).(2).(a).(i)	magnetic resonance imaging (MRI) scanner equipped with high-speed gradients, and perfusion capability; (Core)	1.8.b.1.a.	magnetic resonance imaging (MRI) scar gradients, and perfusion capability; (Cor
I.D.1.a).(2).(a).(ii)	computed tomography (CT) scanner (multi-detector) capable of CT angiography and CT perfusion; (Core)	1.8.b.1.b.	computed tomography (CT) scanner (mu and CT perfusion; (Core)
I.D.1.a).(2).(a).(iii)	biplane digital subtraction angiography with roadmap and three-dimensional imaging capability; (Core)	1.8.b.1.c.	biplane digital subtraction angiography v imaging capability; (Core)
I.D.1.a).(2).(a).(vi)	ultrasound; and, (Core)	1.8.b.1.d.	ultrasound; and, (Core)
I.D.1.a).(2).(a).(v)	radiographic-fluoroscopic room(s). (Core)	1.8.b.1.e.	radiographic-fluoroscopic room(s). (Core
I.D.1.a).(3)	Facilities for storing catheters, guidewires, contrast materials, embolic agents, and other supplies must be adjacent to or within procedure rooms. (Core)	1.8.c.	Facilities for storing catheters, guidewire and other supplies must be adjacent to c
I.D.1.a).(4)	There must be adequate space and facilities for image display and interpretation, and for consultation with other clinicians. (Core)	1.8.d.	There must be adequate space and facilinterpretation, and for consultation with o
I.D.1.a).(5)	The sites where neuroendovascular intervention training is conducted must include inpatient, outpatient, emergency, and intensive care facilities for direct fellow involvement in providing comprehensive neuroendovascular intervention care. (Core)	1.8.e.	The sites where neuroendovascular inte include inpatient, outpatient, emergency fellow involvement in providing compreh care. (Core)
I.D.1.a).(6)	The Sponsoring Institution should provide laboratory facilities to support research projects pertinent to endovascular therapies. (Detail)	1.8.f.	The Sponsoring Institution should provid research projects pertinent to endovascu
	The program must ensure an adequate patient population with a diversity of illnesses from which fellows may obtain a broad experience in		The program must ensure an adequate illnesses from which fellows may obtain
I.D.1.b)	neuroendovascular intervention. (Core)	1.8.g.	neuroendovascular intervention. (Core)

on

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

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

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

equipment must be available and permit ular intervention procedures. (Core)

equipment must be available and permit ular intervention procedures. (Core)

tervention procedures are performed must ring and resuscitative equipment. (Core)

ern and available to the program:

anner equipped with high-speed ore)

multi-detector) capable of CT angiography

with roadmap and three-dimensional

ore)

ires, contrast materials, embolic agents, o or within procedure rooms. (Core)

cilities for image display and o other clinicians. (Core)

tervention training is conducted must cy, and intensive care facilities for direct ehensive neuroendovascular intervention

vide laboratory facilities to support scular therapies. (Detail)

e patient population with a diversity of in a broad experience in

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.1.b).(1)	The volume of the patient population must be adequate to provide a minimum of 250 therapeutic neuroendovascular intervention procedures per fellow. (Core)	1.8.g.1.	The volume of the patient population mu 250 therapeutic neuroendovascular inte
I.D.1.c)	The case material should encompass a range of diseases, including: (Core)	1.8.h.	The case material should encompass a
I.D.1.c).(1)	aneurysms; (Core)	1.8.h.1.	aneurysms; (Core)
I.D.1.c).(2)	arteriovenous malformation; (Core)	1.8.h.2.	arteriovenous malformation; (Core)
I.D.1.c).(3)	atherosclerotic disease of the cervical vessels; (Core)	1.8.h.3.	atherosclerotic disease of the cervical v
I.D.1.c).(4)	occlusive vascular disease and acute infarction; (Core)	1.8.h.4.	occlusive vascular disease and acute in
I.D.1.c).(5)	intracranial neoplasms; (Core)	1.8.h.5.	intracranial neoplasms; (Core)
I.D.1.c).(6)	vascular anomalies of the head and neck; (Core)	1.8.h.6.	vascular anomalies of the head and nec
I.D.1.c).(7)	neoplasms of the head and neck; (Core)	1.8.h.7.	neoplasms of the head and neck; (Core
I.D.1.c).(8)	vascular anomalies of the spine; (Core)	1.8.h.8.	vascular anomalies of the spine; (Core)
I.D.1.c).(9)	neoplasms of the spine; and, (Core)	1.8.h.9.	neoplasms of the spine; and, (Core)
I.D.1.c).(10)	traumatic vascular lesions of the central nervous system (CNS), head, neck, and spine. (Core)	1.8.h.10.	traumatic vascular lesions of the central spine. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its s healthy and safe learning and workin 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)
,	safe, quiet, clean, and private sleep/rest facilities available and accessible		safe, quiet, clean, and private sleep/r
I.D.2.b)	for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	for fellows with proximity appropriate
,	clean and private facilities for lactation that have refrigeration capabilities,		clean and private facilities for lactation
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	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 dis Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to s appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	Other Learners and Health Care Pers The presence of other learners and o but not limited to residents from othe advanced practice providers, must no fellows' education. (Core)
I.E.1.a)	The program in neuroendovascular intervention must not have an adverse impact on the educational experience of child neurology, diagnostic radiology, interventional radiology, neurocritical care, neurological surgery, neurology, neuroradiology, or vascular neurology residents and fellows in the same institution. (Core)	1.11.a.	The program in neuroendovascular inter impact on the educational experience of interventional radiology, neurocritical ca neuroradiology, or vascular neurology re institution. (Core)
II.	Personnel	Section 2	Section 2: Personnel

must be adequate to provide a minimum of ntervention procedures per fellow. (Core) a range of diseases, including: (Core)

vessels; (Core) infarction; (Core)

eck; (Core)

re)

ral nervous system (CNS), head, neck, and

s Sponsoring Institution, must ensure king environments that promote fellow

)

o/rest facilities available and accessible ate for safe patient care; (Core)

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

opriate to the participating site; and,

lisabilities consistent with the pre)

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

rsonnel

l other health care personnel, including her programs, subspecialty fellows, and not negatively impact the appointed

tervention must not have an adverse of child neurology, diagnostic radiology, care, neurological surgery, neurology, residents and fellows in the same

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
<u> </u>			Program Director There must be one faculty member a authority and accountability for the c
II.A.	Program Director	2.1.	with all applicable program requirem
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 a authority and accountability for the o with all applicable program requirem
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 Gradua (GMEC) must approve a change in pr program director's licensure and clir
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (Core)
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 applica must be provided with support adeque based upon its size and configuration
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director mus and support specified below for adminis
II.A.2.a)	Number of Approved Fellow Positions: 1 to 6 Minimum Support Required (FTE): 0.1 Number of Approved Fellow Positions: 7 to 8 Minimum Support Required (FTE): 0.2 Number of Approved Fellow Positions: 9 or more Minimum Support Required (FTE): 0.3	2.3.a.	Number of Approved Fellow Positions: 7 (FTE): 0.1 Number of Approved Fellow Positions: 7 (FTE): 0.2 Number of Approved Fellow Positions: 9 (FTE): 0.3
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess 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 qualifications acceptable to the Revie
II.A.3.a).(1)	This must include special expertise in neuroendovascular interventions. (Core)	2.4.b.	The program director must possess spe interventions. (Core)
	have current certification in the specialty by the American Board of Neurological Surgery, Psychiatry and Neurology, Radiology, or the American Osteopathic Board of Neurological Surgery, Neurology and Psychiatry, or Radiology, or possess qualifications judged acceptable to the Review Committee; (Core)		The program director must possess of by the American Board of Neurologica Radiology, or the American Osteopath Neurology and Psychiatry, or Radiology acceptable to the Review Committee.
	[Note that while the Common Program Requirements deem certification by a certifying board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program I certifying board of the American Board of American Osteopathic Association (AO/ board that offers certification in this sub-
II.A.3.c)	must include appointment to the faculty in the departments of neurological surgery, radiology, and child neurology, or neurology; and, (Core)	2.4.c.	The program director must be appointed neurological surgery, radiology, and chi

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

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

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

tor resides with the Review Committee.

cable, the program's leadership team, equate for administration of the program ion. (Core)

nust be provided with the dedicated time histration of the program: (Core)

1 to 6 | Minimum Support Required

7 to 8 | Minimum Support Required

: 9 or more | Minimum Support Required

tor

s subspecialty expertise and view Committee. (Core)

tor

s subspecialty expertise and view Committee. (Core)

pecial expertise in neuroendovascular

s current certification in the specialty ical Surgery, Psychiatry and Neurology, athic Board of Neurological Surgery, gy, or possess qualifications judged ee. (Core)

n Requirements deem certification by a d of Medical Specialties (ABMS) or the OA) acceptable, there is no ABMS or AOA ubspecialty]

ted to the faculty in the departments of hild neurology, or neurology. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	must devote at least 50 percent of their practice to neuroendovascular		The program director must devote at lea
II.A.3.d)	intervention. (Core)	2.4.d.	neuroendovascular intervention. (Core)
	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 resp 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 ca
II.A.4.a)		[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating 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)		The program director must have the a physicians and non-physicians as fac sites, including the designation of con develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
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 and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and due process, including when action is promote, or renew the appointment o
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 restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (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,

east 50 percent of their practice to

sponsibility, 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

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

e authority to remove fellows from ming environments that do not meet

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

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

he program's compliance with the d procedures related to grievances and is taken to suspend or dismiss, not to of a fellow. (Core)

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

n a non-competition guarantee or

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide a interview with information related to specialty board examination(s). (Core
П.В.	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 themselves.		Faculty Faculty members are a foundational of education – faculty members teach for Faculty members provide an importation and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, commini- patient care, professionalism, and a con- faculty members experience the prior development of future colleagues. The the opportunity to teach and model end scholarly approach to patient care, far medical education system, improve to population. Faculty members ensure that patients from a specialist in the field. They react the patients, fellows, community, and provide appropriate levels of supervise faculty members create an effective of professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a)	There must be at least one faculty member with expertise in open cerebrovascular surgery available to the program. (Core)	2.6.a.	There must be at least one faculty mem cerebrovascular surgery available to the
II.B.1.a).(1)	This faculty member should have a teaching appointment in the departments of child neurology, neurological surgery, neurology, or radiology. (Detail)	2.6.a.1.	This faculty member should have a teac child neurology, neurological surgery, neurologic
II.B.1.b) II.B.2	There must be at least two faculty members with expertise in neuroendovascular intervention or neuroendovascular surgery for each fellow in the program. (Core) Faculty members must:	2.6.b.	There must be at least two faculty memi intervention or neuroendovascular surge
II.B.2.a)		[None] 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 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
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

applicants who are offered an o their eligibility for the relevant re)

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

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

of faculty members with competence to Core)

mber with expertise in open he program. (Core)

aching appointment in the departments of neurology, or radiology. (Detail)

mbers with expertise in neuroendovascular gery for each fellow in the program. (Core)

lels 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 g fellows. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.2.g)	encourage and support fellows in scholarly activities; and, (Core)	2.7.f.	Faculty members must encourage and s (Core)
II.B.2.h)	provide didactic teaching and direct supervision of fellows' performance in clinical patient management and in the procedural, interpretive, and consultative aspects of neuroendovascular intervention. (Core)	2.7.g.	Faculty members must provide didactic t fellows' performance in clinical patient m interpretive, and consultative aspects of
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 appropria hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the specialty by the American Board of Neurological Surgery, Psychiatry and Neurology, Radiology, or the American Osteopathic Board of Neurological Surgery, Neurology and Psychiatry, Radiology, or possess qualifications judged acceptable to the Review Committee; (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty member the specialty by the American Board of Neurology, Radiology, or the American Surgery, Neurology and Psychiatry, Rad judged acceptable to the Review Com
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program R certifying board of the American Board o American Osteopathic Association (AOA board that offers certification in this subs
II.B.3.b).(2)	devote at least 50 percent of their practice to neuroendovascular interventions; (Core)	2.9.b.	Subspecialty physician faculty members practice to neuroendovascular intervention
II.B.3.b).(3)	be appointed in good standing to the faculty of an institution participating in the program; and, (Core)	2.9.c.	Subspecialty physician faculty members the faculty of an institution participating in
II.B.3.b).(4)	hold primary and/or joint appointments in the departments of child neurology or neurology, neurological surgery, and radiology. (Detail)	2.9.d.	Subspecialty physician faculty members appointments in the departments of child surgery, and radiology. (Detail)
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 b Association (AOA) certifying board, o acceptable to the Review Committee.

ent Language rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

support fellows in scholarly activities.

c teaching and direct supervision of management and in the procedural, of neuroendovascular intervention. (Core)

oriate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

nbers

adiology, or possess qualifications ommittee. (Core)

Requirements deem certification by a l of Medical Specialties (ABMS) or the DA) acceptable, there is no ABMS or AOA bspecialty]

rs must devote at least 50 percent of their ntions. (Core)

rs must be appointed in good standing to g in the program. (Core)

rs must hold primary and/or joint ild neurology or neurology, neurological

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

Roman Numeral	Pequirement Lenguege	Reformatted	D
Requirement Number		Requirement Number	Requirement
	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to		Core Faculty Core faculty members must have a signal supervision of fellows and must devo effort to fellow education and/or admi of their activities, teach, evaluate, and
II.B.4.	fellows. (Core)	2.10.	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)	There must be at least two core faculty members, including the program director, with expertise in neuroendovascular intervention or neuroendovascular surgery. (Core)	2.10.b.	There must be at least two core faculty r director, with expertise in neuroendovase surgery. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core)		At a minimum, the program coordinator r time and support specified below for adm (Core)
	Number of Approved Fellow Positions: 1-3 Minimum Support Required (FTE): 0.3 Number of Approved Fellow Positions: 4-7 Minimum Support Required (FTE): 0.4		Number of Approved Fellow Positions: 1 0.3 Number of Approved Fellow Positions: 4 0.4
II.C.2.a)	Number of Approved Fellow Positions: 8 or more Minimum Support Required (FTE): 0.5	2.11.b.	Number of Approved Fellow Positions: 8 (FTE): 0.5
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary pe administration of the program. (Core)
II.D.1.	There should be nurses and technicians skilled in neuroendovascular intervention, radiological equipment, critical care instrumentation, respiratory function, and laboratory medicine available to the program. (Core)	2.12.a.	There should be nurses and technicians intervention, radiological equipment, criti function, and laboratory medicine availab
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 or an AOA-approved residency program. (Core)	3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an A or an AOA-approved residency progra
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fic evaluations from the core residency p

significant role in the education and vote a significant portion of their entire ministration, and must, as a component nd provide formative feedback to

e annual ACGME Faculty Survey.

y members, including the program ascular intervention or neuroendovascular

or. (Core)

or. (Core)

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

or must be provided with the dedicated dministration of the program as follows:

- 1-3 | Minimum Support Required (FTE):
- : 4-7 | Minimum Support Required (FTE):
- 8 or more | Minimum Support Required

s Sponsoring Institution, must jointly personnel for the effective re)

ns skilled in neuroendovascular ritical care instrumentation, respiratory lable to the program. (Core)

ip Programs ntry into ACGME-accredited fellowship ACGME-accredited residency program gram. (Core)

verification of each entering fellow's field using ACGME Milestones y program. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Dominamor
[None]	Prerequisite Post-Graduate Education	[None]	Requiremen
	Radiology Pathway 1: Fellows entering from diagnostic radiology must have	3.2.a.1.	Prerequisite Post-Graduate Education - Fellows entering from diagnostic radiolo accredited or AOA-approved residency completed an ACGME-accredited or AC neuroradiology. (Core)
III.A.1.a).(1).(a)	completed an ACGME-accredited or AOA-approved residency in diagnostic radiology; and, (Core)	3.2.a.1.	Prerequisite Post-Graduate Education - Fellows entering from diagnostic radiolo accredited or AOA-approved residency completed an ACGME-accredited or AC neuroradiology. (Core)
III.A.1.a).(1).(b)	completed an ACGME-accredited or AOA-approved fellowship in neuroradiology. (Core)	3.2.a.1.	Prerequisite Post-Graduate Education - Fellows entering from diagnostic radiolo accredited or AOA-approved residency completed an ACGME-accredited or AC neuroradiology. (Core)
III.A.1.a).(2)	Radiology Pathway 2: Fellows entering from diagnostic radiology programs are eligible to enter at the second year of the neuroendovascular intervention program, and:	3.2.a.2.	Prerequisite Post-Graduate Education - Fellows entering from diagnostic radiolo second year of the neuroendovascular i
III.A.1.a).(2).(a)	must have completed an ACGME-accredited or AOA-approved residency in diagnostic radiology; and, (Core)	3.2.a.2.a.	Fellows must have completed an ACGM residency in diagnostic radiology. (Core
III.A.1.a).(2).(b)	must have completed an ACGME-accredited or AOA-approved fellowship in neuroradiology; and, (Core)	3.2.a.2.b.	Fellows must have completed an ACGM fellowship in neuroradiology. (Core)
	during the PGY-5 of diagnostic radiology residency and the PGY-6 of neuroradiology fellowship, must complete six months of clinical rotations and training in neurological surgery, vascular neurology, or neurointensive care with emphasis on becoming competent in the outpatient evaluation and care of pre- and post-procedure endovascular patients, as well as in the management of patients in the neurointensive care environment; and, (Core)	3.2.a.2.c.	During the PGY-5 of diagnostic radiolog neuroradiology fellowship, fellows must and training in neurological surgery, vas with emphasis on becoming competent pre- and post-procedure endovascular p of patients in the neurointensive care er
	during the PGY-5 of diagnostic radiology residency and the PGY-6 of neuroradiology fellowship, must complete at least 200 neuroangiograms under the supervision of a qualified physician (an ABR/AOBR-certified radiologist or interventional neuroradiologist, an ABNS/AOBS-certified endovascular neurosurgeon, or an ABNP/AOBNP-certified interventional neurologist with appropriate training). (Core)	3.2.a.2.d.	During the PGY-5 of diagnostic radiolog neuroradiology fellowship, fellows must under the supervision of a qualified phys radiologist or interventional neuroradiolo endovascular neurosurgeon, or an ABN neurologist with appropriate training). (C
III.A.1.a).(3)	Radiology Pathway 3: Fellows entering from interventional radiology must have:	3.2.a.3.	Prerequisite Post-Graduate Education - Fellows entering from interventional rad accredited or AOA-approved residency have completed an ACGME-accredited neuroradiology. (Core)
III.A.1.a).(3).(a)	completed an ACGME-accredited or AOA-approved residency in interventional radiology; and, (Core)	3.2.a.3.	Prerequisite Post-Graduate Education - Fellows entering from interventional rad accredited or AOA-approved residency have completed an ACGME-accredited neuroradiology. (Core)

n - Radiology Pathway 1 blogy must have completed an ACGMEcy in diagnostic radiology and must have AOA-approved fellowship in

n - Radiology Pathway 1 blogy must have completed an ACGMEcy in diagnostic radiology and must have AOA-approved fellowship in

n - Radiology Pathway 1 ology must have completed an ACGMEcy in diagnostic radiology and must have AOA-approved fellowship in

n - Radiology Pathway 2 blogy programs are eligible to enter at the ar intervention program.

GME-accredited or AOA-approved ore)

GME-accredited or AOA-approved

ogy residency and the PGY-6 of st complete six months of clinical rotations vascular neurology, or neurointensive care nt in the outpatient evaluation and care of ar patients, as well as in the management environment. (Core)

ogy residency and the PGY-6 of st complete at least 200 neuroangiograms hysician (an ABR/AOBR-certified ologist, an ABNS/AOBS-certified BNP/AOBNP-certified interventional (Core)

n - Radiology Pathway 3 adiology must have completed an ACGMEcy in interventional radiology and must ed or AOA-approved fellowship in

n - Radiology Pathway 3 adiology must have completed an ACGMEcy in interventional radiology and must ed or AOA-approved fellowship in

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
III.A.1.a).(3).(b)	completed an ACGME-accredited or AOA-approved fellowship in neuroradiology. (Core)	3.2.a.3.	Prerequisite Post-Graduate Education - Fellows entering from interventional radi accredited or AOA-approved residency have completed an ACGME-accredited neuroradiology. (Core)
	Radiology Pathway 4: Fellows entering from interventional radiology are eligible to enter at the second year of the neuroendovascular intervention program, and:	3.2.a.4.	Prerequisite Post-Graduate Education - Fellows entering from interventional rad year of the neuroendovascular intervent
III.A.1.a).(4).(a)	must have completed an ACGME-accredited or AOA-approved residency in interventional radiology; and, (Core)	3.2.a.4.a.	Fellows must have completed an ACGN residency in interventional radiology. (C
III.A.1.a).(4).(b)	must have completed an ACGME-accredited or AOA-approved fellowship in neuroradiology; and, (Core)	3.2.a.4.b.	Fellows must have completed an ACGN fellowship in neuroradiology. (Core)
	during the PGY-5 and -6 of interventional radiology residency and the PGY-7 of neuroradiology fellowship, must complete six months of clinical rotations and training in neurological surgery, vascular neurology, or neurointensive care with emphasis on becoming competent in the outpatient evaluation and care of pre- and post-procedure endovascular patients, as well as in the management of patients in the neurointensive care environment; and, (Core)	3.2.a.4.c.	During the PGY-5 and -6 of intervention neuroradiology fellowship, fellows must and training in neurological surgery, vas with emphasis on becoming competent pre- and post-procedure endovascular p of patients in the neurointensive care en
III.A.1.a).(4).(d)	during the PGY-5 and -6 of interventional radiology residency and the PGY-7 of neuroradiology fellowship, must complete at least 200 neuroangiograms under the supervision of a qualified physician (an ABR/AOBR-certified radiologist or interventional neuroradiologist, an ABNS/AOBS-certified endovascular neurosurgeon, or an ABNP/AOBNP-certified interventional neurologist with appropriate training). (Core)	3.2.a.4.d.	During the PGY-5 and -6 of intervention neuroradiology fellowship, fellows must under the supervision of a qualified phys radiologist or interventional neuroradiolo endovascular neurosurgeon, or an ABN neurologist with appropriate training). (C
III.A.1.a).(5)	Fellows entering from neurological surgery are eligible to enter at the second year of the neuroendovascular intervention fellowship, and must have:	3.2.a.5.	Fellows entering from neurological surgery year of the neuroendovascular intervent
III.A.1.a).(5).(a)	completed an ACGME-accredited or AOA-approved residency in neurological surgery, and, (Core)	3.2.a.5.a.	Fellows must have completed an ACGN residency in neurological surgery. (Core
III.A.1.a).(5).(b)	completed a preparatory year of neuroradiology training that provides education and clinical experience may occur during the neurological surgery residency, and should include: (Core)	3.2.a.5.b.	Fellows must have completed a prepara provides education and clinical experien surgery residency, and should include: (
III.A.1.a).(5).(b).(i)	a course in basic radiographic skills, including radiation physics, radiation biology, and radiation protection; and the pharmacology of radiographic contrast materials acceptable to the program director where the neuroradiology training will occur; (Core)	3.2.a.5.b.1.	a course in basic radiographic skills, inc biology, and radiation protection; and the materials acceptable to the program dire will occur; (Core)
III.A.1.a).(5).(b).(ii)	performing and interpreting a minimum of 200 diagnostic neuroangiograms under the supervision of a qualified physician (an ABR/AOBR-certified radiologist or interventional neuroradiologist, an ABNS/AOBS-certified endovascular neurosurgeon, or an ABNP/AOBNP-certified interventional neurologist with appropriate training; (Core)	3.2.a.5.b.2.	performing and interpreting a minimum of under the supervision of a qualified phys radiologist or interventional neuroradiolo endovascular neurosurgeon, or an ABN neurologist with appropriate training; (Co
	the use of needles, catheters, guidewires, and angiographic devices and materials; (Core)	3.2.a.5.b.3.	the use of needles, catheters, guidewire materials; (Core)
III.A.1.a).(5).(b).(iv)	recognition and management of complication of angiographic procedures; and, (Core)	3.2.a.5.b.4.	recognition and management of complic (Core)

a - Radiology Pathway 3 adiology must have completed an ACGMEby in interventional radiology and must ad or AOA-approved fellowship in

- Radiology Pathway 4 adiology are eligible to enter at the second ntion program.

GME-accredited or AOA-approved Core)

SME-accredited or AOA-approved

onal radiology residency and the PGY-7 of st complete six months of clinical rotations ascular neurology, or neurointensive care at in the outpatient evaluation and care of r patients, as well as in the management environment. (Core)

onal radiology residency and the PGY-7 of st complete at least 200 neuroangiograms sysician (an ABR/AOBR-certified ologist, an ABNS/AOBS-certified NP/AOBNP-certified interventional (Core)

gery are eligible to enter at the second ntion fellowship.

GME-accredited or AOA-approved re)

ratory year of neuroradiology training that ence may occur during the neurological :: (Core)

ncluding radiation physics, radiation the pharmacology of radiographic contrast irector where the neuroradiology training

n of 200 diagnostic neuroangiograms hysician (an ABR/AOBR-certified blogist, an ABNS/AOBS-certified NP/AOBNP-certified interventional Core)

res, and angiographic devices and

lication of angiographic procedures; and,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
III.A.1.a).(5).(b).(v)	understanding the fundamentals of non-invasive neurovascular imaging studies pertinent to the practice of neuroendovascular intervention, including CT/CTA, MR/MRA, and sonography of neurovascular diseases. (Core)	3.2.a.5.b.5.	understanding the fundamentals of non-i pertinent to the practice of neuroendovas MR/MRA, and sonography of neurovasc
III.A.1.a).(6)	Fellows entering from neurology are eligible to enter at the second year of the neuroendovascular intervention fellowship, and must have:	3.2.a.6.	Fellows entering from neurology are eligineuroendovascular intervention fellowsh
III.A.1.a).(6).(a)	completed an ACGME-accredited or AOA-approved residency in child neurology or neurology; and, (Core)	3.2.a.6.a.	Fellows must have completed an ACGM residency in child neurology or neurology
III.A.1.a).(6).(b)	completed an ACGME-accredited or AOA- approved vascular neurology or neurocritical care; and, (Core)	3.2.a.6.b.	Fellows must have completed an ACGM vascular neurology or neurocritical care;
III.A.1.a).(6).(c)	completed a preparatory year of neuroradiology training that provides education and clinical experience that includes: (Core)	3.2.a.6.c.	Fellows must have completed a preparat provides education and clinical experience
III.A.1.a).(6).(c).(i)	a course in basic radiographic skills, including radiation physics, radiation biology, and radiation protection; and the pharmacology of radiographic contrast materials acceptable to the program director where the neuroradiology training will occur; (Core)	3.2.a.6.c.1.	a course in basic radiographic skills, inclubiology, and radiation protection; and the materials acceptable to the program dire will occur; (Core)
III.A.1.a).(6).(c).(ii)	performing and interpreting a minimum of 200 diagnostic neuroangiograms under the supervision of a qualified physician (an ABR/AOBR-certified radiologist or interventional neuroradiologist, an ABNS/AOBS-certified endovascular neurosurgeon, or an ABNP/AOBNP-certified interventional neurologist with appropriate training); (Core)	3.2.a.6.c.2.	performing and interpreting a minimum o under the supervision of a qualified phys radiologist or interventional neuroradiolog endovascular neurosurgeon, or an ABNF neurologist with appropriate training); (Co
III.A.1.a).(6).(c).(iii)	instruction in the use of needles, catheters, guidewires, and angiographic devices and materials; (Core)	3.2.a.6.c.3.	instruction in the use of needles, cathete devices and materials; (Core)
III.A.1.a).(6).(c).(iv)	recognition and management of complication of angiographic procedures; and, (Core)	3.2.a.6.c.4.	recognition and management of complica (Core)
III.A.1.a).(6).(c).(v)	understanding the fundamentals of non-invasive neurovascular imaging studies pertinent to the practice of neuroendovascular intervention, including CT/CTA, MR/MRA and sonography of neurovascular diseases. (Core)	3.2.a.6.c.5.	understanding the fundamentals of non-i pertinent to the practice of neuroendovas MR/MRA and sonography of neurovascu
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoir Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based p acceptance of a transferring fellow, ar matriculation. (Core)

n-invasive neurovascular imaging studies vascular intervention, including CT/CTA, scular diseases. (Core)

ligible to enter at the second year of the ship.

GME-accredited or AOA-approved ogy; and, (Core)

ME-accredited or AOA- approved e; and, (Core)

ratory year of neuroradiology training that ence that includes: (Core)

ncluding radiation physics, radiation the pharmacology of radiographic contrast irector where the neuroradiology training

n of 200 diagnostic neuroangiograms ysician (an ABR/AOBR-certified ologist, an ABNS/AOBS-certified NP/AOBNP-certified interventional (Core)

eters, guidewires, and angiographic

lication of angiographic procedures; and,

n-invasive neurovascular imaging studies vascular intervention, including CT/CTA, scular diseases. (Core)

oint more fellows than approved by the

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is of and innovation in graduate medical exorganizational affiliation, size, or local
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)
			ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competenc Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu

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 am aiming to prepare physicianculum from one focusing on

lowing educational components:

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

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

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

yond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGN
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b) 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)	[None] 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) IV.B.1.b).(1).(b)	Fellows must demonstrate competence as consultants under the supervision of neuroendovascular intervention practitioners. (Core) Fellows must demonstrate competence in:	4.4.a. [None]	Fellows must demonstrate competence neuroendovascular intervention practitio
IV.B.1.b).(1).(b).(i)	recognizing the signs and symptoms of disorders amenable to diagnosis and treatment by neuroendovascular intervention techniques; (Core)	4.4.b.	Fellows must demonstrate competence i of disorders amenable to diagnosis and intervention techniques. (Core)
IV.B.1.b).(1).(b).(ii)	the recognition and management of indications and contraindications to neuroendovascular intervention procedures; (Core)	4.4.c.	Fellows must demonstrate competence indications and contraindications to neur (Core)
IV.B.1.b).(1).(b).(iii)	managing the pre- and post-operative care of endovascular patients; and, (Core)	4.4.d.	Fellows must demonstrate competence i care of endovascular patients. (Core)
IV.B.1.b).(1).(b).(iv)	managing patients requiring neurointensive care. (Core)	4.4.e.	Fellows must demonstrate competence i neurointensive care. (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
IV.B.1.b).(2).(a)	Fellows must participate in and demonstrate competence in:	[None]	
IV.B.1.b).(2).(a).(i)	personally performing and analyzing a broad spectrum of endovascular procedures; (Core)	4.5.a.	Fellows must participate in and demonst performing and analyzing a broad spectr
IV.B.1.b).(2).(a).(ii)	the management of patients with neurological disease, the performance of neuroendovascular intervention procedures, and the integration of neuroendovascular intervention therapy into the clinical management of patients; (Core)	4.5.b.	Fellows must participate in and demonst patients with neurological disease, the p intervention procedures, and the integrat therapy into the clinical management of
IV.B.1.b).(2).(a).(iii)	performing clinical pre-procedure evaluations of patients and their preliminary diagnostic studies, and consulting with clinicians on other services; (Core)	4.5.c.	Fellows must participate in and demonst pre-procedure evaluations of patients an and consulting with clinicians on other se
IV.B.1.b).(2).(a).(iv)	performing diagnostic and therapeutic neuroendovascular intervention procedures; (Core)	4.5.d.	Fellows must participate in and demonst diagnostic and therapeutic neuroendova
IV.B.1.b).(2).(a).(v)	performing physical examinations to evaluate patients with neurological disorders; (Core)	4.5.e.	Fellows must participate in and demonst examinations to evaluate patients with n
IV.B.1.b).(2).(a).(vi)	performing neurological examinations to evaluate patients with neurological disorders; (Core)	4.5.f.	Fellows must participate in and demonst neurological examinations to evaluate pa (Core)

ME Competencies into the curriculum.

nalism

itment to professionalism and an re)

re and Procedural Skills (Part A)

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

e as consultants under the supervision of tioners. (Core)

e in recognizing the signs and symptoms ad treatment by neuroendovascular

e in the recognition and management of euroendovascular intervention procedures.

e in managing the pre- and post-operative

e in managing patients requiring

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

nstrate competence in personally ctrum of endovascular procedures. (Core)

strate competence in the management of performance of neuroendovascular ration of neuroendovascular intervention of patients. (Core)

estrate competence in performing clinical and their preliminary diagnostic studies, services. (Core)

nstrate competence in performing vascular intervention procedures. (Core)

strate competence in performing physical neurological disorders. (Core)

strate competence in performing patients with neurological disorders.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Fellows must participate in and demons
IV.B.1.b).(2).(a).(vii)	generating procedural reports; and, (Core)	4.5.g.	procedural reports. (Core)
IV.B.1.b).(2).(a).(viii)	providing short- and long-term post-procedure follow-up care, including neurointensive care. (Core)	4.5.h.	Fellows must participate in and demons long-term post-procedure follow-up care
IV.B.1.b).(2).(a).(viii).(a)	The continuity of care must be of sufficient duration to ensure the fellow is familiar with the outcome of all neuroendovascular intervention procedures. (Core)	4.5.h.1.	The continuity of care must be of sufficient familiar with the outcome of all neuroen (Core)
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledg biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of the:	[None]	
IV.B.1.c).(1).(a)	clinical and technical aspects of neuroendovascular intervention procedures; (Core)	4.6.a.	Fellows must demonstrate knowledge o neuroendovascular intervention procedu
IV.B.1.c).(1).(b)	fundamentals of imaging physics and radiation biology; (Core)	4.6.b.	Fellows must demonstrate knowledge o and radiation biology. (Core)
IV.B.1.c).(1).(c)		4.6.c.	Fellows must demonstrate knowledge of studies pertinent to the practice. (Core)
IV.B.1.c).(1).(d)	medical and surgical alternatives to neuroendovascular intervention procedures; and, (Core)	4.6.d.	Fellows must demonstrate knowledge of neuroendovascular intervention procede
IV.B.1.c).(1).(e)	pathophysiology and natural history of relevant neurological disorders. (Core)	4.6.e.	Fellows must demonstrate knowledge of relevant neurological disorders. (Core
IV.B.1.c).(2)	Fellows must demonstrate knowledge of the following didactic component areas:	4.6.f.	Fellows must demonstrate knowledge of knowledge, including arterial and venou spine, spinal cord, and head and neck,
IV.B.1.c).(2).(a)	anatomical and physiologic basic knowledge, including: (Core)	4.6.f.	Fellows must demonstrate knowledge of knowledge, including arterial and venous spine, spinal cord, and head and neck,
IV.B.1.c).(2).(a).(i)	arterial and venous angiographic anatomy of the brain, spine, spinal cord, and head and neck, to include: (Core)	4.6.f.	Fellows must demonstrate knowledge of knowledge, including arterial and venou spine, spinal cord, and head and neck,
IV.B.1.c).(2).(a).(i).(a)	autoregulation; (Core)	4.6.f.1.	autoregulation; (Core)
IV.B.1.c).(2).(a).(i).(b)		4.6.f.2.	cerebral blood flow; (Core)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4.6.f.3.	collateral circulation; (Core)
, , , , , , , , ,	dangerous anastomosis; (Core)	4.6.f.4.	dangerous anastomosis; (Core)
, , , , , , , , , , , ,		4.6.f.5.	variants of anatomy; and, (Core)
IV.B.1.c).(2).(a).(i).(f)	vascular distributions and supply/drainage. (Core)	4.6.f.6.	vascular distributions and supply/draina
IV.B.1.c).(2).(a).(ii)	related bony and soft tissue anatomy and physiology, to include: (Core)	4.6.g.	Fellows must demonstrate knowledge o knowledge, including related bony and s include: (Core)
, , , , , , , , , , ,		4.6.g.1.	brain, neck, face, and spine soft tissue a
, , , , , , , , , , , ,		4.6.g.2.	ligamentous, articular and muscular and
IV.B.1.c).(2).(a).(ii).(c)	vertebral, face, and skull bony anatomy. (Core)	4.6.g.3.	vertebral, face, and skull bony anatomy

nstrate competence in generating

nstrate competence in providing short- and re, including neurointensive care. (Core)

cient duration to ensure the fellow is ndovascular intervention procedures.

nowledge

lge of established and evolving al, and social-behavioral sciences, as the application of this knowledge to

of the clinical and technical aspects of dures. (Core)

of the fundamentals of imaging physics

of the interpretation of neuroangiographic

of the medical and surgical alternatives to dures. (Core)

of the pathophysiology and natural history pre)

of anatomical and physiologic basic ous angiographic anatomy of the brain, t, to include: (Core)

of anatomical and physiologic basic ous angiographic anatomy of the brain, x, to include: (Core)

of anatomical and physiologic basic ous angiographic anatomy of the brain, x, to include: (Core)

nage. (Core)

of anatomical and physiologic basic d soft tissue anatomy and physiology, to

anatomy and physiology; (Core)

natomy; and, (Core)

y. (Core)

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	pharmacology of the CNS and vasculature and relevant brain physiology,		Fellows must demonstrate knowledge o
IV.B.1.c).(2).(b)	including: (Core)	4.6.h.	vasculature and relevant brain physiolog
IV.B.1.c).(2).(b).(i)	agents used in provocative testing; (Core)	4.6.h.1.	agents used in provocative testing; (Cor
IV.B.1.c).(2).(b).(ii)	coagulation cascade; (Core)	4.6.h.2.	coagulation cascade; (Core)
IV.B.1.c).(2).(b).(ii).(a)	antiaggregants; (Core)	4.6.h.2.a.	antiaggregants; (Core)
IV.B.1.c).(2).(b).(ii).(b)	anticoagulants; and, (Core)	4.6.h.2.b.	anticoagulants; and, (Core)
IV.B.1.c).(2).(b).(ii).(c)	thrombolytics. (Core)	4.6.h.2.c.	thrombolytics. (Core)
IV.B.1.c).(2).(b).(iii)	contrast agents; and, (Core)	4.6.h.3.	contrast agents; and, (Core)
IV.B.1.c).(2).(b).(iv)	vasodilators and constrictors. (Core)	4.6.h.4.	vasodilators and constrictors. (Core)
IV.B.1.c).(2).(c)	embolic, sclerosing, ablative, and bone stabilization agents, including: (Core)	4.6.i.	Fellows must demonstrate knowledge o stabilization agents, including: (Core)
IV.B.1.c).(2).(c).(i)	allergic reaction control; (Core)	4.6.i.1.	allergic reaction control; (Core)
IV.B.1.c).(2).(c).(ii)	blood pressure control; (Core)	4.6.i.2.	blood pressure control; (Core)
IV.B.1.c).(2).(c).(iii)	heart rate control; (Core)	4.6.i.3.	heart rate control; (Core)
IV.B.1.c).(2).(c).(iv)	infection; and, (Core)	4.6.i.4.	infection; and, (Core)
IV.B.1.c).(2).(c).(v)	stroke risk reduction. (Core)	4.6.i.5.	stroke risk reduction. (Core)
			Fellows must demonstrate knowledge o
IV.B.1.c).(2).(d)	technical aspects of neuroendovascular intervention, including: (Core)	4.6.j.	neuroendovascular intervention, includir
IV.B.1.c).(2).(d).(i)	catheter and delivery systems; (Core)	4.6.j.1.	catheter and delivery systems; (Core)
IV.B.1.c).(2).(d).(ii)	collateral network manipulations and flow diversion; (Core)	4.6.j.2.	collateral network manipulations and flor
IV.B.1.c).(2).(d).(iii)	complications of angiography and embolization; (Core)	4.6.j.3.	complications of angiography and embo
IV.B.1.c).(2).(d).(iv)	direct access/therapeutic injection techniques, to include biopsy and aspiration; (Core)	4.6.j.4.	direct access/therapeutic injection techn (Core)
IV.B.1.c).(2).(d).(v)	electrophysiology; (Core)	4.6.j.5.	electrophysiology; (Core)
TV.D.T.0).(2).(4).(4)	embolic, sclerosing, and stabilizing agents in cerebral, spinal, and head and	1.0.j.0.	embolic, sclerosing, and stabilizing ager
IV.B.1.c).(2).(d).(vi)	neck embolization; (Core)	4.6.j.6.	neck embolization; (Core)
IV.B.1.c).(2).(d).(vii)	flow-controlled navigations and embolization; (Core)	4.6.j.7.	flow-controlled navigations and embolization
IV.B.1.c).(2).(d).(viii)	imaging of the vascular system; (Core)	4.6.j.8.	imaging of the vascular system; (Core)
IV.B.1.c).(2).(d).(ix)	provocative testing; and, (Core)	4.6.j.9.	provocative testing; and, (Core)
IV.B.1.c).(2).(d).(x)	stents, balloons, and revascularization devices. (Core)	4.6.j.10.	stents, balloons, and revascularization of
IV.B.1.c).(3)	Fellows must demonstrate knowledge of the classification, clinical presentation, imaging appearance, natural history, epidemiology, hemodynamic and physiologic basis for disease and treatment, indications and techniques for treatment, contraindications for treatment, treatment alternatives, combined therapies, risks of treatment, and complication management for all the disease states listed below: (Core)	4.6.k.	Fellows must demonstrate knowledge o imaging appearance, natural history, ep physiologic basis for disease and treatment treatment, contraindications for treatment therapies, risks of treatment, and compli- states listed below: (Core)
IV.B.1.c).(3).(a)	arteriopathies; (Core)	4.6.k.1.	arteriopathies; (Core)
IV.B.1.c).(3).(b)	arteriovenous malformations and fistulae; (Core)	4.6.k.2.	arteriovenous malformations and fistulat
IV.B.1.c).(3).(c)	hemorrhage and epistaxis; (Core)	4.6.k.3.	hemorrhage and epistaxis; (Core)
IV.B.1.c).(3).(d)	other vascular malformations and lesions; (Core)	4.6.k.4.	other vascular malformations and lesion
IV.B.1.c).(3).(e)	stroke and cerebral ischemia; (Core)	4.6.k.5.	stroke and cerebral ischemia; (Core)
IV.B.1.c).(3).(f)	tumors; (Core)	4.6.k.6.	tumors; (Core)
IV.B.1.c).(3).(g)	vascular trauma; and, (Core)	4.6.k.7.	vascular trauma; and, (Core)
	vertebral fracture and degeneration. (Core)	4.6.k.8.	vertebral fracture and degeneration. (Co
IV.B.1.c).(3).(h)		Ŧ.U.N.U.	

of pharmacology of the CNS and logy, including: (Core)

ore)

of embolic, sclerosing, ablative, and bone

of technical aspects of ding: (Core)

low diversion; (Core)

bolization; (Core)

hniques, to include biopsy and aspiration;

jents in cerebral, spinal, and head and

ization; (Core)

n devices. (Core)

e of the classification, clinical presentation, epidemiology, hemodynamic and tment, indications and techniques for nent, treatment alternatives, combined uplication management for all the disease

lae; (Core)

ons; (Core)

Core)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	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)
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 infe patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health c social determinants of health, as well other resources to provide optimal he
			Curriculum Organization and Fellow F 4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t 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 if applicable for the subspecialty, incl
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	substance use disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	The assignment of educational experiences should be structured to minimize the frequency of transitions. (Detail)	4.10.a.	The assignment of educational experien the frequency of transitions. (Detail)

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

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

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

v Experiences

to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

ces ected time to participate in core

ion and experience in pain management icluding recognition of the signs of

to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised Il teaching, and didactic educational

ences should be structured to minimize

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.1.b)	Educational experiences should be of sufficient length to provide a quality educational experience defined by ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Detail)	4.10.b.	Educational experiences should be of su educational experience defined by ongo relationships with faculty members, and (Detail)
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 instructio if applicable for the subspecialty, inc substance use disorder. (Core)
IV.C.3.	The curriculum:	4.11.a.	Curriculum The curriculum must include 24 continue intervention clinical training under close
IV.C.3.a)	must include 24 continuous months of neuroendovascular intervention clinical training under close supervision; (Core)	4.11.a.	Curriculum The curriculum must include 24 continue intervention clinical training under close
IV.C.3.b)	must include didactic and clinical experiences that encompass the full clinical spectrum of neuroendovascular intervention therapy; (Core)	4.11.b.	The curriculum must include didactic an the full clinical spectrum of neuroendova
IV.C.3.c) IV.C.3.d)	should include procedural education using simulation; (Detail) should include education and experience in invasive functional testing; and, (Detail)	4.11.c. 4.11.d.	The curriculum should include procedura The curriculum should include education testing. (Detail)
IV.C.3.e)	must include training in neuroendovascular intervention in an environment conducive to investigative studies of a clinical or basic science nature. (Core)	4.11.e.	The curriculum must include training in r environment conducive to investigative s nature. (Core)
IV.C.4.	Didactics	4.11.f.	Didactics Formal teaching conferences specifically provided. (Core)
	Formal teaching conferences specifically developed for the fellows must be provided. (Core)	4.11.f.	Didactics Formal teaching conferences specificall provided. (Core)
IV.C.4.a).(1)	Teaching conferences must be organized by the program faculty members and held at least once a week. (Core)	4.11.f.1.	Teaching conferences must be organize held at least once a week. (Core)
IV.C.4.a).(2)	Conferences must include journal clubs, pathology meetings, and neuroanatomy dissection, simulation, and flow-model courses. (Core)	4.11.f.2.	Conferences must include journal clubs, dissection, simulation, and flow-model c
IV.C.4.a).(3) IV.C.4.a).(4)	Journal club must be held on a quarterly basis. (Core) Morbidity and mortality review conferences related to the performance of neuroendovascular intervention procedures must be held at least monthly. (Core)	4.11.f.3. 4.11.f.4.	Journal club must be held on a quarterly Morbidity and mortality review conference neuroendovascular intervention procedu (Core)
IV.C.4.a).(4).(a)	These reviews should be interdisciplinary and include joint conferences with neurology, neurological surgery, and radiology. (Core)	4.11.f.4.a.	These reviews should be interdisciplinar neurology, neurological surgery, and rac
IV.C.4.a).(4).(b)	Fellows must actively participate in these reviews. (Core) Teaching conferences must cover the full extent of neuroendovascular intervention, including the use of minimally invasive catheter-based technology, radiologic imaging, and clinical expertise to diagnose and treat diseases of the CNS, head, neck, and spine. (Core)	4.11.f.4.b. 4.11.f.5.	Fellows must actively participate in thes Teaching conferences must cover the fu intervention, including the use of minima radiologic imaging, and clinical expertise CNS, head, neck, and spine. (Core)
IV.C.4.a).(6)	Conference formats should allow for interactive discussion of the selected topics. (Detail)	4.11.f.6.	Conference formats should allow for inte topics. (Detail)
IV.C.4.b)	Fellows must attend and participate in conferences. (Core)	4.11.g.	Fellows must attend and participate in c

sufficient length to provide a quality going supervision, longitudinal nd high-quality assessment and feedback.

ion and experience in pain management Icluding recognition of the signs of

uous months of neuroendovascular se supervision. (Core)

uous months of neuroendovascular se supervision. (Core)

and clinical experiences that encompass vascular intervention therapy. (Core) ural education using simulation. (Detail)

on and experience in invasive functional

n neuroendovascular intervention in an e studies of a clinical or basic science

ally developed for the fellows must be

ally developed for the fellows must be

zed by the program faculty members and

os, pathology meetings, and neuroanatomy courses. (Core)

rly basis. (Core)

nces related to the performance of dures must be held at least monthly.

ary and include joint conferences with adiology. (Core) ese reviews. (Core)

full extent of neuroendovascular nally invasive catheter-based technology, ise to diagnose and treat diseases of the

nteractive discussion of the selected

conferences. (Core)

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IV.C.4.b).(1)	Protected didactic and interactive conference time must be provided, including for interdepartmental meetings with neurosurgeons, neuroradiologists, and neurologists. (Core)	4.11.g.1.	Protected didactic and interactive confer for interdepartmental meetings with neu neurologists. (Core)
IV.C.4.b).(2)	Each fellow should attend and actively participate in interdepartmental meetings and conferences with child neurology or neurology, neurological surgery, neuropathology, and neuroradiology. (Detail)	4.11.g.2.	Each fellow should attend and actively p and conferences with child neurology or neuropathology, and neuroradiology. (De
IV.C.5.	Fellow Experiences	4.11.h.	Fellow Experiences Each fellow must complete a minimum c must include: (Core)
IV.C.5.a)	Each fellow must complete a minimum of 250 interventional procedures, which must include: (Core)	4.11.h.	Fellow Experiences Each fellow must complete a minimum c must include: (Core)
IV.C.5.a).(1)	40 aneurysm treatments, including 10 ruptured aneurysms; (Core)	4.11.h.1.	40 aneurysm treatments, including 10 ru
IV.C.5.a).(2)	20 intracranial embolizations (AVM, AVF, tumor); (Core)	4.11.h.2.	20 intracranial embolizations (AVM, AVF
IV.C.5.a).(3)	20 intracranial or extracranial stent placements (at least five in each category); (Core)	4.11.h.3.	20 intracranial or extracranial stent place (Core)
IV.C.5.a).(4)	40 acute ischemic stroke treatments; (Core)	4.11.h.4.	40 acute ischemic stroke treatments; (Co
IV.C.5.a).(5)	15 head and neck embolizations; and, (Core)	4.11.h.5.	15 head and neck embolizations; and, (
IV.C.5.a).(6)	five spinal angiograms and/or embolizations. (Core)	4.11.h.6.	five spinal angiograms and/or embolizati
IV.C.5.b)	Each fellow must maintain a personal case log of their clinical experiences, which must be verified by the program director at the completion of the program. (Core)	4.11.i.	Each fellow must maintain a personal ca which must be verified by the program d (Core)
IV.C.5.c)	Fellows must participate in daily rounds with the neuroendovascular intervention faculty members during which patient management decisions are discussed and made. (Core)	4.11.j.	Fellows must participate in daily rounds faculty members during which patient mamade. (Core)
IV.C.5.d)	Direct supervision of fellow interactions with patients must be ensured so that appropriate standards of care and concern for patient welfare are strictly maintained. (Core)	4.11.k.	Direct supervision of fellow interactions was appropriate standards of care and concernational (Core)
IV.C.5.d).(1)	Fellow communication, consultation, and coordination of care with the referring clinical staff members and clinical services must be maintained and documented with appropriate notes in the medical record. (Detail)	4.11.k.1.	Fellow communication, consultation, and clinical staff members and clinical servic with appropriate notes in the medical rec

ference time must be provided, including eurosurgeons, neuroradiologists, and

/ participate in interdepartmental meetings or neurology, neurological surgery, (Detail)

of 250 interventional procedures, which

of 250 interventional procedures, which

ruptured aneurysms; (Core)

VF, tumor); (Core)

acements (at least five in each category);

(Core) (Core)

ations. (Core)

case log of their clinical experiences, n director at the completion of the program.

Is with the neuroendovascular intervention management decisions are discussed and

s with patients must be ensured so that neern for patient welfare are strictly

nd coordination of care with the referring vices must be maintained and documented record. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Scholarship		
	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly activities as
IV.D.	The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity programs prepare physicians for a ver- scientists, and educators. It is expec- will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop other programs might choose to utili research as the focus for scholarship
			Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellor activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, educatio or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation too electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education

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

ity of fellowships and anticipates that variety of roles, including clinicians, ected that the program's scholarship and the needs of the community it ms may concentrate their scholarly opulation health, and/or teaching, while tilize more classic forms of biomedical hip.

idence of scholarly activities, consistent

idence of scholarly activities, consistent

s Sponsoring Institution, must allocate low and faculty involvement in scholarly

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra
	•Research in basic science, education, translational science, patient care, or population health		accomplishments in at least three of •Research in basic science, education or population health
	 Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical 		 Peer-reviewed grants Quality improvement and/or patient = Systematic reviews, meta-analyses,
IV.D.2.a)	textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education	4.14.	textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fo
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity The curriculum must advance fellows' kin research, including how research is con and applied to patient care. (Core)
IV.D.3.a)	The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)	4.15.	Fellow Scholarly Activity The curriculum must advance fellows' ki research, including how research is con and applied to patient care. (Core)
IV.D.3.b)	Fellows should participate in scholarly activity. (Detail)	4.15.a.	Fellows should participate in scholarly a
IV.D.3.c)	Fellows should participate in research activities with residents and staff members in other related specialties. (Detail)	4.15.b.	Fellows should participate in research a members in other related specialties. (D
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
			Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

It safety initiatives s, review articles, chapters in medical

ols, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

Is, posters, workshops, quality m presentations, grant leadership, nonurces, articles or publications, book vice on professional committees, or nal editorial board member, or editor;

ıe)

knowledge of the basic principles of onducted, evaluated, explained to patients,

knowledge of the basic principles of onducted, evaluated, explained to patients,

activity. (Detail) activities with residents and staff (Detail)

valuation

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

valuation

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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.a).(1)	Assessment should include regular evaluation of fellows' knowledge, skills, and overall performance, including the development of professional attitudes consistent with being a physician. (Core)	5.1.h.	Assessment should include regular eval overall performance, including the devel consistent with being a physician. (Core
V.A.1.a).(1).(a)	The assessment must include cognitive, motor, and interpersonal skills, as well as judgment. (Core)	5.1.h.1.	The assessment must include cognitive, as judgment. (Core)
V.A.1.a).(2)	The program must provide the fellows with quarterly feedback to communicate performance evaluations and discuss their procedure logs. (Core)	5.1.j.	The program must provide the fellows w performance evaluations and discuss the
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)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than the must be documented at least every the
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as con clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an 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 i 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 we documented semi-annual evaluation of along the subspecialty-specific Miles
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sur includes their readiness to progress t applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performaby the fellow. (Core)

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

valuation of fellows' knowledge, skills, and velopment of professional attitudes re)

e, motor, and interpersonal skills, as well

with quarterly feedback to communicate their procedure logs. (Core)

the completion of the assignment.

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

continuity clinic in the context of other aluated at least every three months and

tive performance evaluation based on ialty-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 st fellows in developing individualized strengths and identify areas for

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

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

mance must be accessible for review

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Fellow Evaluation: Final Evaluation
V.A.2.	Final Evaluation	5.2.	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 pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors nec (Core)
			The final evaluation must be shared v
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee me director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competend members, at least one of whom is a c be faculty members from the same pu health professionals who have extens 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 least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee 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 annual evaluations and advise the pr fellow's progress. (Core)
V.В.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

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

with the fellow upon completion of the

must be appointed by the program

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

e must review all fellow evaluations at

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

e must meet prior to the fellows' semiprogram director regarding each

to evaluate each faculty member's icational program at least annually.

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with th
	in faculty development related to their skills as an educator, clinical		in faculty development related to their
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
V P 1 h)	This evaluation must include written, confidential evaluations by the	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.1.b)	fellows. (Core) Faculty members must receive feedback on their evaluations at least	5.4.0.	Faculty members must receive feedba
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational eva
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development pl
			Program Evaluation and Improvement
			The program director must appoint th
			conduct and document the Annual Pr
V.C.	Program Evaluation and Improvement	5.5.	program's continuous improvement p
			Program Evaluation and Improvemen
	The program director must appoint the Program Evaluation Committee to		The program director must appoint th
N O A	conduct and document the Annual Program Evaluation as part of the		conduct and document the Annual Pr
V.C.1	program's continuous improvement process. (Core)	5.5.	program's continuous improvement p
	The Program Evaluation Committee must be composed of at least two		The Program Evaluation Committee n
V.C.1.a)	program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	and at least one renow. (Core)
1.0.1.0)			Program Evaluation Committee respo
	review of the program's self-determined goals and progress toward		program's self-determined goals and
V.C.1.b).(1)	meeting them; (Core)	5.5.b.	(Core)
			Program Evaluation Committee respo
	guiding ongoing program improvement, including development of new		ongoing program improvement, inclu
V.C.1.b).(2)	goals, based upon outcomes; and, (Core)	5.5.c.	based upon outcomes. (Core)
			Program Evaluation Committee respo
	review of the current operating environment to identify strengths,		current operating environment to ider
	challenges, opportunities, and threats as related to the program's mission		opportunities, and threats as related t
V.C.1.b).(3)	and aims. (Core)	5.5.d.	(Core)
	The Program Evaluation Committee should consider the outcomes from		The Program Evaluation Committee s
	prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of		prior Annual Program Evaluation(s), a evaluations of the program, and other
V.C.1.c)	the program. (Core)	5.5.e.	the program. (Core)
,			
	The Program Evaluation Committee must evaluate the program's mission		The Program Evaluation Committee n
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	and aims, strengths, areas for improv
	The Annual Program Evaluation, including the action plan, must be		The Annual Program Evaluation, inclu
	distributed to and discussed with the fellows and the members of the		distributed to and discussed with the
V.C.1.e)	teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	teaching faculty, and be submitted to
	The program must participate in a Self-Study and submit it to the DIO.		The program must participate in a Sel
V.C.2.	(Core)	5.5.h.	(Core)

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

n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

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

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

e 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.

oonsibilities 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 fellows and the members of the to the DIO. (Core)

Self-Study and submit it to the DIO.

		Defermention	
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Section 6: The Learning and Working
	The Learning and Working Environment		
	Fellowship education must occur in the context of a learning and working		The Learning and Working Environme Fellowship education must occur in t
	environment that emphasizes the following principles:		environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team		•Commitment to the well-being of the members, and all members of the heat
VI.		Section 6	
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou a willingness to transparently deal wi has formal mechanisms to assess the its personnel toward safety in order to
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, ar patient safety systems and contribute
	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		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 insti-
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities.	[None]	changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

ng Environment

ment In the context of a learning and working Iollowing principles:

/ of care rendered to patients by

y of care rendered to patients by ice

oviding care for patients

he students, residents, fellows, faculty ealth care team

ous identification of vulnerabilities and with them. An effective organization the knowledge, skills, and attitudes of r to identify areas for improvement.

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

y-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 by vulnerabilities.

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

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	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary info 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 safe such as root cause analyses or other well as formulation and implementati
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 improvem
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient p
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, de monitor a structured chain of respon- relates to the supervision of all patien Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes require 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 in the setting of graduate medical education provides safe		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon- relates to the supervision of all patien Supervision in the setting of graduate
VI.A.2.a)	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]	and effective care to patients; ensure skills, knowledge, and attitudes requ practice of medicine; and establishes professional growth.
	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.

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

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

tizing activities for care improvement ment efforts. receive data on quality metrics and

populations. (Core)

s ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it ient care.

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

s ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it ient care.

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
			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 fellow and the supervising physician patient care through appropriate teleo
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or pat fellow and the supervising physician patient care through appropriate teleo
	the supervising physician and/or patient is not physically present with the		Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or pat fellow and the supervising physician patient care through appropriate teleo
VI.A.2.b).(1).(b).(i)	The program must have clear guidelines that delineate which competencies must be demonstrated to determine when a fellow can progress to indirect supervision. (Core)	6.7.a.	The program must have clear guidelines must be demonstrated to determine whe supervision. (Core)
VI.A.2.b).(1).(b).(i).(a)	These guidelines should stipulate that indirect supervision using telecommunication technology should be limited to patient evaluation for treatment and/or patient follow-up visits and should not be used in the performance of neuroendovascular intervention procedures. (Core)	6.7.a.1.	These guidelines should stipulate that in telecommunication technology should be treatment and/or patient follow-up visits performance of neuroendovascular inter
VI.A.2.b).(1).(b).(ii)	The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow still requires direct supervision. (Core)	6.7.b.	The program director must ensure that c communicated to the fellows, and that th situations in which a fellow still requires

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

t the appropriate level of supervision in th 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

cally present with the fellow during the on.

atient is not physically present with the in is concurrently monitoring the lecommunication technology.

cally present with the fellow during the on.

atient is not physically present with the n is concurrently monitoring the lecommunication technology.

cally present with the fellow during the on.

atient is not physically present with the n is concurrently monitoring the lecommunication technology.

es that delineate which competencies hen a fellow can progress to indirect

indirect supervision using be limited to patient evaluation for ts and should not be used in the tervention procedures. (Core)

t clear expectations exist and are these expectations outline specific s direct supervision. (Core)

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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.2.0).(2)			Oversight
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care autho
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)

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

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

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

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

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

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

supervising faculty member(s). (Core)

their scope of authority, and the own is permitted to act with conditional

ust be of sufficient duration to assess llow 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

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VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the progra meaning that each fellow finds in the including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfar including the ability to report unsafe
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)
VI.C.	 Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers. 	[None]	Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and of requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills a nurtured in the context of other aspect Fellows and faculty members are at r Programs, in partnership with their S same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a 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:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)

ram must include efforts to enhance the ne experience of being a physician, ents, providing administrative support, ice and flexibility, and enhancing

ip with the Sponsoring Institution, must m 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 I, and civil environment that is e from discrimination, sexual and other , abuse, or coercion of students,

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

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

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	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
,	Fellows must be given the opportunity to attend medical, mental health,	0.10.0.	Fellows must be given the opportunit
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
	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 appropriate		recognition of these symptoms in the
VI.C.1.d).(2)	care; and, (Core)	6.13.d.2.	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-se
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which 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.
VI.C.2.	appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	appropriate length of absence for fell care responsibilities. (Core)
VI.C.Z.	The program must have policies and procedures in place to ensure	0.14.	The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure of
VI.O.2.uj	These policies must be implemented without fear of negative		These policies must be implemented
	consequences for the fellow who is or was unable to provide the clinical		consequences for the fellow who is o
	work. (Core)	6.14.b.	work. (Core)
,			Fatigue Mitigation
			Programs must educate all fellows ar
			the signs of fatigue and sleep depriva
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
			Fatigue Mitigation
	Programs must educate all fellows and faculty members in recognition of		Programs must educate all fellows ar
	the signs of fatigue and sleep deprivation, alertness management, and		the signs of fatigue and sleep depriva
VI.D.1.	fatigue mitigation processes. (Detail)	6.15.	fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its \$
	adequate sleep facilities and safe transportation options for fellows who	6.16.	adequate sleep facilities and safe trai
	may be too fatigued to safely return home. (Core)		may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		Clinical Boonanaibilities
			Clinical Responsibilities
	The clinical responsibilities for each follow must be based on BGV level		The clinical reenancibilities for each
	The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient		The clinical responsibilities for each the patient safety, fellow ability, severity

ent Language age optimal fellow and faculty member

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

mbers in:

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

hemselves and how to seek appropriate

-screening. (Core)

fordable mental health assessment, g 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

d procedures in place to ensure e continuity of patient care. (Core)

d without fear of negative or was unable to provide the clinical

and faculty members in recognition of vation, alertness management, and il)

and faculty members in recognition of vation, alertness management, and il)

s Sponsoring Institution, must ensure ansportation options for fellows who home. (Core)

h fellow must be based on PGY level, y and complexity of patient port services. (Core)

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VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, ir the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces
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 b 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 b 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 thes
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

environment that maximizes interprofessional, team-based care in system. (Core)

gnments to optimize transitions in frequency, and structure. (Core)

gnments to optimize transitions in frequency, and structure. (Core)

Sponsoring Institutions, must ensure and-off processes to facilitate both y. (Core)

are competent in communicating with ess. (Outcome)

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

acational Work per Week s must be limited to no more than 80 ur-week period, inclusive of all invities, 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 e)

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

ion Period Length

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

ion Period Length

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

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Boguiromon
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)	•	Requiremen Up to four hours of additional time ma patient safety, such as providing effe education. Additional patient care res a fellow during this time. (Core)
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 a patient or patient's family; or to atte (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour 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 a patient or patient's family; or to atte (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committees for Neurological Surgery, Neurology, and Radiology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committees for Neurologica will not consider requests for exceptions week.
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
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 goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
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.6.a)	Fellows must have no more than six consecutive weeks of night float rotations, and no more than four months of night float rotations in total per year. (Detail)	6.26.a.	Fellows must have no more than six con and no more than four months of night fl

may be used for activities related to fective transitions of care, and/or fellow esponsibilities must not be assigned to

• 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 of ttend unique educational events.

Exceptions

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

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

ical Surgery, Neurology, and Radiology ns to the 80-hour limit to the fellows' work

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

h the ability of the fellow to achieve the onal program, and must not interfere or 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-

onsecutive weeks of night float rotations, float rotations in total per year. (Detail)

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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 Frequenc Fellows must be scheduled for in-hou third night (when averaged over a fou
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I toward the 80-hour maximum weekly is not subject to the every-third-night requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)		At-Home Call Time spent on patient care activities I toward the 80-hour maximum weekly is not subject to the every-third-night requirement for one day in seven free 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 fel

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ouse call no more frequently than every our-week period). (Core)

s by fellows on at-home call must count ly limit. The frequency of at-home call ht limitation, but must satisfy the ee of clinical work and education, when

s by fellows on at-home call must count ly limit. The frequency of at-home call ht limitation, but must satisfy the ee of clinical work and education, when

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