Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
			• •
	Definition of Graduate Medical Education		Definition of Creducto Medical Educe
	Fellowship is advanced graduate medical education beyond a core		Definition of Graduate Medical Educa Fellowship is advanced graduate med
	residency program for physicians who desire to enter more specialized		residency program for physicians wh
	practice. Fellowship-trained physicians serve the public by providing		practice. Fellowship-trained physicia
	subspecialty care, which may also include core medical care, acting as a		subspecialty care, which may also in
	community resource for expertise in their field, creating and integrating		community resource for expertise in
	new knowledge into practice, and educating future generations of		new knowledge into practice, and edu
	physicians. Graduate medical education values the strength that a diverse		physicians. Graduate medical educat
	group of physicians brings to medical care, and the importance of		group of physicians brings to medica
	inclusive and psychologically safe learning environments.		inclusive and psychologically safe lea
	Fellows who have completed residency are able to practice autonomously		Fellows who have completed residen
	in their core specialty. The prior medical experience and expertise of		in their core specialty. The prior med
	fellows distinguish them from physicians entering residency. The fellow's		fellows distinguish them from physic
	care of patients within the subspecialty is undertaken with appropriate		care of patients within the subspecia
	faculty supervision and conditional independence. Faculty members		faculty supervision and conditional in
	serve as role models of excellence, compassion, cultural sensitivity,		serve as role models of excellence, c
	professionalism, and scholarship. The fellow develops deep medical		professionalism, and scholarship. Th
	knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty		knowledge, patient care skills, and ex area of practice. Fellowship is an inte
	clinical and didactic education that focuses on the multidisciplinary care		clinical and didactic education that for
	of patients. Fellowship education is often physically, emotionally, and		of patients. Fellowship education is o
	intellectually demanding, and occurs in a variety of clinical learning		intellectually demanding, and occurs
	environments committed to graduate medical education and the well-		environments committed to graduate
	being of patients, residents, fellows, faculty members, students, and all		being of patients, residents, fellows,
Int.A.	members of the health care team.	[None]	members of the health care team.
	In addition to clinical education, many fellowship programs advance		In addition to clinical education, man
	fellows' skills as physician-scientists. While the ability to create new		fellows' skills as physician-scientists
	knowledge within medicine is not exclusive to fellowship-educated		knowledge within medicine is not exc
	physicians, the fellowship experience expands a physician's abilities to		physicians, the fellowship experience
	pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty		pursue hypothesis-driven scientific in the medical literature and patient care
	expertise achieved, fellows develop mentored relationships built on an		expertise achieved, fellows develop n
	infrastructure that promotes collaborative research.		infrastructure that promotes collabor
	Definition of Subspecialty		
	Dulas an amu maadiaina in tha authon anishtu af internal maadiaina that facusaa an tha		Definition of Subspecialty
	Pulmonary medicine is the subspecialty of internal medicine that focuses on the		Pulmonary medicine is the subspecialty
	diagnosis and management of disorders of the respiratory system, including the lungs, upper airways, thoracic cavity, and chest wall.	[None]	diagnosis and management of disorders lungs, upper airways, thoracic cavity, an
	Length of Educational Program		Length of Educational Program
	The educational program in pulmonary disease must be 24 months in length.		The educational program in pulmonary of
Int.C.	(Core)	4.1.	(Core)
Ι.	Oversight	Section 1	Section 1: Oversight

ation

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

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

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

lty of internal medicine that focuses on the ers of the respiratory system, including the and chest wall.

v disease must be 24 months in length.

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

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

ist function as an integral part of an al medicine. (Core)

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

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

every 10 years. (Core)

designated institutional official (DIO).

cal learning and working environment

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retentior The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	The program, in partnership with its Sponsoring Institution, must:	[None]	
I.D.1.a).(1)	ensure the program has adequate space available, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space; (Core)	1.8.a.	The program, in partnership with its Spo program has adequate space available, examination rooms, computers, visual an space. (Core)
I.D.1.a).(2)	ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work; (Core)	1.8.b.	The program, in partnership with its Spo appropriate in-person or remote/virtual c using telecommunication technology, are work. (Core)
I.D.1.a).(3)	provide access to an electronic health record (EHR); and, (Core);	1.8.c.	The program, in partnership with its Spo to an electronic health record (EHR). (Co
I.D.1.a).(4)	provide fellows with access to training using simulation to support fellow education and patient safety. (Core)	1.8.d.	The program, in partnership with its Spo with access to training using simulation t safety. (Core)
I.D.1.b)	A pulmonary function testing laboratory must be available. (Core)	1.8.e.	A pulmonary function testing laboratory
	A bronchoscopy suite, including appropriate space, time allocation, and staffing for pulmonary procedures, must be available. (Core)	1.8.f.	A bronchoscopy suite, including appropr for pulmonary procedures, must be avail
I.D.1.c)	Critical care, post-operative care, and respiratory care services must be available. (Core)	1.0.1.	Critical care, post-operative care, and re
I.D.1.d)	The following must be available at the primary clinical site:	1.8.g.	available. (Core)
I.D.1.d).(1)	timely bedside imaging services, including portable chest x-ray (CXR), bedside ultrasound, and echocardiogram for patients in the critical care units; and, (Core)	1.8.h.	Timely bedside imaging services, includi ultrasound, and echocardiogram for pati available at the primary clinical site. (Co
I.D.1.d).(2)	computed tomography (CT) imaging, including CT angiography. (Core)	1.8.i.	Computed tomography (CT) imaging, ind available at the primary clinical site. (Co
I.D.1.d).(3)	A supporting laboratory that provides complete and prompt laboratory evaluation must be available at the primary clinical site or at a participating site to allow reliable and timely return of laboratory test results. (Core)	1.8.j.	A supporting laboratory that provides co evaluation must be available at the prima to allow reliable and timely return of labo
	Other Support Services		
I.D.1.e)	The following must be available:	1.8.k.	Other Support Services Pathology services, including exfoliate c

on

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

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

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

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

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

oonsoring Institution, must provide access Core)

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

y must be available. (Core) priate space, time allocation, and staffing ailable. (Core)

respiratory care services must be

iding portable chest x-ray (CXR), bedside atients in the critical care units must be core)

ncluding CT angiography, must be core)

complete and prompt laboratory mary clinical site or at a participating site boratory test results. (Core)

cytology, must be available. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Other Support Services
I.D.1.e).(1)	pathology services, including exfoliate cytology; (Core)	1.8.k.	Pathology services, including exfoliate c
I.D.1.e).(2)	a thoracic surgery service; (Core)	1.8.1.	A thoracic surgery service must be avail
I.D.1.e).(3)	a laboratory for sleep-related breathing disorders; and, (Core)	1.8.m.	A laboratory for sleep-related breathing
I.D.1.e).(4)	other services, including anesthesiology, immunology, laboratory medicine, microbiology, occupational medicine, otolaryngology – head and neck surgery, pathology, physical medicine and rehabilitation, and radiology. (Core)	1.8.n.	Other services, including anesthesiology microbiology, occupational medicine, oto pathology, physical medicine and rehabi available. (Core)
I.D.1.f)	the program must provide fellows with a patient population representative of both the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. (Core)	1.8.0.	The program must provide fellows with a both the broad spectrum of clinical disor by subspecialists in this area, and of the program. (Core)
I.D.1.g)	There must be an average daily census of at least five patients per fellow during assignments to critical care units. (Detail)	1.8.p.	There must be an average daily census assignments to critical care units. (Detai
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
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	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.	The presence of other learners and of 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 an authority and accountability for the or 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 or with all applicable program requireme

cytology, must be available. (Core) ailable. (Core)

g disorders must be available. (Core)

bgy, immunology, laboratory medicine, otolaryngology – head and neck surgery, abilitation, and radiology, must be

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

us of at least five patients per fellow during tail)

S Sponsoring Institution, must ensure ing environments that promote fellow

)

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

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

opriate to the participating site; and,

isabilities consistent with the pre)

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

rsonnel

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

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

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

II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.2.c)	The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core) Number of Approved Fellow Positions: <7 Minimum Aggregate Support Required (FTE): Refer to PR II.B.4.c) Number of Approved Fellow Positions: 7-9 Minimum Aggregate Support Required (FTE): 0.13 Number of Approved Fellow Positions: 10-12 Minimum Aggregate Support Required (FTE): 0.14 Number of Approved Fellow Positions: 13-15 Minimum Aggregate Support Required (FTE): 0.15 Number of Approved Fellow Positions: 16-18 Minimum Aggregate Support Required (FTE): 0.16 Number of Approved Fellow Positions: 19-21 Minimum Aggregate Support Required (FTE): 0.17 Number of Approved Fellow Positions: 22-24 Minimum Aggregate Support Required (FTE): 0.18 Number of Approved Fellow Positions: 25-27 Minimum Aggregate Support Required (FTE): 0.24		The associate program director(s) must dedicated minimum time for administration Number of Approved Fellow Positions: < Required (FTE): Refer to PR PR 2.10.c. Number of Approved Fellow Positions: 7 Required (FTE): 0.13 Number of Approved Fellow Positions: 1 Required (FTE): 0.14 Number of Approved Fellow Positions: 1 Required (FTE): 0.15 Number of Approved Fellow Positions: 1 Required (FTE): 0.16 Number of Approved Fellow Positions: 1 Required (FTE): 0.17 Number of Approved Fellow Positions: 2 Required (FTE): 0.18 Number of Approved Fellow Positions: 2 Required (FTE): 0.24
II.A.2.b)	Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). (Core)	2.3.b.	Programs must appoint at least one of the members to be associate program direct
II.A.2.a)	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core) Number of Approved Fellow Positions: <7 Minimum Support Required (FTE): 0.20 Number of Approved Fellow Positions: 7-9 Minimum Support Required (FTE): 0.25 Number of Approved Fellow Positions: 10-12 Minimum Support Required (FTE): 0.30 Number of Approved Fellow Positions: 13-15 Minimum Support Required (FTE): 0.35		At a minimum, the program director must and support specified below for administ Number of Approved Fellow Positions: < 0.20 Number of Approved Fellow Positions: 7 0.25 Number of Approved Fellow Positions: 1 (FTE): 0.30 Number of Approved Fellow Positions: 1 (FTE): 0.35
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 adequi based upon its size and configuration
II.A.1.a) II.A.1.a).(1)	(GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core) Final approval of the program director resides with the Review Committee. (Core)	2.2. 2.2.a.	(GMEC) must approve a change in pro program director's licensure and clin Final approval of the program directo (Core)
Roman Numeral Requirement Number	The Sponsoring Institution's Graduate Medical Education Committee	Reformatted Requirement Number	Requirement The Sponsoring Institution's Graduate

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

tor resides with the Review Committee.

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

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

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

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

ation of the program as follows: (Core)

- <7 | Minimum Aggregate Support
- С.
- 7-9 | Minimum Aggregate Support
- 10-12 | Minimum Aggregate Support
- 13-15 | Minimum Aggregate Support
- 16-18 | Minimum Aggregate Support
- 19-21 | Minimum Aggregate Support
- 22-24 | Minimum Aggregate Support
- 25-27 | Minimum Aggregate Support

tor:

subspecialty expertise and iew Committee. (Core)

or

subspecialty expertise and iew Committee. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.3.a).(1)	The program director must have at least three years of documented educational and/or administrative experience in an ACGME-accredited internal medicine residency or pulmonary disease fellowship. (Core)	2.4.b.	The program director must have at least and/or administrative experience in an A residency or pulmonary disease fellowsh
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Internal Medicine (ABIM) or by the American Osteopathic Board of Internal Medicine (AOBIM), or subspecialty qualifications that are acceptable to the Review Committee. (Core)	2.4.a.	The program director must possess of subspecialty for which they are the pr Board of Internal Medicine (ABIM) or by Internal Medicine (AOBIM), or subspec acceptable to the Review Committee.
II.A.3.b).(1)	The Review Committee only accepts current ABIM or AOBIM certification in pulmonary disease. (Core)	2.4.a.1.	The Review Committee only accepts cur pulmonary disease. (Core)
II.A.4. II.A.4.a)	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) The program director must:	2.5. [None]	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient car
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core) administer and maintain a learning environment conducive to educating	2.5.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the mission The program director must administe environment conducive to educating
II.A.4.a).(3) II.A.4.a).(4)	the fellows in each of the ACGME Competency domains; (Core) 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.c. 2.5.d.	Competency domains. (Core) 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 learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when acti not to promote, or renew the appointr
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)

ent Language st three years of documented educational ACGME-accredited internal medicine rship. (Core)

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

urrent ABIM or AOBIM certification in

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

model of professionalism. (Core)

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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a c Faculty members experience the prid development of future colleagues. The the opportunity to teach and model exist scholarly approach to patient care, fa graduate medical education system, if and the population. Faculty members ensure that patients from a specialist in the field. They react the patients, fellows, community, and
II.B.	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]	provide appropriate levels of supervise Faculty members create an effective professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly parti discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)

n a non-competition guarantee or

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

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

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

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

of faculty members with competence to Core)

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

and conferences. (Core)

Ity development designed to enhance

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropr hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropr hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Mem Subspecialty physician faculty memb the subspecialty by the American Bo American Osteopathic Board of Interr judged acceptable to the Review Con
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member Association (AOA) certifying board, o acceptable to the Review Committee
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or adm component of their activities, teach, o feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the (Core)

priate qualifications in their field and intments. (Core)

priate qualifications in their field and intments. (Core)

mbers

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

Ity members must have current e appropriate American Board of er board or American Osteopathic l, or possess qualifications judged ee. (Core)

significant role in the education and evote a significant portion of their entire lministration, and must, as a n, evaluate, and provide formative

ne annual ACGME Faculty Survey.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	In addition to the program director, programs must have the minimum number of		In addition to the program director, progr
	core faculty members who are certified in hematology by the ABIM or the		core faculty members who are certified i
	AOBIM based on the number of approved fellow positions, as follows: (Core)		AOBIM based on the number of approve
	Number of Approved Positions: 1-3 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 1-3 Mir
	Certified Core Faculty: 2		Certified Core Faculty: 2
	Number of Approved Positions: 4-6 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 4-6 Mir
	Certified Core Faculty: 3		Certified Core Faculty: 3
	Number of Approved Positions: 7-9 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 7-9 Mir
	Certified Core Faculty: 4		Certified Core Faculty: 4
	Number of Approved Positions: 10-12 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 10-12 I
	Certified Core Faculty: 6		Certified Core Faculty: 6
	Number of Approved Positions: 13-15 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 13-15 I
	Certified Core Faculty: 8		Certified Core Faculty: 8
	Number of Approved Positions: 16-18 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 16-18 I
	Certified Core Faculty: 10		Certified Core Faculty: 10
	Number of Approved Positions: 19-21 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 19-21 I
	Certified Core Faculty: 12		Certified Core Faculty: 12
	Number of Approved Positions: 22-24 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 22-24 I
	Certified Core Faculty: 14		Certified Core Faculty: 14
	Number of Approved Positions: 25-27 Minimum Number of ABIM or AOBIM	0 10 h	Number of Approved Positions: 25-27 I
II.B.4.b)	Certified Core Faculty: 16	2.10.b.	Certified Core Faculty: 16
	The required core faculty members must be provided with support equal to an		The required core faculty members mus
1	aggregate minimum of 15 percent/FTE for educational and administrative		aggregate minimum of 15 percent/FTE f
	responsibilities that do not involve direct patient care. Support must be provided		responsibilities that do not involve direct
	based on the program size as follows: (Core)		based on the program size as follows: (0
	Number of Approved Fellow Positions: 1-3 Minimum Aggregate Support		Number of Approved Fellow Positions: 1
	Required (FTE): 0.15		Required (FTE): 0.15
	Number of Approved Fellow Positions: 4-6 Minimum Aggregate Support		Number of Approved Fellow Positions: 4
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 7-9 Minimum Aggregate Support		Number of Approved Fellow Positions: 7
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 10-12 Minimum Aggregate Support		Number of Approved Fellow Positions: 1
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 13-15 Minimum Aggregate Support		Number of Approved Fellow Positions: 1
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 16-18 Minimum Aggregate Support		Number of Approved Fellow Positions: 1
	Required (FTE): 0.20		Required (FTE): 0.20
	Number of Approved Fellow Positions: 19-21 Minimum Aggregate Support		Number of Approved Fellow Positions: 1
	Required (FTE): 0.25		Required (FTE): 0.25
	Number of Approved Fellow Positions: 22-24 Minimum Aggregate Support		Number of Approved Fellow Positions: 2
	Required (FTE): 0.25		Required (FTE): 0.25
	Number of Approved Fellow Positions: 25-27 Minimum Aggregate Support		Number of Approved Fellow Positions: 2
II.B.4.c)	Required (FTE): 0.25	2.10.c.	Required (FTE): 0.25
			Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinator

ograms must have the minimum number of d in hematology by the ABIM or the oved fellow positions, as follows: (Core)

inimum Number of ABIM or AOBIM

linimum Number of ABIM or AOBIM

linimum Number of ABIM or AOBIM

| Minimum Number of ABIM or AOBIM

Minimum Number of ABIM or AOBIM

| Minimum Number of ABIM or AOBIM

ust be provided with support equal to an E for educational and administrative ect patient care. Support must be provided : (Core)

1-3 | Minimum Aggregate Support

4-6 | Minimum Aggregate Support

7-9 | Minimum Aggregate Support

10-12 | Minimum Aggregate Support

13-15 | Minimum Aggregate Support

16-18 | Minimum Aggregate Support

19-21 | Minimum Aggregate Support

22-24 | Minimum Aggregate Support

25-27 | Minimum Aggregate Support

tor. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	There must be a program coordinator
	The program coordinator must be provided with dedicated time and		The program coordinator must be pro
	support adequate for administration of the program based upon its size		support adequate for administration
II.C.2.	and configuration. (Core)	2.11.a.	and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)		At a minimum, the program coordinator time and support specified below for adr administrative support must be provided
	Number of Approved Fellow Positions: 1-3 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0		(Core) Number of Approved Fellow Positions: 1 Coordinator Support: 0.30 Additional A Administration of the Program: 0
	Number of Approved Fellow Positions: 4-6 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.20		Number of Approved Fellow Positions: 4 Coordinator Support: 0.30 Additional A Administration of the Program: 0.20
	Number of Approved Fellow Positions: 7-9 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.38		Number of Approved Fellow Positions: 7 Coordinator Support: 0.30 Additional A Administration of the Program: 0.38
	Number of Approved Fellow Positions: 10-12 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.44		Number of Approved Fellow Positions: 1 Coordinator Support: 0.30 Additional A Administration of the Program: 0.44
II.C.2.a)	Number of Approved Fellow Positions: 13-15 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.50	2.11.b.	Number of Approved Fellow Positions: 1 Coordinator Support: 0.30 Additional A Administration of the Program: 0.50
	Other Program Personnel		
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	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		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 of College of Family Physicians of Cana
III.A.1.	program located in Canada. (Core)	3.2.	program located in Canada. (Core)

tor. (Core)

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

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

: 1-3 | Minimum FTE Required for Aggregate FTE Required for

: 4-6 | Minimum FTE Required for Aggregate FTE Required for

7-9 | Minimum FTE Required for Aggregate FTE Required for

: 10-12 | Minimum FTE Required for Aggregate FTE Required for

: 13-15 | Minimum FTE Required for Aggregate FTE Required for

Sponsoring Institution, must jointly personnel for the effective

re)

ip Programs

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

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III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations fro
III.A.1.b)	Prior to appointment in the fellowship, fellows should have completed an internal medicine program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the fellowship, fe internal medicine program that satisfies
III.A.1.b).(1)	Fellows who did not complete an internal medicine program that satisfies the requirements in III.A.1. must have completed at least three years of internal medicine education prior to starting the fellowship as well as met all of the criteria in the "Fellow Eligibility Exception" section below. (Core)	3.2.a.1.a.	Fellows who did not complete an interna requirements in 3.2. must have complete medicine education prior to starting the f criteria in the "Fellow Eligibility Exception
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Internal Medicine will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Internal Me exception to the fellowship eligibility
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)
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 Commissio (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)
	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, an matriculation. (Core)

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

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

nal medicine program that satisfies the eted at least three years of internal e fellowship as well as met all of the on" section below. (Core)

ledicine will allow the following y requirements:

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

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

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

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Requirement Number	Requirement Language	Requirement Number	Requirement
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence		The ACGME accreditation system is d
	and innovation in graduate medical education regardless of the		and innovation in graduate medical ed
	organizational affiliation, size, or location of the program.		organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
	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		It is recognized that programs may pla leadership, public health, etc. It is exp reflect the nuanced program-specific
	example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on		example, it is expected that a program scientists will have a different curricu
IV.	community health.	Section 4	community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which me applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tra their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient management subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
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 pron tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acquired
IV.D.	The program must integrate the following ACGME Competencies into the	[iaoue]	reming the other competencies acqui
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM

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

port the development of who provide compassionate care.

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

lowing educational components:

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

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

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

ond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

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

ME Competencies into the curriculum.

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IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitr adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
	Fellows must demonstrate competence in prevention, evaluation, and		Fellows must demonstrate competence
IV.B.1.b).(1).(a)	management of patients with:	4.4.a.	management of patients with:
IV.B.1.b).(1).(a).(i)	acute lung injury, including radiation, inhalation, and trauma; (Core)	4.4.a.1.	acute lung injury, including radiation, inh
IV.B.1.b).(1).(a).(ii)	circulatory failure; (Core)	4.4.a.2.	circulatory failure; (Core)
IV.B.1.b).(1).(a).(iii)	diffuse interstitial lung disease; (Core)	4.4.a.3.	diffuse interstitial lung disease; (Core)
IV.B.1.b).(1).(a).(iv)	disorders of the pleura and the mediastinum; (Core)	4.4.a.4.	disorders of the pleura and the mediastin
IV.B.1.b).(1).(a).(v)	iatrogenic respiratory diseases, including drug-induced disease; (Core)	4.4.a.5.	iatrogenic respiratory diseases, including
	obstructive lung diseases, including asthma, bronchitis, emphysema,		obstructive lung diseases, including asth
IV.B.1.b).(1).(a).(vi)	bronchiectasis; (Core)	4.4.a.6.	bronchiectasis; (Core)
IV.B.1.b).(1).(a).(vii)	occupational and environmental lung diseases; (Core)	4.4.a.7.	occupational and environmental lung dis
IV.B.1.b).(1).(a).(viii)	pulmonary embolism and pulmonary embolic disease, including tuberculous, fungal, and those infections in the immunocompromised host (e.g., HIV-related infections.; (Core)	4.4.a.8	pulmonary embolism and pulmonary em fungal, and those infections in the immu infections; (Core)
IV.B.1.b).(1).(a).(ix)	pulmonary infections; (Core)	4.4.a.9.	pulmonary infections; (Core)
IV.B.1.b).(1).(a).(x)	pulmonary malignancy – primary and metastatic; (Core)	4.4.a.10.	pulmonary malignancy – primary and me
IV.B.1.b).(1).(a).(xi)	pulmonary manifestations of systemic diseases, including collagen vascular disease and diseases that are primary in other organs; (Core)	4.4.a.11.	pulmonary manifestations of systemic di disease and diseases that are primary ir
IV.B.1.b).(1).(a).(xii)	pulmonary vascular disease, including pulmonary hypertension and the vasculitis and pulmonary hemorrhage syndromes; (Core)	4.4.a.12.	pulmonary vascular disease, including p vasculitis and pulmonary hemorrhage sy
IV.B.1.b).(1).(a).(xiii)	respiratory failure, including the acute respiratory distress syndrome, acute and chronic respiratory failure in obstructive lung diseases, and neuromuscular respiratory drive disorders; and, (Core)	4.4.a.13. 4.4.a.14.	respiratory failure, including the acute re chronic respiratory failure in obstructive respiratory drive disorders; and, (Core)
IV.B.1.b).(1).(a).(xiv)	sleep-disordered breathing. (Core)	4.4.a. 14.	sleep-disordered breathing. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate competence the ability to:	[None]	
	perform diagnostic and therapeutic procedures relevant to their specific career		Fellows must demonstrate competence
IV.B.1.b).(2).(a).(i)	paths; and, (Core)	4.5.a.	therapeutic procedures relevant to their
IV.B.1.b).(2).(a).(ii)	treat their patients' conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective. (Core)	4.5.b.	Fellows must demonstrate competence conditions with practices that are patient effective, timely, and cost-effective. (Cor
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in interpreting data derived from various bedside devices commonly employed to monitor patients, as well as data from laboratory studies related to sputum, bronchopulmonary secretions, and pleural fluid. (Core)	4.5.c.	Fellows must demonstrate competence bedside devices commonly employed to laboratory studies related to sputum, bro fluid. (Core)
IV.B.1.b).(2).(c)	Fellows must demonstrate competence in procedural and technical skills, including:	4.5.d.	Fellows must demonstrate competence including airway management. (Core)

nalism itment to professionalism and an ore)

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 prevention, evaluation, and

nhalation, and trauma; (Core)

stinum; (Core)

ng drug-induced disease; (Core)

sthma, bronchitis, emphysema,

liseases; (Core)

embolic disease, including tuberculous, nunocompromised host (e.g., HIV-related

metastatic; (Core)

diseases, including collagen vascular in other organs; (Core)

pulmonary hypertension and the syndromes; (Core)

respiratory distress syndrome, acute and ve lung diseases, and neuromuscular

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

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

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

to monitor patients, as well as data from pronchopulmonary secretions, and pleural

e in procedural and technical skills,

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IV.B.1.b).(2).(c).(i)	airway management; (Core)	4.5.d.	Fellows must demonstrate competence including airway management. (Core)
TV.D. 1.0).(2).(0).(1)	aliway management, (Core)	4.0.u.	Fellows must demonstrate competence including use of a variety of positive pres
IV.B.1.b).(2).(c).(ii)	use of a variety of positive pressure ventilatory modes, including: (Core)	4.5.e.	(Core)
, , , , , , , , , ,	initiation and maintenance of ventilatory support; (Detail)	4.5.e.1.	initiation and maintenance of ventilatory
IV.B.1.b).(2).(c).(ii).(b)	respiratory care techniques; and, (Detail)	4.5.e.2.	respiratory care techniques; and, (Detail
IV.B.1.b).(2).(c).(ii).(c)	liberation from mechanical ventilatory support, including terminal extubation. (Detail)	4.5.e.3.	liberation from mechanical ventilatory su (Detail)
IV.B.1.b).(2).(c).(iii)	use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry; (Core)	4.5.f.	Fellows must demonstrate competence including use of reservoir masks and commasks for delivery of supplemental oxyg incentive spirometry. (Core)
IV.B.1.b).(2).(c).(iv)	flexible fiber-optic bronchoscopy procedures, including those where endobronchial and transbronchial biopsies and transbronchial needle aspiration are performed; (Core)	4.5.g.	Fellows must demonstrate competence including flexible fiber-optic bronchoscop endobronchial and transbronchial biopsi- are performed. (Core)
IV.B.1.b).(2).(c).(v)	pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, exercise studies, and interpretation of the results of bronchoprovocation testing using methacholine or histamine; (Core)	4.5.h.	Fellows must demonstrate competence including pulmonary function tests to ass exchange, including spirometry, flow vol capacity, arterial blood gas analysis, exe results of bronchoprovocation testing us
IV.B.1.b).(2).(c).(vi)	diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures; (Core)	4.5.i.	Fellows must demonstrate competence including diagnostic and therapeutic pro- endotracheal intubation, and related pro-
IV.B.1.b).(2).(c).(vii)	placement and management of chest tubes and pleural drainage systems; (Core)	4.5.j.	Fellows must demonstrate competence including placement and management or systems. (Core)
IV.B.1.b).(2).(c).(viii)	operation of bedside hemodynamic monitoring systems; (Core)	4.5.k.	Fellows must demonstrate competence including operation of bedside hemodyna
IV.B.1.b).(2).(c).(ix)	emergency cardioversion; (Core)	4.5.1.	Fellows must demonstrate competence including emergency cardioversion. (Cor
IV.B.1.b).(2).(c).(x)	those skills of critical care ultrasound, including image acquisition, image interpretation at the point of care, and use of ultrasound to place intravascular and intracavitary tubes and catheters; and, (Core)	4.5.m.	Fellows must demonstrate competence including those skills of critical care ultra image interpretation at the point of care, intravascular and intracavitary tubes and
IV.B.1.b).(2).(c).(xi)	use of transcutaneous pacemakers. (Core)	4.5.n.	Fellows must demonstrate competence including use of transcutaneous pacema
	Medical Knowledge		
IV.B.1.c)	Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge in the indications, contraindications, and complications of placement of arterial, central venous, and pulmonary artery balloon flotation catheters. (Core)	4.6.a.	Fellows must demonstrate knowledge in complications of placement of arterial, ce balloon flotation catheters. (Core)

e in procedural and technical skills,

e in procedural and technical skills, ressure ventilatory modes, including:

y support; (Detail)

ail)

support, including terminal extubation.

e in procedural and technical skills, continuous positive airway pressure ygen, humidifiers, nebulizers, and

ce in procedural and technical skills, copy procedures, including those where osies and transbronchial needle aspiration

e in procedural and technical skills, assess respiratory mechanics and gas rolume studies, lung volumes, diffusing exercise studies, and interpretation of the using methacholine or histamine. (Core)

e in procedural and technical skills, rocedures, including thoracentesis, rocedures. (Core)

e in procedural and technical skills, t of chest tubes and pleural drainage

e in procedural and technical skills, ynamic monitoring systems. (Core)

e in procedural and technical skills, Core)

e in procedural and technical skills, trasound, including image acquisition, re, and use of ultrasound to place nd catheters. (Core)

e in procedural and technical skills, makers. (Core)

nowledge

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

in the indications, contraindications, and central venous, and pulmonary artery

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Requirement Number		Requirement Number	Requirement
IV.B.1.c).(2)	Fellows must demonstrate knowledge of:	[None]	
IV.B.1.c).(2).(a)	imagine techniques commonly employed in the evaluation of patients with pulmonary diseases or critical illness, including the technical and procedural use of ultrasound, and interpretation of ultrasound images at the point of care for medical decision-making (Core)		Fellows must demonstrate knowledge of employed in the evaluation of patients wi illness, including the technical and proce interpretation of ultrasound images at the making. (Core)
IV.B.1.c).(2).(b)	the basic sciences, with particular emphasis on: (Core)	4.6.c.	Fellows must demonstrate knowledge of emphasis on: (Core)
IV.B.1.c).(2).(b).(i)	biochemistry and physiology, including cell and molecular biology and immunology, as they relate to pulmonary disease. (Detail)	4.6.c.1.	biochemistry and physiology, including c immunology, as they relate to pulmonary
IV.B.1.c).(2).(b).(ii)	developmental biology; (Detail)	4.6.c.2.	developmental biology; (Detail)
IV.B.1.c).(2).(b).(iii)	genetics and molecular biology as they relate to pulmonary diseases; and, (Detail)	4.6.c.3.	genetics and molecular biology as they r (Detail)
IV.B.1.c).(2).(b).(iv)	pulmonary physiology and pathophysiology in systemic diseases. (Detail)	4.6.c.4.	pulmonary physiology and pathophysiolo
IV.B.1.c).(2).(c)	indications, complications, and outcomes of lung transplantation; (Core)	4.6.d.	Fellows must demonstrate knowledge of outcomes of lung transplantation. (Core)
IV.B.1.c).(2).(d)	recognition and management of the critically ill from disasters, including those disasters caused by chemical and biological agents, (Core)	4.6.e.	Fellows must demonstrate knowledge of critically ill from disasters, including those biological agents. (Core)
IV.B.1.c).(2).(e)	the psychosocial and emotional effects of critical illness on patients and patients' families; and, (Core)	4.6.f.	Fellows must demonstrate knowledge of of critical illness on patients and patients
IV.B.1.c).(2).(f)	the ethical, economic, and legal aspects of critical illness. (Core)	4.6.g.	Fellows must demonstrate knowledge of aspects of critical illness. (Core)
	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)		ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of info patients, their families, and health pro
	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

of imaging techniques commonly with pulmonary diseases or critical cedural use of ultrasound, and the point of care for medical decision-

of the basic sciences, with particular

cell and molecular biology and ary disease; (Detail)

relate to pulmonary diseases; and,

ology in systemic diseases. (Detail) of indications, complications, and re)

of recognition and management of the ose disasters caused by chemical and

of the psychosocial and emotional effects nts' families. (Core)

of the ethical, economic, and legal

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

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

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

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Requirement Number	Requirement Language	Requirement Number	Requirement
			Curriculum Organization and Fellow E
			4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experie continuity. These educational experies supervised patient care responsibilities educational events. (Core)
			4.11. Didactic and Clinical Experience Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Pain Management The program must provide instruction management if applicable for the subs the signs of substance use disorder. (
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Structure The curriculum must be structured to experiences, the length of the experience continuity. These educational experience supervised patient care responsibilities educational events. (Core)
IV.C.1.a)	Rotations must be of sufficient length to provide longitudinal relationships with faculty members to allow for meaningful assessment and feedback. (Core)	4.10.a.	Rotations must be of sufficient length to faculty members to allow for meaningful
IV.C.1.b)	Rotations must be structured to allow fellows to function as part of an effective interprofessional team that works together towards the shared goals of patient safety and quality improvement. (Core)	4.10.b.	Rotations must be structured to allow fell interprofessional team that works togethe safety and quality improvement. (Core)
IV.C.1.c)	Schedules must be structured to minimize conflicting inpatient and outpatient responsibilities. (Core)	4.10.c.	Schedules must be structured to minimiz responsibilities. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instruction management if applicable for the subs the signs of substance use disorder. (
IV.C.3.	A minimum of 12 months must be devoted to clinical experience. (Core)	4.11.a.	A minimum of 12 months must be devote
IV.C.3.a)	At least three months must be spent in the medical intensive care unit (MICU). (Core)	4.11.a.1.	At least three months must be spent in th (Core)
IV.C.3.b)	At least nine months must be spent in non-critical care pulmonary disease rotations. (Core)	4.11.a.2.	At least nine months must be spent in no rotations. (Core)
IV.C.3.c)	Clinical experience should include a minimum of 18 months. (Detail)	4.11.a.3.	Clinical experience should include a mini
IV.C.4.	Fellows must have clinical experience in the evaluation and management of patients:	4.11.b.	Fellows must have clinical experience in patients:
IV.C.4.a)	with genetic and developmental disorders of the respiratory system, including cystic fibrosis; and, (Detail)	4.11.b.1.	with genetic and developmental disorders cystic fibrosis; and, (Detail)
IV.C.4.b)	in pulmonary rehabilitation. (Core)	4.11.b.2.	in pulmonary rehabilitation. (Core)

Experiences

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

ces

ected time to participate in core

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

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

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

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

nize conflicting inpatient and outpatient

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

oted to clinical experience. (Core)

the medical intensive care unit (MICU).

non-critical care pulmonary disease

inimum of 18 months. (Detail)

in the evaluation and management of

ers of the respiratory system, including

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Fellows must have clinical experience in examination and interpretation of lung		Fellows must have clinical experience in
IV.C.5.	tissue for infectious agents, cytology, and histopathology. (Core)	4.11.c.	tissue for infectious agents, cytology, an
	Fellows must acquire knowledge regarding monitoring and supervising special		Fellows must acquire knowledge regardi
IV.C.6.	services, including: (Core)	4.11.d.	services, including: (Core)
IV.C.6.a)	pulmonary function laboratories, including quality control, quality assurance and proficiency standards; (Detail)	4.11.d.1.	pulmonary function laboratories, includin proficiency standards; (Detail)
IV.C.6.b)	respiratory care techniques and services; and, (Detail)	4.11.d.2.	respiratory care techniques and services
IV.C.6.c)	respiratory care units. (Detail)	4.11.d.3.	respiratory care units. (Detail)
	Fellows must be given opportunities to assume continuing responsibility for both		Fellows must be given opportunities to a
	acutely and chronicallyill patients, in order to learn both the natural history of		acutely and chronically ill patients, in ord
IV.C.7.	pulmonary disease, and the effectiveness of therapeutic programs. (Core)	4.11.e.	pulmonary disease, and the effectivenes
			Experience with Continuity Ambulatory F
			Fellows must have continuity ambulatory
IV.C.8.	Experience with Continuity Ambulatory Patients	4.11.f.	program that exposes them to the bread
			Experience with Continuity Ambulatory F
	Fellows must have continuity ambulatory clinic experience for the duration of the		Fellows must have continuity ambulatory
IV.C.8.a)	program that exposes them to the breadth and depth of the subspecialty. (Core)		program that exposes them to the bread
IV.C.8.a).(1)	This experience should average one half-day each week. (Detail)	4.11.f.1.	This experience should average one hal
	Each fellow should, on average, be responsible for four to eight patients during		Each fellow should, on average, be resp
IV.C.8.b)	each half-day session. (Detail)	4.11.f.2.	each half-day session. (Detail)
	Fellows may be exempted from ambulatory experiences during MICU rotations,		Fellows may be exempted from ambulat
	other time-intensive rotations, or vacation. These exemptions must not exceed a		other time-intensive rotations, or vacatio
IV.C.8.c)	total of six months. (Detail)	4.11.f.3.	total of six months. (Detail)
IV.C.9.	Fellows must have experience in the role of a pulmonary disease consultant in both the inpatient and outpatient settings. (Core)	4.11.g.	Fellows must have experience in the role both the inpatient and outpatient settings
10.0.9.		4.11.y.	
	The educational program must provide fellows with individualized educational experiences to allow them to participate in opportunities relevant to their future		The educational program must provide for experiences to allow them to participate
	practice or to further skill/competence development in the foundational		practice or to further skill/competence de
IV.C.10.	educational experiences of the subspecialty. (Core)	4.11.h.	educational experiences of the subspeci
	Direct supervision of procedures performed by each fellow must occur until		Direct supervision of procedures perform
IV.C.10.a)		4.11.i.	proficiency has been acquired and docu
	Faculty members must teach and supervise the fellows in the performance and		Faculty members must teach and superv
	interpretation of procedures, which must be documented in each fellow's record,		interpretation of procedures, which must
IV.C.10.b)	including indications, outcomes, diagnoses, and supervisor(s). (Core)	4.11.j.	including indications, outcomes, diagnos
			Reequired Didactic Experience
			The educational program must include d
IV.C.11.	Required Didactic Experience	4.11.k.	knowledge content in the subspecialty a
			Reequired Didactic Experience
$\mathbb{N}(\mathbb{C} (11 \circ))$	The educational program must include didactic instruction based on the core		The educational program must include d
IV.C.11.a)	knowledge content in the subspecialty area. (Core)	4.11.k.	knowledge content in the subspecialty at
V(C 11 a) (1)	The program must ensure that fellows have an opportunity to review all content from conferences that they could not attend. (Core)	4.11.k.1.	The program must ensure that fellows hat from conferences that they could not atte
IV.C.11.a).(1)	Fellows must have a sufficient number of didactic sessions to ensure fellow-	Ψ. Ι Ι.Ν. Ι.	Fellows must have a sufficient number o
IV.C.11.b)	fellows must have a sufficient number of didactic sessions to ensure fellow-	4.11.k.2.	fellows must have a sufficient number of fellow and fellow-faculty interaction. (Con
14.0.11.0/		Τ.ΙΙ.Ν.Δ.	

in examination and interpretation of lung and histopathology. (Core)

ding monitoring and supervising special

ling quality control, quality assurance and

es; and, (Detail)

assume continuing responsibility for both order to learn both the natural history of ess of therapeutic programs. (Core)

Patients

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

Patients

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

sponsible for four to eight patients during

atory experiences during MICU rotations, ion. These exemptions must not exceed a

ble of a pulmonary disease consultant in gs. (Core)

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

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

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

didactic instruction based on the core area. (Core)

didactic instruction based on the core area. (Core)

have an opportunity to review all content ttend. (Core)

of didactic sessions to ensure fellowcore)

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	Fellows must be provided a patient- or case-based approach to clinical teaching that includes interactions between fellows and the teaching faculty member, bedside teaching, discussion of pathophysiology, and the application of current evidence in diagnostic and therapeutic decisions. (Core)	4.11.l.	Fellows must be provided a patient- or c that includes interactions between fellow bedside teaching, discussion of pathoph evidence in diagnostic and therapeutic c
IV.C.12.a)	with a frequency and duration to ensure a meaningful teaching relationship between the assigned teaching faculty member and the fellow; and, (Core)	4.11.I.1.	The teaching must occur with a frequent teaching relationship between the assign fellow. (Core)
IV.C.12.b)	on all inpatient, telemedicine, and consultative services. (Core)	4.11.1.2.	The teaching must occur on all inpatient services. (Core)
IV.C.13.	Fellows must receive instruction in practice management relevant to the subspecialty. (Detail)	4.11.m.	Fellows must receive instruction in pract subspecialty. (Detail)
	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The progra- environment that fosters the acquisite participation in scholarly activities as Program Requirements. Scholarly acti- integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va- scientists, and educators. It is expect will reflect its mission(s) and aims, ar serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz- research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
	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 fellov scholarly activities. (Core)

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

ency and duration to ensure a meaningful igned teaching faculty member and the

nt, telemedicine, and consultative

actice management relevant to the

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

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

dence of scholarly activities, aims. (Core)

dence of scholarly activities, ims. (Core)

Sponsoring Institution, must allocate ow and faculty involvement in

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Requirement Number	Requirement Language	Requirement Number	Requiremen
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •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).(1).(a)	At least 50 percent of the core faculty members who are certified in pulmonary disease by the ABIM or AOBIM (see Program Requirements II.B.4.b)-c)) must annually engage in a variety of scholarly activities, as listed in Program Requirement IV.D.2.b).(1). (Core)	4.14.a.2.	At least 50 percent of the core faculty m disease by the ABIM or AOBIM (see Pro annually engage in a variety of scholarly Requirement 4.14.a.1. (Core)

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

it safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

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

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

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

members who are certified in pulmonary Program Requirements 2.10.b.-c.) must arly activities, as listed in Program

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity While in the program all fellows must en- scholarly activities: participation in grand improvement presentations, podium pres reviewed print/electronic resources, artic textbooks, webinars, service on profession reviewer, journal editorial board member
IV.D.3.a)	While in the program all fellows must engage in at least one of the following scholarly activities: participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer- reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor. (Outcome)	4.15.	Fellow Scholarly Activity While in the program all fellows must end scholarly activities: participation in grand improvement presentations, podium prese reviewed print/electronic resources, artic textbooks, webinars, service on profession reviewer, journal editorial board member
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly observing feedback on fellow performance during educational assignment. (Core)
V.A.1.a).(1)	Assessment of procedural competence should include a formal evaluation process and not be based solely on a minimum number of procedures performed. (Detail)	5.1.h.	Assessment of procedural competence s process and not be based solely on a mi performed. (Detail)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than thr must be documented at least every th
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as 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 r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	

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

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

aluation

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

aluation

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

aluation

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

e should include a formal evaluation minimum number of procedures

the completion of the assignment.

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

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

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

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

cal Competency Committee for its formance and improvement toward

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

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

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

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

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

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

with the fellow upon completion of the

must be appointed by the program

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

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Requirement Number	Requirement Language	Requirement Number	Requirement Language
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 must determine each fellow's progress on achievement of the subspecialty-specific Milestones. (Core)
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 must meet prior to the fellows' semi- annual evaluations and advise the program director regarding each fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, confidential evaluations by the fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback on their evaluations at least 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 evaluations should be incorporated into program-wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1.a)		5.5.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)
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 responsibilities must include review of the program's self-determined goals and progress toward meeting them. (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 responsibilities must include guiding ongoing program improvement, including development of new goals, 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 responsibilities must include review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)

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V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee n and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
V.C.3.	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)

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

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

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

self-Study and submit it to the DIO.

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
Requirement Number	Programs must report, in ADS, board certification status annually for the	Requirement Number	Programs must report, in ADS, board
V.C.3.f)		5.6.e.	cohort of board-eligible fellows that g
	The Learning and Working Environment		Section 6: The Learning and Working
			The Learning and Working Environm
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in a environment that emphasizes the fol
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality 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 today's fellows in their future practic
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team		•Commitment to the well-being of the members, and all members of the heat
VI.		Section 6	
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
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.	[None]	Culture of Safety A culture of safety requires continuo and a willingness to transparently de organization has formal mechanisms attitudes of its personnel toward safe improvement.
	The program, its faculty, residents, and fellows must actively participate in		The program, its faculty, residents, a
VI.A.1.a).(1).(a)	patient safety systems and contribute to a culture of safety. (Core)	6.1.	patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow- 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]	

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

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n the context of a learning and working ollowing principles:

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roviding care for patients

he students, residents, fellows, faculty health care team

ous identification of vulnerabilities deal with them. An effective ns to assess the knowledge, skills, and afety in order to identify areas for

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

v-up of safety events, near misses, and panisms for improving patient safety, f any patient safety program. Feedback ptial to developing true competence in stitute sustainable systems-based ty vulnerabilities.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	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
VI.A.2.	Supervision and Accountability	[None]	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 structur accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a)	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe 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 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 structur accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.

s, and other clinical staff members 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 ation of actions. (Core)

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

s ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely fured 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

s 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 llows, faculty members, other members is. (Core)

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Requirement Number	Requirement Language	Requirement Number	
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when provi information must be available to fellow of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the place for all fellows is based on each as well as patient complexity and acuit through a variety of methods, as approved the structure of methods and the structure of methods.
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
			Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pati the fellow and the supervising physic
VI.A.2.b).(1)	Direct Supervision:	6.7.	patient care through appropriate telec
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or pati the fellow and the supervising physic patient care through appropriate telec
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or pati the fellow and the supervising physic patient care through appropriate telec
	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		Indirect Supervision The supervising physician is not prov or audio supervision but is immediate
VI.A.2.b).(2)	supervision.	[None]	guidance and is available to provide a
VI.A.2.b).(3)		[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic physician is required. (Core)

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

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

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each		The privilege of progressive authority independence, and a supervisory role
VI.A.2.d)	fellow must be assigned by the program director and faculty members. (Core)	6.9.	fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of th 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 programes of the program of
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the programing care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)

ty and responsibility, conditional le in patient care delegated to each gram director and faculty members.

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

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

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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Fellows and faculty members must demonstrate an understanding of their		Fellows and faculty members must de
	personal role in the safety and welfare of patients entrusted to their care,		personal role in the safety and welfar
VI.B.4.		6.12.e.	including the ability to report unsafe
	Programs, in partnership with their Sponsoring Institutions, must provide		Programs, in partnership with their S
	a professional, equitable, respectful, and civil environment that is		a professional, equitable, respectful,
	psychologically safe and that is free from discrimination, sexual and other		psychologically safe and that is free f
	forms of harassment, mistreatment, abuse, or coercion of students,	C 40 F	forms of harassment, mistreatment, a
VI.B.5.	fellows, faculty, and staff. (Core)	6.12.f.	fellows, faculty, and staff. (Core)
	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional		Programs, in partnership with their Spore states and process for education of fellows and
	behavior and a confidential process for reporting, investigating, and		behavior and a confidential process f
VI.B.6.	addressing such concerns. (Core)	6.12.g.	addressing such concerns. (Core)
	Well-Being		Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, caring
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and o
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the joy
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and r
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and		professionalism; they are also skills t
	nurtured in the context of other aspects of fellowship training.		nurtured in the context of other aspec
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at ri
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		same responsibility to address well-b
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and		clinical learning environment models
VI.C.	prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	prepares fellows with the skills and a their careers.
1.0.	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
vi.c. i.a)	evaluating workplace safety data and addressing the safety of fellows and	0.13.a.	evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourage
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their		Fellows must be given the opportunit and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
,	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co

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

Sponsoring Institutions, must provide II, and civil environment that is e from discrimination, sexual and other c, 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 I-being as other aspects of resident embers of the health care team share each other. A positive culture in a els constructive behaviors, and I attitudes needed to thrive throughout

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

mbers in:

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

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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 themselves and how to seek 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-screening. (Core)
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, affordable mental health assessn counseling, and treatment, including access to urgent and emerge 24 hours a day, seven days a week. (Core)
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 fellows may be unable to attend including but not limited to fatigue, illness, family emergencies, an medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their p 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 procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Co
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the c work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members in recogn the signs of fatigue and sleep deprivation, alertness management, fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and faculty members in recogn the signs of fatigue and sleep deprivation, alertness management, fatigue mitigation processes. (Detail)
VI.D.2. VI.E.	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) Clinical Responsibilities, Teamwork, and Transitions of Care	6.16. [None]	The program, in partnership with its Sponsoring Institution, must e adequate sleep facilities and safe transportation options for fellow may be too fatigued to safely return home. (Core)
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based the subspecialty and larger health system. (Core)
VI.E.2.a)	The program must provide educational experiences that allow fellows to interact with and learn from other health care professionals, such as physicians in other specialties, advanced practice providers, nurses, social workers, physical therapists, case managers, language interpreters, and dieticians, to achieve effective, interdisciplinary, and interprofessional team-based care. (Core)	6.18.a.	The program must provide educational experiences that allow fellows to with and learn from other health care professionals, such as physicians specialties, advanced practice providers, nurses, social workers, physic therapists, case managers, language interpreters, and dieticians, to ach effective, interdisciplinary, and interprofessional team-based care. (Core
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions patient care, including their safety, frequency, and structure. (Core

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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, fro
	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both	0.40 -	Programs, in partnership with their S and monitor effective, structured han
VI.E.3.b)	continuity of care and patient safety. (Core) Programs must ensure that fellows are competent in communicating with	6.19.a.	continuity of care and patient safety. Programs must ensure that fellows a
VI.E.3.c)	team members in the hand-off process. (Outcome)	6.19.b.	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 ad
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educ Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off k education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
	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	0.00.5	Up to four hours of additional time ma patient safety, such as providing effe fellow education. Additional patient c
VI.F.3.a).(1)	assigned to a fellow during this time. (Core)	6.22.a.	assigned to a fellow during this time.

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

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

are competent in communicating with ess. (Outcome)

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

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

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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)

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 t care responsibilities must not be e. (Core)

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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)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Internal Medicine will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Internal Medi exceptions to the 80-hour limit to the fell
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor

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

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

edicine will not consider requests for ellows' work week.

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

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

d external moonlighting (as defined in states of the second states of th

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

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

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

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

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

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