Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
Int.A.	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty 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.		Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians will practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed physicians. Graduate medical educa group of physicians brings to medical inclusive and psychologically safe left Fellows who have completed resider in their core specialty. The prior medi- fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional if serve as role models of excellence, of professionalism, and scholarship. The knowledge, patient care skills, and e area of practice. Fellowship is an into clinical and didactic education that fo of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, mar fellows' skills as physician-scientists knowledge within medicine is not ex physicians, the fellowship experience pursue hypothesis-driven scientific is the medical literature and patient can expertise achieved, fellows develop infrastructure that promotes collabo
Int.B.	<b>Definition of Subspecialty</b> Obstetric anesthesiology is the subspecialty of anesthesiology devoted to the comprehensive anesthetic management of patients during pregnancy and the puerperium.	[None]	<b>Definition of Subspecialty</b> Obstetric anesthesiology is the subspec comprehensive anesthetic management puerperium.

cation

nedical education beyond a core who desire to enter more specialized sians 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 sicians entering residency. The fellow's sialty is undertaken with appropriate I independence. Faculty members , compassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused intensive program of subspecialty to focuses on the multidisciplinary care s often physically, emotionally, and ars in a variety of clinical learning intermedical education and the wells, faculty members, students, and all

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

ecialty of anesthesiology devoted to the ent of patients during pregnancy and the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
•	Length of Educational Program		
Int.C.	The educational program in obstetric anesthesiology must be 12 months in length. (Core)*	4.1.	<b>Length of Program</b> The educational program in obstetric an length. (Core)
Ι.	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. When the Sponsoring Institution is not a rotation site for the program, the		Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp medical education consistent with th When the Sponsoring Institution is n
I.A.	most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	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. <sup>(Core)</sup>	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
	The program, with approval of its Sponsoring Institution, must designate a		The program, with approval of its Spo
I.B.1.	primary clinical site. (Core)	1.2.	primary clinical site. (Core)
I.B.1.a)	The Sponsoring Institution must also sponsor ACGME-accredited residency programs in anesthesiology and obstetrics and gynecology. (Core)	1.2.a.	The Sponsoring Institution must also sp programs in anesthesiology and obstetr
I.B.1.b)	There must be interaction between the anesthesiology residency and the fellowship that results in coordination of educational, clinical, and investigative activities. (Detail)	1.2.b.	There must be interaction between the a fellowship that results in coordination of activities. (Detail)
I.B.1.c)	There must be an active maternal fetal medicine and neonatology service that is regularly involved in multidisciplinary care. (Core)	1.2.c.	There must be an active maternal fetal r regularly involved in multidisciplinary ca
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

# ent Language anesthesiology must be 12 months in rganization or entity that assumes the sponsibility for a program of graduate the ACGME Institutional Requirements. not a rotation site for the program, the ical activity for the program is the one ACGME-accredited Sponsoring on providing educational experiences ns for fellows. ponsoring Institution, must designate a sponsor ACGME-accredited residency etrics and gynecology. (Core) anesthesiology residency and the of educational, clinical, and investigative I medicine and neonatology service that is care. (Core) agreement (PLA) between the program verns the relationship between the providing a required assignment. (Core) every 10 years. (Core) lesignated institutional official (DIO).

ical learning and working environment

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its acaden
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	Clinical facilities must include:	[None]	
I.D.1.a).(1)	a designated area for labor and delivery which includes labor rooms, and cesarean/operative delivery rooms; (Core)	1.8.a.	Clinical facilities must include a designat includes labor rooms, and cesarean/ope
I.D.1.a).(2)	maternal and fetal monitoring and advanced life-support equipment; (Core)	1.8.b.	Clinical facilities must include maternal a support equipment. (Core)
I.D.1.a).(3)	a post-anesthesia care unit (PACU) or Labor-Delivery-Postpartum rooms designed and equipped for the collaborative management of post-operative obstetric patients by anesthesiologists and obstetrician-gynecologists; and, (Core)	1.8.c.	Clinical facilities must include a post-and Delivery-Postpartum rooms designed an management of post-operative obstetric obstetrician-gynecologists. (Core)
I.D.1.a).(4)	a clinical laboratory that provides prompt and readily available diagnostic and laboratory measurements pertinent to the care of obstetric patients. (Core)	1.8.d.	Clinical facilities must include a clinical la readily available diagnostic and laborato of obstetric patients. (Core)
I.D.1.b)	There must be access to an ultrasound machine housed in the labor and delivery unit for patient management using point-of-care ultrasound. (Core)	1.8.e.	There must be access to an ultrasound i delivery unit for patient management usi
I.D.1.c)	There must be facilities and space for the education of fellows, including meeting space, conference space, space for academic activities, and access to computers. (Core)	1.8.f.	There must be facilities and space for th meeting space, conference space, space computers. (Core)
I.D.1.d)	The institution must implement bundles of maternal and neonatal care designed to prevent severe maternal morbidity and mortality, including those available from state, national, or international organizations. (Core)	1.8.g.	The institution must implement bundles to prevent severe maternal morbidity an from state, national, or international orga
I.D.1.e)	The patient population must include high-risk obstetric patients. (Core)	1.8.h.	The patient population must include high
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate

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

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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)

iated area for labor and delivery which perative delivery rooms. (Core)

I and fetal monitoring and advanced life-

nesthesia care unit (PACU) or Laborand equipped for the collaborative ic patients by anesthesiologists and

l laboratory that provides prompt and tory measurements pertinent to the care

d machine housed in the labor and sing point-of-care ultrasound. (Core)

the education of fellows, including ace for academic activities, and access to

s of maternal and neonatal care designed and mortality, including those available ganizations. (Core)

gh-risk obstetric patients. (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe particular terms of the safe particular terms of terms
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 Person The presence of other learners and or but not limited to residents from othe and advanced practice providers, mu appointed fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member a authority and accountability for the o with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the o with all applicable program requirement
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 Graduat (GMEC) must approve a change in pro program director's licensure and clin
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 directo (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 applical must be provided with support adeque based upon its size and configuration

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

opriate to the participating site; and,

isabilities consistent with the ore)

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

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

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

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

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

tor resides with the Review Committee.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors.		At a minimum, the program director must and support specified below for adminis support for program leadership must be additional support may be for the program program director and one or more assoc
	(Core) Number of Approved Fellow Positions: 1-3   Minimum Support Required (FTE) for the Program Director: 0.1   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.025   Total Minimum Program Leadership Support: 0.125 Number of Approved Fellow Positions: 4-6   Minimum Support Required (FTE) for the Program Director: 0.15   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.05   Total Minimum Program Leadership Support: 0.2 Number of Approved Fellow Positions: 7-9   Minimum Support Required (FTE) for the Program Director: 0.2   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.1   Total Minimum Program Leadership Support: 0.3 Number of Approved Fellow Positions: 10-14   Minimum Support Required (FTE) for the Program Director: 0.2   Minimum Additional Support Required (FTE) for the Program Director: 0.2   Minimum Additional Support Required (FTE) for the Program Director: 0.2   Minimum Additional Support Required (FTE) for the Program Director: 0.2   Minimum Additional Support Required (FTE) for the Program Director: 0.2   Minimum Additional Support Required (FTE) for the Program Leadership in Aggregate: 0.15   Total Minimum Program Leadership Support: 0.35		(Core) Number of Approved Fellow Positions: 7 for the Program Director: 0.1   Minimum Program Leadership in Aggregate: 0.02 Support: 0.125 Number of Approved Fellow Positions: 4 for the Program Director: 0.15   Minimu Program Leadership in Aggregate: 0.05 Support: 0.2 Number of Approved Fellow Positions: 7 for the Program Director: 0.2   Minimum Program Leadership in Aggregate: 0.1   Support: 0.3 Number of Approved Fellow Positions: 7 (FTE) for the Program Director: 0.2   Mi (FTE) for Program Leadership in Aggregate: 0.2   Mi (FTE) for Program Leadership in Aggregate: 0.3
II.A.2.a)	Number of Approved Fellow Positions: 15 and over   Minimum Support Required (FTE) for the Program Director: 0.2   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 0.2   Total Minimum Program Leadership Support: 0.4	2.3.a.	Number of Approved Fellow Positions: (FTE) for the Program Director: 0.2   M (FTE) for Program Leadership in Aggrey Leadership Support: 0.4
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 s qualifications acceptable to the Revie
	must include current certification in the specialty for which they are the program director by the American Board of Anesthesiology or by the American Osteopathic Board of Anesthesiology, or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess of for which they are the program direct Anesthesiology or by the American Os subspecialty qualifications that are a (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of 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 member board of the American Board of certifying board of the American Osteop there is no ABMS or AOA board that off

nust be provided with the dedicated time histration of the program. Additional be provided as specified below. This gram director only or divided among the sociate (or assistant) program directors.

: 1-3 | Minimum Support Required (FTE) um Additional Support Required (FTE) for 025 | Total Minimum Program Leadership

s: 4-6 | Minimum Support Required (FTE) num Additional Support Required (FTE) for 05 | Total Minimum Program Leadership

: 7-9 | Minimum Support Required (FTE) im Additional Support Required (FTE) for | Total Minimum Program Leadership

s: 10-14 | Minimum Support Required Minimum Additional Support Required regate: 0.15 | Total Minimum Program

s: 15 and over | Minimum Support Required Minimum Additional Support Required regate: 0.2 | Total Minimum Program

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s subspecialty expertise and view Committee. (Core)

ctor s subspecialty expertise and view Committee. (Core)

s current certification in the specialty ector by the American Board of Osteopathic Board of Anesthesiology, or acceptable to the Review Committee.

n Requirements deem certification by a of Medical Specialties (ABMS) or a opathic Association (AOA) acceptable, offers certification in this subspecialty]

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II.A.3.c)	must include completion of an ACGME-accredited obstetric anesthesiology fellowship, or at least three years' participation in a clinical obstetric anesthesiology fellowship as a faculty member; (Core)	2.4.b.	The program director must demonstrate obstetric anesthesiology fellowship, or a clinical obstetric anesthesiology fellows
II.A.3.d)	must include at least three years of post-fellowship experience in clinical obstetric anesthesiology; (Detail)	2.4.c.	The program director must have at leas experience in clinical obstetric anesthes
II.A.3.e)	must include current appointment as a member of the anesthesiology faculty at the primary clinical site; (Core)	2.4.d.	The program director must have current anesthesiology faculty at the primary cli
II.A.3.f)	must include devotion of at least 50 percent of the program director's clinical, educational, and academic time to the anesthetic care of pregnant patients; and, (Core)	2.4.e.	The program director must devote at lea clinical, educational, and academic time patients. (Core)
II.A.3.g)	must include demonstration of ongoing academic achievements appropriate to the subspecialty, including publications, the development of educational programs, or the conduct of research. (Core)	2.4.f.	The program director must demonstrate appropriate to the subspecialty, includin educational programs, or the conduct of
II.A.4.	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 education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and selec fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role
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 missi
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 administered 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)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of co 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 learn 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 th Sponsoring Institution's policies and and due process, including when act not to promote, or renew the appoint

te completion of an ACGME-accredited r at least three years' participation in a vship as a faculty member. (Core)

ast three years of post-fellowship esiology. (Detail)

nt appointment as a member of the clinical site. (Core)

east 50 percent of the program director's ne to the anesthetic care of pregnant

te ongoing academic achievements ling publications, the development of of research. (Core)

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

e model of professionalism. (Core)

and conduct the program in a fashion ommunity, the mission(s) of the ssion(s) of the program. (Core)

ster and maintain a learning ng the fellows in each of the ACGME

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

e authority to remove fellows from rning environments that do not meet e)

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
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 th 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 documen fellows within 30 days of completion (Core)
- / ( - /	provide verification of an individual fellow's education upon the fellow's	- ,	The program director must provide v
II.A.4.a).(11)	request, within 30 days; and, (Core)	2.5.k.	education upon the fellow's request,
	Faculty Faculty members are a foundational element of graduate medical		Faculty Faculty members are a foundational
	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		education – faculty members teach for Faculty members provide an importa and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comp
	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		patient care, professionalism, and a Faculty members experience the price development of future colleagues. The the opportunity to teach and model e scholarly approach to patient care, fa graduate medical education system,
П.В.	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.	[None]	and the population. Faculty members ensure that patient from a specialist in the field. They re- the patients, fellows, community, and provide appropriate levels of supervi- Faculty members create an effective professional manner and attending to themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient number of
II.B.1. II.B.2		2.6.	instruct and supervise all fellows. (Co
П.В.2.а)	Faculty members must: be role models of professionalism; (Core)	[None] 2.7.	Faculty Responsibilities Faculty members must be role mode
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 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

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

on a non-competition guarantee or

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

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

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

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

of faculty members with competence to Core)

tels of professionalism. (Core)

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

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

and maintain an educational ng fellows. (Core)

bursue faculty development designed to enhance their skills at least innually. (Core) Include physicians certified through a member board of the ABMS or certifying loard of the AOA in obstetrics and gynecology, maternal-fetal medicine, and eonatology, must be available for consultations and the collaborative management of peripartum patients, as well as instruction and supervision of	2.7.d. 2.7.e.	their skills at least annually. (Core)
nnually. (Core) nclude physicians certified through a member board of the ABMS or certifying oard of the AOA in obstetrics and gynecology, maternal-fetal medicine, and eonatology, must be available for consultations and the collaborative nanagement of peripartum patients, as well as instruction and supervision of	2.7.e.	
oard of the AOA in obstetrics and gynecology, maternal-fetal medicine, and eonatology, must be available for consultations and the collaborative nanagement of peripartum patients, as well as instruction and supervision of		The faculty must include physicians cert
ellows; and, (Core)	2.7.f.	ABMS or certifying board of the AOA in of fetal medicine, and neonatology, must b collaborative management of peripartum supervision of fellows. (Core)
nclude at least one individual who is certified in critical care medicine by a nember board of the ABMS or AOA and who practices in an ICU that cares for bstetric patients. (Core)	2.7.g.	The faculty must include at least one ind medicine by a member board of the ABM that cares for obstetric patients. (Core)
aculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
aculty members must have appropriate qualifications in their field and not appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
Subspecialty physician faculty members must:	[None]	
ave current certification in the specialty by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or bossess qualifications judged acceptable to the Review Committee. (Core) Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a ertifying board of the American Osteopathic Association (AOA) acceptable, mere is no ABMS or AOA board that offers certification in this subspecialty]	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the specialty by the American Board of Osteopathic Board of Anesthesiology, acceptable to the Review Committee. [Note that while the Common Program F member board of the American Board of certifying board of the American Osteopa there is no ABMS or AOA board that offer
ave fellowship education or post-residency experience in clinical obstetric nesthesiology that meets or exceeds completion of a one-year obstetric nesthesiology program. (Core)	2.9.b.	Subspecialty physician faculty members residency experience in clinical obstetric completion of a one-year obstetric anest
Any other specialty physician faculty members must have current sertification 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 k Association (AOA) certifying board, o acceptable to the Review Committee.
Core Faculty Core faculty members must have a significant role in the education and upervision of fellows and must devote a significant portion of their entire ffort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to ellows. (Core)		Core Faculty Core faculty members must have a sign supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
	aculty Qualifications aculty Qualifications aculty members must have appropriate qualifications in their field and old appropriate institutional appointments. (Core) ubspecialty physician faculty members must: ave current certification in the specialty by the American Board of nesthesiology or the American Osteopathic Board of Anesthesiology, or ossess qualifications judged acceptable to the Review Committee. (Core) lote that while the Common Program Requirements deem certification by a ember board of the American Osteopathic Association (AOA) acceptable, ere is no ABMS or AOA board that offers certification in this subspecialty] ave fellowship education or post-residency experience in clinical obstetric nesthesiology program. (Core) my other specialty physician faculty members must have current artification in their specialty by the appropriate American Osteopathic ssociation (AOA) certifying board, or possess qualifications judged cceptable to the Review Committee. (Core) ore Faculty ore faculty members must have a significant role in the education and apervision of fellows and must devote a significant portion of their entire fort to fellow education and/or administration, and must, as a component	astetric patients. (Core)       2.7.g.         aculty Qualifications       2.8.         aculty members must have appropriate qualifications in their field and old appropriate institutional appointments. (Core)       2.8.         aculty members must have appropriate qualifications in their field and old appropriate institutional appointments. (Core)       2.8.         ave current certification in the specialty by the American Board of nesthesiology or the American Osteopathic Board of Anesthesiology, or ossess qualifications judged acceptable to the Review Committee. (Core)

rticipate in organized clinical and conferences. (Core)

#### Ity development designed to enhance

ertified through a member board of the n obstetrics and gynecology, maternalbe available for consultations and the um patients, as well as instruction and

ndividual who is certified in critical care BMS or AOA and who practices in an ICU )

riate qualifications in their field and ntments. (Core)

oriate qualifications in their field and ntments. (Core)

#### nbers

hbers must have current certification in d of Anesthesiology or the American y, or possess qualifications judged e. (Core)

n Requirements deem certification by a of Medical Specialties (ABMS) or a opathic Association (AOA) acceptable, offers certification in this subspecialty]

rs must have fellowship education or postric anesthesiology that meets or exceeds esthesiology program. (Core)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the (Core)
II.B.4.b)	There must be at least three core program faculty members, including the program director. (Core)	2.10.b.	There must be at least three core prographic program director. (Core)
II.B.4.c)	For programs with four or more fellows, a ratio of at least one faculty member to one fellow must be maintained. (Core)	2.10.c.	For programs with four or more fellows, one fellow must be maintained. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinato
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinato
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 and configuration. (Core)
	The program coordinator(s) must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)		The program coordinator(s) must be pro minimum of 20 percent FTE for adminis administrative support must be provideo (Core)
II.C.2.a)	Number of Approved Fellow Positions: 2   Minimum FTE Coordinator(s) Required : 0.22 Number of Approved Fellow Positions: 3   Minimum FTE Coordinator(s) Required : 0.24 Number of Approved Fellow Positions: 4   Minimum FTE Coordinator(s) Required : 0.26 Number of Approved Fellow Positions: >4   Minimum FTE Coordinator(s) Required : Additional 0.02 FTE per fellow	2.11.b.	Number of Approved Fellow Positions: 2 Required : 0.22 Number of Approved Fellow Positions: 3 Required : 0.24 Number of Approved Fellow Positions: 4 Required : 0.26 Number of Approved Fellow Positions: 4 Required : Additional 0.02 FTE per fellow
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 ensure the availability of necessary p administration of the program. (Core)
II.D.1.	There must be specialized nursing staff for the care of the critically ill newborn. (Core)	2.12.a.	There must be specialized nursing staff (Core)
II.D.2. III.	There must be allied health staff and other support personnel necessary for the comprehensive care of patients during pregnancy. (Detail) Fellow Appointments	2.12.b. Section 3	There must be allied health staff and oth comprehensive care of patients during p Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)		Eligibility Requirements – Fellowship All required clinical education for ent programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons College of Family Physicians of Cana program located in Canada. (Core)

ne annual ACGME Faculty Survey.

gram faculty members, including the

s, a ratio of at least one faculty member to

# tor. (Core)

# tor. (Core)

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

provided with support equal to a dedicated istration of the program. Additional ed based on the program size as follows:

2 | Minimum FTE Coordinator(s)

3 | Minimum FTE Coordinator(s)

4 | Minimum FTE Coordinator(s)

: >4 | Minimum FTE Coordinator(s) llow

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

aff for the care of the critically ill newborn.

other support personnel necessary for the gregnancy. (Detail)

## ip Programs

entry into ACGME-accredited fellowship ACGME-accredited residency program, am, a program with ACGME Specialty Accreditation, or a Royal as of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requiremen
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the program, fellows must have successfully completed a program in anesthesiology that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fello a program in anesthesiology that satisfie
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Anesthesiology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Anesthesio exception to the fellowship eligibility
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and conditio
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director ar the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not 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 acceptance of a transferring fellow, a matriculation. (Core)

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

ellows must have successfully completed fies the requirements in 3.2. (Core)

siology will allow the following ry requirements:

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

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

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	Requiremen
	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 a and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must support knowledgeable, skillful physicians with the second statement of t
	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		It is recognized that programs may p leadership, public health, etc. It is ex reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu
IV.	community health.	Section 4	community health.
IV.A.	Educational Components 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 objecti 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 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 protools, and techniques. (Core)
			ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu

s designed to encourage excellence I education regardless of the ocation of the program.

port the development of who provide compassionate care.

place different emphasis on research, expected that the program aims will fic goals for it and its graduates; for ram aiming to prepare physicianiculum from one focusing on

#### llowing educational components:

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

ctives for each educational experience a trajectory to autonomous practice in distributed, reviewed, and available to e)

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

eyond direct patient care; and, (Core)

tected time to participate in core

romote patient safety-related goals,

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
requirement number	The program must integrate the following ACGME Competencies into the	Rumber	Kequiremen
IV.B.1.	curriculum:	[None]	The program must integrate all ACG
	Professionalism		ACOME Competencies - Ductoccienc
	Fellows must demonstrate a commitment to professionalism and an		ACGME Competencies – Professiona Fellows must demonstrate a commitr
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	adherence to ethical principles. (Core
	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
, , , ,	Fellows must demonstrate competence in the comprehensive		Fellows must demonstrate competence
IV.B.1.b).(1).(a)	analgesic/anesthetic management of deliveries, including: (Core)	4.4.a.	analgesic/anesthetic management of de
IV.B.1.b).(1).(a).(i)	planned vaginal deliveries with a high-risk maternal co-morbidity, to include obtaining the appropriate diagnostic testing and consultation and communication with the multidisciplinary team; (Core)	4.4.a.1.	planned vaginal deliveries with a high-ris obtaining the appropriate diagnostic test communication with the multidisciplinary
IV.B.1.b).(1).(a).(ii)	planned vaginal deliveries with high-risk fetal conditions, to include appropriate interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing; (Core)	4.4.a.2.	planned vaginal deliveries with high-risk interpretation of fetal surveillance and co specialists and neonatologists as to the their timing; (Core)
IV.B.1.b).(1).(a).(iii)	Cesarean deliveries with a high-risk maternal co-morbidity, to include application of broad anesthetic principles and techniques in creating a comprehensive anesthetic care plan and collaborative management between anesthesiologists and obstetricians of patients with abnormal placentation; and, (Core)	4.4.a.3.	Cesarean deliveries with a high-risk mat application of broad anesthetic principle comprehensive anesthetic care plan and anesthesiologists and obstetricians of pa (Core)
IV.B.1.b).(1).(a).(iv)	Cesarean deliveries with a high-risk fetal condition, to include interpretation of fetal surveillance and consultation with maternal-fetal medicine specialists and neonatologists as to the appropriate obstetric interventions and their timing. (Core)	4.4.a.4.	Cesarean deliveries with a high-risk feta fetal surveillance and consultation with r neonatologists as to the appropriate obs (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate competence to manage anesthetics during the first, second, or third trimesters, other than for Cesarean delivery, including antepartum procedures involving prenatal diagnosis and fetal treatment, maternal cardioversion, or electroconvulsive therapy. (Core)	4.4.b.	Fellows must demonstrate competence second, or third trimesters, other than fo antepartum procedures involving prenat maternal cardioversion, or electroconvul
IV.B.1.b).(1).(c)	Fellows must demonstrate competence to manage general anesthetics for Cesarean or vaginal delivery. (Core)	4.4.c.	Fellows must demonstrate competence Cesarean or vaginal delivery. (Core)
IV.B.1.b).(1).(d)	Fellows must demonstrate proficiency and skill preparing for and providing care, including developing a care plan, which acknowledges the patient's birth plan goals. (Core)	4.4.d.	Fellows must demonstrate proficiency a including developing a care plan, which goals. (Core)
IV.B.1.b).(1).(e)	Fellows must demonstrate competence in the anesthesia critical care of patients during the puerperium. (Core)	4.4.e.	Fellows must demonstrate competence during the puerperium. (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
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in management of high-risk maternal co- morbidity and high-risk vaginal and Cesarean deliveries, as well as antenatal procedures. (Core)	4.5.a.	Fellows must demonstrate competence morbidity and high-risk vaginal and Cesa procedures. (Core)

ME Competencies into the curriculum.

nalism itment to professionalism and an re)

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

e in the comprehensive deliveries, including: (Core)

risk maternal co-morbidity, to include esting and consultation and rry team; (Core)

sk fetal conditions, to include appropriate consultation with maternal-fetal medicine le appropriate obstetric interventions and

aternal co-morbidity, to include les and techniques in creating a nd collaborative management between patients with abnormal placentation; and,

tal condition, to include interpretation of n maternal-fetal medicine specialists and bstetric interventions and their timing.

te to manage anesthetics during the first, for Cesarean delivery, including natal diagnosis and fetal treatment, vulsive therapy. (Core)

e to manage general anesthetics for

and skill preparing for and providing care, th acknowledges the patient's birth plan

e in the anesthesia critical care of patients

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

e in management of high-risk maternal coesarean deliveries, as well as antenatal

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 anesthetic implications of the altered maternal physiologic state, the impact of interventions on the mother and fetus/neonate, and the care of the high-risk pregnant patient, of the following areas: (Core)	4.6.a.	Fellows must demonstrate knowledge o altered maternal physiologic state, the in fetus/neonate, and the care of the high- areas: (Core)
IV.B.1.c).(1).(a)		4.6.a.1.	physiologic changes associated with pre-
IV.B.1.c).(1).(b)	normal and abnormal fetal development and the potential teratogenicity of	4.6.a.2.	normal and abnormal fetal development exposures (e.g., medications, radiation)
IV.B.1.c).(1).(c)	fetal and placental physiology and pathophysiology, models of uteroplacental perfusion, and pharmacokinetics of placental transfer; (Core)	4.6.a.3.	fetal and placental physiology and patho perfusion, and pharmacokinetics of plac
IV.B.1.c).(1).(d)	neonatal physiology and advanced neonatal resuscitation; (Core)	4.6.a.4.	neonatal physiology and advanced neor
IV.B.1.c).(1).(e)	medical disease and pregnancy, including hypertensive disorders, obesity, respiratory disorders, cardiac disorders (congenital and acquired), dysrhythmias, gastrointestinal diseases, endocrine disorders, autoimmune disorders, hematologic and coagulation disorders, oncologic disorders, musculoskeletal and connective tissue disorders (congenital and acquired), substance use disorders (SUDs), opioid dependence, infectious diseases (e.g., HIV/AIDS, influenza, Zika, COVID-19), and psychiatric diseases; (Core)	4.6.a.5.	medical disease and pregnancy, includin respiratory disorders, cardiac disorders dysrhythmias, gastrointestinal diseases, disorders, hematologic and coagulation musculoskeletal and connective tissue of substance use disorders (SUDs), opioid HIV/AIDS, influenza, Zika, COVID-19), a
IV.B.1.c).(1).(f)	obstetric management of normal and abnormal labor, induction of labor, trial of labor after Cesarean delivery, management of routine, urgent, and emergent delivery, and management of instrumented vaginal delivery; (Core)	4.6.a.6.	obstetric management of normal and ab labor after Cesarean delivery, managem delivery, and management of instrumen
IV.B.1.c).(1).(g)	medications affecting the uterus, tocolytic therapy, methods of tocolysis, uterotonic medications, and effects on anesthetic management; (Core)	4.6.a.7.	medications affecting the uterus, tocolyt uterotonic medications, and effects on a
IV.B.1.c).(1).(h)	labor pain, including pain pathways, experimental models for studying pain of labor, biochemical mechanisms of labor pain, and modalities for treating labor pain; (Core)	4.6.a.8.	labor pain, including pain pathways, exp labor, biochemical mechanisms of labor pain; (Core)
IV.B.1.c).(1).(i)	local anesthetic use in obstetrics, including pregnancy-related effects on pharmacodynamics and pharmacokinetics; recognition and treatment of complications; lipid rescue of local anesthetic cardiotoxicity; effects on the fetus in different settings, including prematurity, asphyxia, fetal cardiovascular and neurological effects; and fetal drug disposition; (Core)	4.6.a.9.	local anesthetic use in obstetrics, includ pharmacodynamics and pharmacokineti complications; lipid rescue of local anes in different settings, including prematurit neurological effects; and fetal drug dispo
IV.B.1.c).(1).(j)	neuraxial opioid use in obstetrics, including prevention, recognition, and treatment of complications and post-operative monitoring; effects on the fetus; and fetal/neonatal drug disposition; (Core)	4.6.a.10.	neuraxial opioid use in obstetrics, includ treatment of complications and post-ope and fetal/neonatal drug disposition; (Co
IV.B.1.c).(1).(k)		4.6.a.11.	regional anesthetic techniques; (Core)
IV.B.1.c).(1).(I)		4.6.a.12.	vasoactive medication; (Core)
IV.B.1.c).(1).(m)	use of circulatory support devices, such as extracorporeal membrane	4.6.a.13.	use of circulatory support devices, such oxygenation (ECMO) for complex partur

# nowledge

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

of the anesthetic implications of the impact of interventions on the mother and n-risk pregnant patient, of the following

oregnancy; (Core) nt and the potential teratogenicity of n) during pregnancy; (Core) hophysiology, models of uteroplacental acental transfer; (Core) onatal resuscitation; (Core)

ding hypertensive disorders, obesity, s (congenital and acquired), es, endocrine disorders, autoimmune on disorders, oncologic disorders, e disorders (congenital and acquired), id dependence, infectious diseases (e.g., and psychiatric diseases; (Core)

abnormal labor, induction of labor, trial of ement of routine, urgent, and emergent ented vaginal delivery; (Core)

ytic therapy, methods of tocolysis, anesthetic management; (Core)

xperimental models for studying pain of or pain, and modalities for treating labor

uding pregnancy-related effects on etics; recognition and treatment of esthetic cardiotoxicity; effects on the fetus rity, asphyxia, fetal cardiovascular and position; (Core)

uding prevention, recognition, and perative monitoring; effects on the fetus; ore)

h as extracorporeal membrane urient management; (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.c).(1).(n)	general anesthesia use in obstetrics, including recognition and treatment of complications, alternatives for securing the airway in pregnant patients (anticipated/unanticipated difficult airway), consequences on utero-placental perfusion, and opposing maternal-fetal considerations regarding the use of general anesthesia; (Core)	4.6.a.14.	general anesthesia use in obstetrics, ind complications, alternatives for securing (anticipated/unanticipated difficult airwa perfusion, and opposing maternal-fetal general anesthesia; (Core)
IV.B.1.c).(1).(o)	anesthetic and obstetric management of obstetric complications and emergencies, including intrauterine fetal demise, placental abruption, placenta previa, morbidly adherent placenta, vasa previa, umbilical cord prolapse, uterine rupture, uterine atony, uterine inversion, amniotic fluid embolism, and postpartum hemorrhage; (Core)	4.6.a.15.	anesthetic and obstetric management o emergencies, including intrauterine feta previa, morbidly adherent placenta, vas rupture, uterine atony, uterine inversion postpartum hemorrhage; (Core)
IV.B.1.c).(1).(p)	anesthetic and obstetric management of hypertensive disorders of pregnancy, including study of preeclampsia; etiology and epidemiology; pathophysiology; biomolecular and genetic changes; peripartum care; and maternal morbidity and mortality from hypertensive disorders of pregnancy; (Core)	4.6.a.16.	anesthetic and obstetric management o including study of preeclampsia; etiolog biomolecular and genetic changes; peri mortality from hypertensive disorders of
IV.B.1.c).(1).(q)	recognition and prevention of impending maternal morbidity or mortality, including critical events and recognition of clinical warning signs (e.g., maternal early warning systems); (Core)	4.6.a.17.	recognition and prevention of impending including critical events and recognition early warning systems); (Core)
IV.B.1.c).(1).(r)	bundles of maternal and neonatal care designed to prevent severe maternal morbidity and mortality, including those available from state, national, or international organizations; (Core)	4.6.a.18.	bundles of maternal and neonatal care of morbidity and mortality, including those international organizations; (Core)
IV.B.1.c).(1).(s)	cardiac arrest in pregnancy; cardiopulmonary resuscitation (CPR), peri-mortem Cesarean delivery, and advanced cardiac life support in pregnancy; ECMO in pregnancy; and implementation of cognitive aids and/or checklists and unit preparation for maternal cardiac arrest, including team training, crisis communication, and simulation; (Core)	4.6.a.19.	cardiac arrest in pregnancy; cardiopulm Cesarean delivery, and advanced cardia pregnancy; and implementation of cogn preparation for maternal cardiac arrest, communication, and simulation; (Core)
IV.B.1.c).(1).(t)	postpartum tubal ligation and timing, including policies to ensure availability, regulatory and consent issues, ethics, obstetric considerations, counseling, the epidemiologic effects of delaying requested postpartum ligation procedures, and reliable contraceptive alternatives; (Core)	4.6.a.20.	postpartum tubal ligation and timing, inc regulatory and consent issues, ethics, o epidemiologic effects of delaying reques reliable contraceptive alternatives; (Core
IV.B.1.c).(1).(u)	optimizing post-Cesarean recovery; (Core) anesthetic management of non-delivery obstetric procedures (e.g., dilation and curettage, dilation and evacuation, cerclage placement, and external cephalic version); (Core)	4.6.a.21. 4.6.a.22.	optimizing post-Cesarean recovery; (Co anesthetic management of non-delivery curettage, dilation and evacuation, cercl version); (Core)
IV.B.1.c).(1).(w)	non-obstetric surgery during pregnancy, including timing, laparoscopy, and cardiorespiratory effects on the mother and fetus, fetal monitoring considerations, post-operative analgesia, and, in the postpartum patient, breastfeeding after surgery; (Core)	4.6.a.23.	non-obstetric surgery during pregnancy cardiorespiratory effects on the mother considerations, post-operative analgesia breastfeeding after surgery; (Core)
IV.B.1.c).(1).(x)	effects of maternal medications and anesthetic technique on breastfeeding, including effects of surgical anesthesia, labor analgesia, and postpartum analgesia; (Core)	4.6.a.24.	effects of maternal medications and ane including effects of surgical anesthesia, analgesia; (Core)
IV.B.1.c).(1).(y)	antepartum and intrapartum fetal monitoring, including the application of ultrasonography, biophysical profile, electronic fetal heart monitoring, assessment of uterine contraction pattern and labor, and acid-base status of the fetus; (Core)	4.6.a.25.	antepartum and intrapartum fetal monito ultrasonography, biophysical profile, ele assessment of uterine contraction patte fetus; (Core)
IV.B.1.c).(1).(z)	effects of general anesthesia on the mother and fetus, and the effects of fetal circulation and placental transfer on newborn adaptation; (Core)	4.6.a.26.	effects of general anesthesia on the mo circulation and placental transfer on nev

including recognition and treatment of ig the airway in pregnant patients vay), consequences on utero-placental al considerations regarding the use of

t of obstetric complications and tal demise, placental abruption, placenta asa previa, umbilical cord prolapse, uterine on, amniotic fluid embolism, and

of hypertensive disorders of pregnancy, ogy and epidemiology; pathophysiology; eripartum care; and maternal morbidity and of pregnancy; (Core)

ing maternal morbidity or mortality, on of clinical warning signs (e.g., maternal

e designed to prevent severe maternal se available from state, national, or

Imonary resuscitation (CPR), peri-mortem diac life support in pregnancy; ECMO in gnitive aids and/or checklists and unit st, including team training, crisis

ncluding policies to ensure availability, , obstetric considerations, counseling, the lested postpartum ligation procedures, and ore)

Core)

ry obstetric procedures (e.g., dilation and rclage placement, and external cephalic

cy, including timing, laparoscopy, and er and fetus, fetal monitoring sia, and, in the postpartum patient,

nesthetic technique on breastfeeding, a, labor analgesia, and postpartum

nitoring, including the application of electronic fetal heart monitoring, ttern and labor, and acid-base status of the

nother and fetus, and the effects of fetal ewborn adaptation; (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	multidisciplinary care involving obstetrics, maternal-fetal medicine, cardiology,		multidisciplinary care involving obstetrics
IV.B.1.c).(1).(aa)	transfusion medicine, critical care, and neonatology; (Core)	4.6.a.27.	transfusion medicine, critical care, and n
IV.B.1.c).(1).(bb)	fundamentals of point-of-care ultrasound, image acquisition, and interpretation, including lung, gastric, cardiac, vascular, and neuraxial; (Core)	4.6.a.28.	fundamentals of point-of-care ultrasound including lung, gastric, cardiac, vascular
IV.B.1.c).(1).(cc)	fetal treatment procedures, including indications, peri-operative considerations, and anesthetic management of mother and fetus for open, minimally invasive, and ex-utero intrapartum treatment (EXIT) procedures; (Core)	4.6.a.29.	fetal treatment procedures, including ind and anesthetic management of mother a and ex-utero intrapartum treatment (EXI
IV.B.1.c).(1).(dd)	recognition of critically-ill pregnant patients; escalation of care, including regionalization of maternal care and Maternal Levels of Care; and transport and monitoring of critically ill pregnant patients within one hospital and between hospitals; (Core)	4.6.a.30.	recognition of critically-ill pregnant patier regionalization of maternal care and Mat monitoring of critically ill pregnant patien hospitals; (Core)
IV.B.1.c).(1).(ee)	organization and management of an obstetric anesthesia service, health care delivery models, reimbursement, building a service, regulatory agencies with jurisdiction, contract negotiation, economics, billing, government regulations, financial and budgeting considerations, and medical liability specific to labor and delivery; (Core)	4.6.a.31.	organization and management of an obs delivery models, reimbursement, buildin jurisdiction, contract negotiation, econom financial and budgeting considerations, a delivery; (Core)
	legal and ethical issues during pregnancy, including consent issues related to	4.0 - 20	legal and ethical issues during pregnand
IV.B.1.c).(1).(ff) IV.B.1.c).(1).(gg)	blood refusal, pregnant minors, competency, and maternal autonomy; (Core) psychosocial and social issues; (Core)	4.6.a.32. 4.6.a.33.	blood refusal, pregnant minors, compete psychosocial and social issues; (Core)
IV.B.1.c).(1).(hh)	medical economics and public health issues of patients during reproductive years as it applies to obstetric anesthesiology, including availability of obstetric analgesia, trial of labor after Cesarean (TOLAC), postpartum tubal ligation, and Cesarean delivery rates; (Core)	4.6.a.34.	medical economics and public health iss years as it applies to obstetric anesthesi analgesia, trial of labor after Cesarean ( Cesarean delivery rates; (Core)
IV.B.1.c).(1).(ii)	maternal morbidity and mortality, including international, national, state, and local racial and economic determinants; and knowledge of maternal morbidity and mortality review boards; (Core)	4.6.a.35.	maternal morbidity and mortality, includi local racial and economic determinants; and mortality review boards; (Core)
IV.B.1.c).(1).(jj)	regulatory policies and procedures governing the labor and delivery unit, obstetric operating rooms, and the obstetric PACU; and potential effects of societal, institutional, and governmental factors; (Core)	4.6.a.36.	regulatory policies and procedures gove obstetric operating rooms, and the obste societal, institutional, and governmental
IV.B.1.c).(1).(kk)	principles and ethics of research in pregnant patients, their fetuses, and neonates; (Core)	4.6.a.37.	principles and ethics of research in preg neonates; (Core)
IV.B.1.c).(1).(II)	processes involved in design, approval, and implementation of research and clinical trials; and, (Core)	4.6.a.38.	processes involved in design, approval, clinical trials; and, (Core)
IV.B.1.c).(1).(mm)	research funding, including: (Core)	4.6.a.39.	research funding, including: (Core)
IV.B.1.c).(1).(mm).(i)	components of a research budget, to include direct and indirect costs; (Core)	4.6.a.39.a.	components of a research budget, to inc
IV.B.1.c).(1).(mm).(ii)	funding procurement mechanisms; and, (Core)	4.6.a.39.b.	funding procurement mechanisms; and,
IV.B.1.c).(1).(mm).(iii)	proficiency in acquisition and interpretation of cardiac and neuraxial ultrasound images. (Core)	4.6.a.39.c.	proficiency in acquisition and interpretati images. (Core)
IV.B.1.c).(2)	Fellows must have completed a course in neonatal resuscitation and received a course completion certificate prior to completion of the fellowship. (Core)	4.6.b.	Fellows must have completed a course i course completion certificate prior to cor
IV.B.1.c).(3)	Fellows must maintain current certification in advanced cardiac life support skills. (Core)	4.6.c.	Fellows must maintain current certification skills. (Core)

ics, maternal-fetal medicine, cardiology, I neonatology; (Core)

nd, image acquisition, and interpretation, ar, and neuraxial; (Core)

ndications, peri-operative considerations, r and fetus for open, minimally invasive, XIT) procedures; (Core)

ients; escalation of care, including laternal Levels of Care; and transport and ents within one hospital and between

bstetric anesthesia service, health care ing a service, regulatory agencies with omics, billing, government regulations, s, and medical liability specific to labor and

ncy, including consent issues related to etency, and maternal autonomy; (Core)

ssues of patients during reproductive siology, including availability of obstetric (TOLAC), postpartum tubal ligation, and

ding international, national, state, and s; and knowledge of maternal morbidity

verning the labor and delivery unit, stetric PACU; and potential effects of al factors; (Core)

gnant patients, their fetuses, and

I, and implementation of research and

nclude direct and indirect costs; (Core) d, (Core)

ation of cardiac and neuraxial ultrasound

e in neonatal resuscitation and received a ompletion of the fellowship. (Core)

tion in advanced cardiac life support

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
-	Practice-based Learning and Improvement		· ·
IV.B.1.d)	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)
	Interpersonal and Communication Skills		
IV.B.1.e)	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 ca social determinants of health, as well other resources to provide optimal he
			Curriculum Organization and Fellow E
			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 protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Pain Management The program must provide instruction management if applicable for the sub- the signs of substance use disorder.
	The curriculum must be structured to optimize fellow educational		Curriculum Structure
	experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t
IV.C.1.		4.10.	events. (Core)

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)

# / 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

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

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

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IV.C.1.a)	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.a.	Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with share improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instructio management if applicable for the sub the signs of substance use disorder.
IV.C.3.	The curriculum must be structured to include:	[None]	
IV.C.3.a)	interpretation of and demonstrated competence in fetal heart rate monitoring in the first three months of the program; (Core)	4.11.a.	The curriculum must be structured to ind demonstrate competence in fetal heart r of the program. (Core)
IV.C.3.b)	a minimum of seven months of operating room and labor and delivery clinical activity; (Detail)	4.11.b.	The curriculum must be structured to incompete operating room and labor and delivery c
IV.C.3.c)	at least one contiguous two-week rotation in maternal-fetal medicine that includes experience in antepartum fetal testing and high-risk antepartum care; (Core)	4.11.c.	The curriculum must be structured to inc rotation in maternal-fetal medicine that i testing and high-risk antepartum care. (
IV.C.3.d)	at least one contiguous two-week rotation in neonatology during which fellows provide routine neonatal evaluation and care; and, (Core)	4.11.d.	The curriculum must be structured to inc rotation in neonatology during which fell and care. (Core)
IV.C.3.e)	at least three months designated for research or other well-defined scholarly activity leading to new knowledge related to the required rotations. (Core)	4.11.e.	The curriculum must be structured to ind for research or other well-defined schola related to the required rotations. (Core)
IV.C.4.	The didactic curriculum should be provided through lectures, conferences, facilitated self-learning, workshops, or simulation, and should supplement clinical experience. (Core)	4.11.f.	The didactic curriculum should be provid facilitated self-learning, workshops, or s clinical experience. (Core)
IV.C.4.a)	Faculty members should be conference leaders in the majority of the sessions. (Core)	4.11.f.1.	Faculty members should be conference (Core)
IV.C.4.b)	The didactic curriculum should include all topics listed as expected Medical Knowledge (see IV.B.1.c)) outcomes. (Core)	4.11.f.2.	The didactic curriculum should include a Knowledge (see 4.6.) outcomes. (Core)
IV.C.4.c)	Additional didactic topics must include:	4.11.f.3.	Additional didactic topics must include the analgesic techniques on health care rest staffing, and patient throughput. (Core)
IV.C.4.c).(1)	the impact of different anesthetic and analgesic techniques on health care resources, including room allocation, staffing, and patient throughput; and, (Core)	4.11.f.3.	Additional didactic topics must include the analgesic techniques on health care rest staffing, and patient throughput. (Core)
IV.C.4.c).(2)	sound business practices and the direct and indirect costs of different obstetric analgesic and anesthetic techniques. (Core)	4.11.f.4.	Additional didactic topics must include s and indirect costs of different obstetric a (Core)
IV.C.5.	Clinical Experience Fellows' clinical experience must include:	4.11.g.	Clinical Experience Fellows' clinical experience must include morbidity vaginal deliveries. (Core)
IV.C.5.a)	a minimum of 30 high-risk maternal co-morbidity vaginal deliveries; (Core)	4.11.g.	Clinical Experience Fellows' clinical experience must include morbidity vaginal deliveries. (Core)

ured to facilitate learning in a manner that n effective interprofessional team that red goals of patient safety and quality

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

include interpretation of and to t rate monitoring in the first three months

include a minimum of seven months of v clinical activity. (Detail)

nclude at least one contiguous two-week t includes experience in antepartum fetal (Core)

include at least one contiguous two-week ellows provide routine neonatal evaluation

include at least three months designated olarly activity leading to new knowledge e)

vided through lectures, conferences, simulation, and should supplement

ce leaders in the majority of the sessions.

e all topics listed as expected Medical e)

e the impact of different anesthetic and esources, including room allocation, e)

e the impact of different anesthetic and esources, including room allocation, e)

sound business practices and the direct analgesic and anesthetic techniques.

ude a minimum of 30 high-risk maternal co-

ude a minimum of 30 high-risk maternal co-

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IV.C.5.b)	a minimum of 30 high-risk fetal condition vaginal deliveries; (Core)	4.11.h.	Fellows' clinical experience must includ condition vaginal deliveries. (Core)
IV.C.5.c)	a minimum of 30 high-risk maternal co-morbidity Cesarean deliveries; (Core)	4.11.i.	Fellows' clinical experience must includ morbidity Cesarean deliveries. (Core)
IV.C.5.d)	a minimum of 20 high-risk fetal condition Cesarean deliveries; (Core)	4.11.j.	Fellows' clinical experience must includ condition Cesarean deliveries. (Core)
IV.C.5.e)	a minimum of 10 antenatal procedures, with no more than five cases accrued from cervical cerclage placement or removal; (Core)	4.11.k.	Fellows' clinical experience must includ procedures, with no more than five case placement or removal. (Core)
IV.C.5.f)	a minimum of 20 ultrasonography procedures; (Core)	4.11.l.	Fellows' clinical experience must includ procedures. (Core)
IV.C.5.g)	a minimum of 20 neuraxial ultrasound exams, including at least five abdominal plane blocks (e.g., transversus abdominis, quadratus lumborum); (Core)	4.11.m.	Fellows' clinical experience must includ exams, including at least five abdomina abdominis, quadratus lumborum). (Core
IV.C.5.h)	evaluation and management of a minimum of five patients with postpartum headache; and, (Core).	4.11.n.	Fellows' clinical experience must includ minimum of five patients with postpartu
IV.C.5.i)	a minimum of 10 neonatal resuscitations, with the support of a skilled neonatology team. (Core)	4.11.o.	Fellows' clinical experience must includ resuscitations, with the support of a skil
	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians,		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 integration, application, and teaching The ACGME recognizes the diversity
IV.D.	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]	programs prepare physicians for a v 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
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evid consistent with its mission(s) and ai
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 evid consistent with its mission(s) and air

ent Language ude a minimum of 30 high-risk fetal ude a minimum of 30 high-risk maternal coude a minimum of 20 high-risk fetal ude a minimum of 10 antenatal uses accrued from cervical cerclage ude a minimum of 20 ultrasonography

ude a minimum of 20 neuraxial ultrasound nal plane blocks (e.g., transversus pre)

ude evaluation and management of a um headache. (Core).

ude a minimum of 10 neonatal killed neonatology team. (Core)

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

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

idence of scholarly activities, aims. (Core)

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IV.D.1.a).(1)	The program must provide instruction in the fundamentals of research design and conduct, and the interpretation and presentation of data. (Core)	4.13.b.	The program must provide instruction in and conduct, and the interpretation and
IV.D.1.a).(2)	The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)	4.13.c.	The faculty must establish and maintain scholarship with an active research com
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow scholarly activities. (Core)
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.a)	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, 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)		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

in the fundamentals of research design d presentation of data. (Core)

in an environment of inquiry and pmponent. (Core)

Sponsoring Institution, must allocate ow and faculty involvement in

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

t safety initiatives s, review articles, chapters in medical

ols, didactic educational activities, or

nittees, educational organizations, or

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

t safety initiatives s, review articles, chapters in medical

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semination of scholarly activity within following methods:

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

ie)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Fellow Scholarly Activity
IV.D.3.	Fellow Scholarly Activity	4.15.	Each fellow must conduct or be substan related to the subspecialty that is suitable
			Fellow Scholarly Activity
IV.D.3.a)	Each fellow must conduct or be substantially involved in a scholarly project related to the subspecialty that is suitable for publication. (Core)	4.15.	Each fellow must conduct or be substan related to the subspecialty that is suitabl
	The results of such projects should be disseminated through a variety of means,		The results of such projects should be d
IV.D.3.a).(1)	including presentation at national or international meetings. (Core)	4.15.a.	including presentation at national or inte
IV.D.3.a).(2) <b>V.</b>	Fellows must have a faculty mentor overseeing their project. (Core)	4.15.b. Section 5	Fellows must have a faculty mentor over Section 5: Evaluation
v.		Section 5	
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durir educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.I.	Faculty members must directly observe, evaluate, and frequently provide	5.1.	Fellow Evaluation: Feedback and Eva
	feedback on fellow performance during each rotation or similar educational assignment. (Core)		Faculty members must directly obser feedback on fellow performance durin
V.A.1.a)	E sulture set se en dia such se sultations of soch follow's reserves and	5.1.	educational assignment. (Core)
V.A.1.a).(1)	Faculty members must provide evaluations of each fellow's progress and competence to the program director at the end of three, six, and nine months of education. (Core)	5.1.h.	Faculty members must provide evaluation competence to the program director at the education. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	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 objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty 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 perforunsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	

antially involved in a scholarly project able for publication. (Core)

antially involved in a scholarly project able for publication. (Core) disseminated through a variety of means, ternational meetings. (Core)

verseeing their project. (Core)

## valuation

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tions of each fellow's progress and the end of three, six, and nine months of

the completion of the assignment.

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

ontinuity 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

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Requirement Number	Requirement Language	Nulliper	Requiremen The program director or their designe
	meet with and review with each fellow their documented semi-annual		Competency Committee, must meet v
	evaluation of performance, including progress along the subspecialty-		documented semi-annual evaluation
V.A.1.d).(1)	specific Milestones; (Core)	5.1.c.	along the subspecialty-specific Miles
			The program director or their designed
			Competency Committee, must assist
	assist fellows in developing individualized learning plans to capitalize on		learning plans to capitalize on their s
V.A.1.d).(2)	their strengths and identify areas for growth; and, (Core)	5.1.d.	growth. (Core)
			The program director or their designed
	develop plans for fellows failing to progress, following institutional		Competency Committee, must develo
V.A.1.d).(3)	policies and procedures. (Core)	5.1.e.	progress, following institutional polic
	At least annually, there must be a summative evaluation of each fellow		At least annually, there must be a sur
V.A.1.e)	that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	that includes their readiness to progr applicable. (Core)
v.A.I.C)	The evaluations of a fellow's performance must be accessible for review	5.1.1.	The evaluations of a fellow's perform
V.A.1.f)	by the fellow. (Core)	5.1.g.	by the fellow. (Core)
			Fellow Evaluation: Final Evaluation
			The program director must provide a
V.A.2.	Final Evaluation	5.2.	completion of the program. (Core)
			Fellow Evaluation: Final Evaluation
	The program director must provide a final evaluation for each fellow upon		The program director must provide a
V.A.2.a)	completion of the program. (Core)	5.2.	completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, mu
	are able to engage in autonomous practice upon completion of the	<b>F O -</b>	are able to engage in autonomous pr
V.A.2.a.(1)	program. (Core) The final evaluation must:	5.2.a.	program. (Core)
V.A.2.a).(2)		[None]	The final evolucities must become se
	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance		The final evaluation must become parameters maintained by the institution, and mu
V.A.2.a).(2).(a)	with institutional policy; (Core)	5.2.b.	fellow in accordance with institutiona
•.A.2.a).(2).(a)		0.2.0.	The final evaluation must verify that t
	verify that the fellow has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors nec
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(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)
			Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program		A Clinical Competency Committee m
V.A.3.	director. (Core)	5.3.	director. (Core)
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competene
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a c
	be faculty members from the same program or other programs, or other		be faculty members from the same pr
$V \land 2 \Rightarrow$	health professionals who have extensive contact and experience with the	5.3.a.	health professionals who have extens
V.A.3.a) V.A.3.b)	program's fellows. (Core) The Clinical Competency Committee must:	5.3.a. [None]	program's fellows. (Core)
•			The Clinical Competency Committee

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

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

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

summative evaluation of each fellow ogress to the next year of the program, if

rmance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

It the fellow has demonstrated the ecessary to enter autonomous practice.

l with the fellow upon completion of the

must be appointed by the program

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

e must review all fellow evaluations at

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually.		Faculty Evaluation The program must have a process to performance as it relates to the educa
V.B.1.	(Core) This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical		(Core) This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and ac
V.B.1.a) V.B.1.b)	performance, professionalism, and scholarly activities. (Core) This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.a. 5.4.b.	performance, professionalism, and so This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee m program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee response ongoing program improvement, inclu based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)

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

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

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

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

n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

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

ent

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

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

ponsibilities must include review of the Id progress toward meeting them.

ponsibilities must include guiding luding development of new goals,

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

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Requirement Number	Requirement Language	Number	Requiremen
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
	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
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed to and discussed with the 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 Se
V.C.2.	(Core)	5.5.h.	(Core)
	The Learning and Working Environment		Section 6: The Learning and Working The Learning and Working Environme
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in the environment that emphasizes the following the f
	•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
V/I	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Castian C	•Commitment to the well-being of the members, and all members of the hea
VI. VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	Section 6 [None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
, VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.		Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.
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)		The program, its faculty, residents, ar patient safety systems and contribute

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

e 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.

## ng Environment

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n the context of a learning and working bllowing principles:

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# oviding care for patients

ne students, residents, fellows, faculty ealth care team

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

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

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

*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 y vulnerabilities.* 

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

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

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

*tizing activities for care improvement ment efforts.* 

receive data on quality metrics and populations. (Core)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the in partnership with their Sponsoring communicate, and monitor a structur accountability as it relates to the sup
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requ practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when 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 place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as app
VI.A.2.a).(2).(a)	The fellowship program must work together with the anesthesiology residency program to prepare and implement a supervision policy that specifies the lines of responsibility for the anesthesiology residents and the program's fellows. (Core)	6.6.a.	The fellowship program must work toget program to prepare and implement a su of responsibility for the anesthesiology r (Core)
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 super authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	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.	Direct Supervision The supervising physician is physica key portions of the patient interaction
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 pro or audio supervision but is immediat guidance and is available to provide

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

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

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

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

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

ether with the anesthesiology residency supervision policy that specifies the lines residents and the program's fellows.

ervision while providing for graded ogram must use the following

cally present with the fellow during the on.

cally present with the fellow during the on.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Mileste
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 author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p 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)

ble to provide review of teck provided after care is delivered. vsical 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 n 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)

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

<sup>t</sup> their scope of authority, and the own is permitted to act with conditional

nust be of sufficient duration to assess llow and to delegate to the fellow the thority 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 the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership 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.	<ul> <li>Well-Being</li> <li>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.</li> <li>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.</li> </ul>	[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 to 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-bo 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	6.13.	The responsibility of the program, in
VI.C.1.a)	Institution, must include: attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	Institution, must include: attention to scheduling, work intensit impacts fellow well-being; (Core)

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

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

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

Sponsoring Institutions, must provide 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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (0
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows ar the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows ar the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		
VI.E.1.	The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity illness/condition, and available suppo

ent Language nd addressing the safety of fellows and

ge optimal fellow and faculty member

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

mbers in:

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

nemselves and how to seek

screening. (Core)

fordable mental health assessment, 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 I)

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

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)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sy
VI.E.2.a)	Fellows must demonstrate the ability to work in a multidisciplinary environment, particularly the ability to have collegial and effective interactions with other members of the perinatal care team. (Outcome)	6.18.a.	Fellows must demonstrate the ability to particularly the ability to have collegial a members of the perinatal care team. (O
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fr
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, fr
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 S 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 a 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 and
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 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 t 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 min clinical work and required education home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic

- environment that maximizes interprofessional, team-based care in system. (Core)
- o work in a multidisciplinary environment, and effective interactions with other Outcome)
- 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 /. (Core)
- are competent in communicating with ess. (Outcome)
- Sponsoring Institutions, must design is configured to provide fellows with opportunities, as well as reasonable activities.
- Icational Work per Week s must be limited to no more than 80 ur-week period, inclusive of all invities, clinical work done from home,
- rk and Education f between scheduled clinical work and
- rk 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)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)		Up to four hours of additional time ma patient safety, such as providing effect fellow education. Additional patient c assigned to a fellow during this time.
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
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 of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee for Anesthesiology will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	The Review Committee for Anesthesiolo exceptions to the 80-hour limit to the res
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)

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

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

#### Exceptions

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

## Exceptions

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

logy will not consider requests for esidents' work week.

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

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

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

#### ncy

nouse call no more frequently than over a four-week period). (Core)

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

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

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