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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Definition of Subspecialty		Definition of Subspecialty
	Sleep medicine is a multidisciplinary medical subspecialty in which sleep-wake disorders are assessed using a combination of clinical evaluation and physiological monitoring and are treated with medications, medical devices, dental appliances, surgical procedures, patient education, and/or behavioral		Sleep medicine is a multidisciplinary me disorders are assessed using a combina physiological monitoring and are treated dental appliances, surgical procedures,
Int.B.	techniques. Sleep medicine fellowships provide advanced education to fellows, leading to competence and sufficient expertise to act as an independent consultant in this subspecialty.	[None]	techniques. Sleep medicine fellowships leading to competence and sufficient exp consultant in this subspecialty.
			Length of Educational Program
Int.C.	Length of Educational Program The educational program in sleep medicine must be 12 months in length. (Core)	4.1.	The educational program in sleep medic
I.	Oversight	Section 1	Section 1: Oversight
I.A.	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site. The program must be sponsored by one ACGME-accredited Sponsoring	[None]	Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the When the Sponsoring Institution is no most commonly utilized site of clinical primary clinical site.
I.A.1.	Institution. <sup>(Core)</sup>	1.1.	Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	A sleep medicine fellowship should function as an integral part of an ACGME- accredited residency program in child neurology, internal medicine, neurology, pediatrics, or psychiatry. (Core)	1.2.a.	A sleep medicine fellowship should funct accredited residency program in child ne pediatrics, or psychiatry. (Core)
I.B.1.b)	The Sponsoring Institution should sponsor only one ACGME-accredited sleep medicine program. (Core)	1.2.b.	The Sponsoring Institution should spons medicine program. (Core)
I.B.1.c)	There must be a collaborative relationship with the program director of the sponsoring core residency program to ensure compliance with the ACGME accreditation requirements. (Core)	1.2.c.	There must be a collaborative relationsh sponsoring core residency program to en accreditation requirements. (Core)

nedical subspecialty in which sleep-wake ination of clinical evaluation and ed with medications, medical devices, s, patient education, and/or behavioral os provide advanced education to fellows, expertise to act as an independent

dicine must be 12 months in length. (Core)

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

nction as an integral part of an ACGMEneurology, internal medicine, neurology,

onsor only one ACGME-accredited sleep

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

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Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the	4.0	There must be a program letter of agr and each participating site that gover
I.B.2. I.B.2.a)	program and the participating site providing a required assignment. (Core) The PLA must:		program and the participating site pro
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	[None] 1.3.a.	The PLA must be renewed at least ev
I.D.2.d).(I)	be renewed at least every 10 years, and, (Core)	1.J.d.	
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
1.0.2.0).(2)	The program must monitor the clinical learning and working environment	1.0.0.	The program must monitor the clinica
I.B.3.		1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated	1.7.	At each participating sites there must l
	by the program director, who is accountable for fellow education for that		by the program director, who is account
I.B.3.a)	site, in collaboration with the program director. (Core)	1.5.	site, in collaboration with the program
		1.0.	
	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the		The program director must submit an participating sites routinely providing for all fellows, of one month full time
I.B.4.		1.6.	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.
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)	1.7.	Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
			Resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	The program, in partnership with its S the availability of adequate resources
I.D.1.a)	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 a 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 telecommunication technology, are avail (Core)

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

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

ical learning and working environment

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

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

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

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

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

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

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

oonsoring Institution, must ensure that I consultations, including those done using ailable in settings in which fellows work.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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). (C
I.D.1.b)	There must be an outpatient clinic, as well as diagnostic, therapeutic, and research facilities. (Core)	1.8.d.	There must be an outpatient clinic, as we research facilities. (Core)
I.D.1.c)	Sufficient ambulatory and inpatient facilities must be available for fellows' clinical experiences. (Core)	1.8.e.	Sufficient ambulatory and inpatient facili experiences. (Core)
	There must be an appropriately equipped sleep center affiliated with the program that has a minimum of two fully-equipped polysomnography bedrooms	1.8.f.	There must be an appropriately equippe program that has a minimum of two fully
I.D.1.d) I.D.1.d).(1)	and adequate support space. (Core) The sleep center must be accredited by the American Academy of Sleep Medicine and must perform the various sleep tests (such as polysomnograms, multiple sleep latency tests) required for fellows to become competent in the scoring and interpretation of these required sleep studies.(Core)	1.8.f.1.	and adequate support space. (Core) The sleep center must be accredited by Medicine and must perform the various multiple sleep latency tests) required for scoring and interpretation of these requi
I.D.1.e)	The program must provide fellows with a patient population representative of both the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. (Core)	1.8.g.	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.e).(1)	The patient population must have a variety of clinical sleep problems and stages of diseases, including short- and long-term sleep disorders. (Core)	1.8.g.1.	The patient population must have a varie stages of diseases, including short- and
I.D.1.e).(2)	The patient population must be diverse in terms of gender and age, including infants, children, adolescents, and geriatric patients. (Core)	1.8.g.2.	The patient population must be diverse i infants, children, adolescents, and geria
I.D.1.e).(3)	There must be encounters with patients with the major categories of sleep disorders, including:	1.8.g.3.	There must be encounters with patients disorders, including:
I.D.1.e).(3).(a)	central disorders of hypersomnolence; (Detail)	1.8.g.3.a.	central disorders of hypersomnolence; (
I.D.1.e).(3).(b)	circadian rhythm sleep-wake disorders; (Detail)	1.8.g.3.b.	circadian rhythm sleep-wake disorders;
I.D.1.e).(3).(c)	insomnia; (Detail)	1.8.g.3.c.	insomnia; (Detail)
I.D.1.e).(3).(d)	parasomnias; (Detail)	1.8.g.3.d.	parasomnias; (Detail)
I.D.1.e).(3).(e)	sleep-related breathing disorders; (Detail)	1.8.g.3.e.	sleep-related breathing disorders; (Detail
I.D.1.e).(3).(f)	sleep-related movement disorders; and, (Detail)	1.8.g.3.f.	sleep-related movement disorders; and,
	sleep problems related to other factors and diseases, including medications,		sleep problems related to other factors a
I.D.1.e).(3).(g)	substance use, psychiatric disorders, and other medical disorders.(Detail)	1.8.g.3.g.	substance use, psychiatric disorders, an
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate are assigned in-house call; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe particular terms of the safe particular terms of
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)

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ponsoring Institution, must provide access (Core)
well as diagnostic, therapeutic, and
cilities must be available for fellows' clinical
ped sleep center affiliated with the Illy-equipped polysomnography bedrooms
by the American Academy of Sleep us sleep tests (such as polysomnograms, for fellows to become competent in the quired sleep studies.(Core)
h a patient population representative of sorders and medical conditions managed the community being served by the
ariety of clinical sleep problems and nd long-term sleep disorders. (Core) se in terms of gender and age, including riatric patients. (Core) nts with the major categories of sleep
e; (Detail)
s; (Detail)
etail)
nd, (Detail) s and diseases, including medications, and other medical disorders.(Detail)
s Sponsoring Institution, must ensure ing environments that promote fellow
e) b/rest facilities available and accessible ate for safe patient care, if the fellows
tion that have refrigeration capabilities, patient care; (Core)
opriate to the participating site; and,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and he not limited to residents from other pro advanced practice providers, must no fellows' education. (Core)
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
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduat (GMEC) must approve a change in pro program director's licensure and clin
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applical must be provided with support adeque based upon its size and configuration
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director mus and support specified below for administ
	Number of Approved Fellow Positions: <7   Minimum Support Required (FTE): 0.2		Number of Approved Fellow Positions: < 0.2
	Number of Approved Fellow Positions: 7-9   Minimum Support Required (FTE): 0.25 Number of Approved Fellow Positions: 10-12   Minimum Support Required		Number of Approved Fellow Positions: 7 0.25 Number of Approved Fellow Positions: 1
II.A.2.a)	(FTE): 0.3 Number of Approved Fellow Positions: >12   Minimum Support Required (FTE): 0.35	2.3.a.	(FTE): 0.3 Number of Approved Fellow Positions: > 0.35
/ II.A.2.b)	Program must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). (Core)	2.3.b.	Program must appoint at least one of the members to be associate program direct

## ent Language isabilities consistent with the pre)

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

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

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

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

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

tor resides with the Review Committee.

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

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

<7 | Minimum Support Required (FTE):

7-9 | Minimum Support Required (FTE):

10-12 | Minimum Support Required

>12 | Minimum Support Required (FTE):

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core)		The associate program director(s) must dedicated minimum time for administration
II.A.2.c)	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	2.3.c.	Number of Approved Fellow Positions: < Required (FTE): Refer to 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.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.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a).(1)	The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. (Detail)	2.4.b.	The program director should continue in adequate to maintain continuity of leader
II.A.3.a).(2)	The program director must have at least three years of participation as an active faculty member in an ACGME-accredited education program. (Detail)	2.4.c.	The program director must have at least active faculty member in an ACGME-acc
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Family Medicine, Internal Medicine, Psychiatry and Neurology, Otolaryngology – Head and Neck Surgery, Pediatrics, or Psychiatry or by the American Osteopathic Board of Family Physicians, Internal Medicine, Neurology and Psychiatry, or Ophthalmology and Otolaryngology – Head and Neck Surgery, or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess c subspecialty for which they are the pr Board of Family Medicine, Internal Med Otolaryngology – Head and Neck Surger American Osteopathic Board of Family Neurology and Psychiatry, or Ophthalmo Neck Surgery, or subspecialty qualification Review Committee. (Core)

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

- <7 | 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

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#### subspecialty expertise and iew Committee. (Core)

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subspecialty expertise and iew Committee. (Core)

in his or her position for a length of time lership and program stability. (Detail) st three years of participation as an ccredited education program. (Detail)

e current certification in the program director by the American edicine, Psychiatry and Neurology, gery, Pediatrics, or Psychiatry or by the hily Physicians, Internal Medicine, nology and Otolaryngology – Head and ications that are acceptable to the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	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		Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select
	fellows, and disciplinary action; supervision of fellows; and fellow		fellows, and disciplinary action; supe
II.A.4.	education in the context of patient care. (Core)	2.5.	education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the mission
		2.0.0.	The program director must administe
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
Π.Α.τ.α).(τ)	have the authority to remove fellows from supervising interactions and/or	2.0.0.	The program director must have the a
II.A.4.a).(5)	learning environments that do not meet the standards of the program; (Core)	2.5.e.	supervising interactions and/or learning the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit 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)
	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
	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,

sponsibility, authority, and nd operations; teaching and scholarly ection, 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 ssion(s) of the program. (Core)

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

faculty members at all participating core faculty members, and must evaluate candidates prior to approval.

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

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

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

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

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

In a non-competition guarantee or

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected		Faculty Faculty members are a foundational education – faculty members teach fe Faculty members provide an importa 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 prior development of future colleagues. The the opportunity to teach and model e scholarly approach to patient care, fa graduate medical education system, and the population. Faculty members ensure that patient
П.В.	from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	from a specialist in the field. They red the patients, fellows, community, and provide appropriate levels of supervi 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)		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 mode
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue facult their skills. (Core)
II.B.2.g)	encourage and support fellows in scholarly activities. (Core)	2.7.f.	Faculty members must encourage and s (Core)

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

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

of faculty members with competence to Core)

lels of professionalism. (Core)

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

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

and maintain an educational ng fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

d support fellows in scholarly activities.

		1	
Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremen
			Faculty Qualifications
			Faculty members must have appropri
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appoint
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropri
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	Subspecialty physician faculty memb
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)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa American Osteopathic Board of Internal judged acceptable to the Review Com
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.3.c).(1)	Faculty who are ABMS- or AOA-certified in anesthesiology, family medicine, internal medicine, neurology, otolaryngology, pediatrics, psychiatry, pulmonology, should be available to the program. (Core)	2.9.a.1.	Faculty who are ABMS- or AOA-certified internal medicine, neurology, otolaryngo pulmonology, should be available to the
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sign supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)

oriate qualifications in their field and ntments. (Core)

# priate qualifications in their field and ntments. (Core)

bers must:

#### nbers

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

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

ed in anesthesiology, family medicine, gology, pediatrics, psychiatry, ne program. (Core)

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

# e annual ACGME Faculty Survey.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	In addition to the program director, programs must have the minimum number of core faculty members certified in sleep medicine by the American Board of Family Medicine, Internal Medicine, Psychiatry and Neurology, Otolaryngology – Head and Neck Surgery, Pediatrics, or Psychiatry or the American Osteopathic Board of Family Physicians, Internal Medicine, Neurology and Psychiatry, or Ophthalmology and Otolaryngology – Head and Neck Surgery based on the number of approved fellow positions, as follows: (Core) Number of Approved Positions: 1-3   Minimum Number of ABMS or AOA Certified Core Faculty: 1 Number of Approved Positions: 4-6   Minimum Number of ABMS or AOA Certified Core Faculty: 3 Number of Approved Positions: 7-9   Minimum Number of ABMS or AOA Certified Core Faculty: 4 Number of Approved Positions: 10-12   Minimum Number of ABMS or AOA Certified Core Faculty: 6 Number of Approved Positions: 13-15   Minimum Number of ABMS or AOA Certified Core Faculty: 8 Number of Approved Positions: 16-18   Minimum Number of ABMS or AOA Certified Core Faculty: 10 Number of Approved Positions: 22-24   Minimum Number of ABMS or AOA Certified Core Faculty: 14 Number of Approved Positions: 25-27   Minimum Number of ABMS or AOA Certified Core Faculty: 16 Number of Approved Positions: 25-27   Minimum Number of ABMS or AOA		In addition to the program director, progracore faculty members certified in sleep r Family Medicine, Internal Medicine, Psy Head and Neck Surgery, Pediatrics, or F Board of Family Physicians, Internal Me Ophthalmology and Otolaryngology – He number of approved fellow positions, as Number of Approved Positions: 1-3   Mi Certified Core Faculty: 1 Number of Approved Positions: 4-6   Mi Certified Core Faculty: 3 Number of Approved Positions: 7-9   Mi Certified Core Faculty: 4 Number of Approved Positions: 10-12   Certified Core Faculty: 6 Number of Approved Positions: 13-15   Certified Core Faculty: 8 Number of Approved Positions: 16-18   Certified Core Faculty: 10 Number of Approved Positions: 19-21   Certified Core Faculty: 12 Number of Approved Positions: 22-24   Certified Core Faculty: 14 Number of Approved Positions: 25-27   Certified Core Faculty: 16 Number of Approved Positions: 25-27
II.B.4.b)	Certified Core Faculty: 16	2.10.b.	Certified Core Faculty: 16

ograms must have the minimum number of p medicine by the American Board of sychiatry and Neurology, Otolaryngology – or Psychiatry or the American Osteopathic Medicine, Neurology and Psychiatry, or Head and Neck Surgery based on the as follows: (Core)

Minimum Number of ABMS or AOA

Minimum Number of ABMS or AOA

Minimum Number of ABMS or AOA

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	The required core faculty members must be provided with support equal to an aggregate minimum of 10 percent/FTE for educational and administrative responsibilities that do not involve direct patient care. Support must be provided based on the program size as follows: (Core)	d	The required core faculty members mus aggregate minimum of 10 percent/FTE f responsibilities that do not involve direct based on the program size as follows: (0
	Number of Approved Fellow Positions: 1-3   Minimum Aggregate Support Required (FTE) 0.10		Number of Approved Fellow Positions: 1 Required (FTE) 0.10
	Number of Approved Fellow Positions: 4-6   Minimum Aggregate Support Required (FTE) 0.20 Number of Approved Fellow Positions: 7-9   Minimum Aggregate Support		Number of Approved Fellow Positions: 4 Required (FTE) 0.20 Number of Approved Fellow Positions: 7
	Required (FTE) 0.20 Number of Approved Fellow Positions: 10-12   Minimum Aggregate Support		Required (FTE) 0.20 Number of Approved Fellow Positions: 1
	Required (FTE) 0.20 Number of Approved Fellow Positions: 13-15   Minimum Aggregate Support		Required (FTE) 0.20 Number of Approved Fellow Positions: 1
	Required (FTE) 0.20 Number of Approved Fellow Positions: 16-18   Minimum Aggregate Support		Required (FTE) 0.20 Number of Approved Fellow Positions: 1
	Required (FTE) 0.20 Number of Approved Fellow Positions: 19-21   Minimum Aggregate Support		Required (FTE) 0.20 Number of Approved Fellow Positions: 1
	Required (FTE) 0.25 Number of Approved Fellow Positions: 22-24   Minimum Aggregate Support Required (FTE) 0.25		Required (FTE) 0.25 Number of Approved Fellow Positions: 2 Required (FTE) 0.25
II.B.4.c)	Number of Approved Fellow Positions: 25-27   Minimum Aggregate Support Required (FTE) 0.25	2.10.c.	Number of Approved Fellow Positions: 2 Required (FTE) 0.25
II.C.	Program Coordinator	2.11.	Program Coordinator There must be administrative suppor
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	Program Coordinator There must be administrative support

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

# ort for program coordination. (Core)

ort for program coordination. (Core)

Roman Numeral Requirement Numbe	er Requirement Language	Reformatted Requirement Number	Requiremen
	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) Number of Approved Fellow Positions: 1-3   Minimum FTE Required for		At a minimum, the program coordinator time and support specified below for adr administrative support must be provided (Core) Number of Approved Fellow Positions: 1
	Coordinator Support: 0.30   Additional Aggregate FTE Required for 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: 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: 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: >12   Minimum FTE Required for Coordinator Support: 0.30   Additional Aggregate FTE Required for		Coordinator Support: 0.30   Additional A Administration of the Program: 0 Number of Approved Fellow Positions: 4 Coordinator Support: 0.30   Additional Ag Administration of the Program: 0.20 Number of Approved Fellow Positions: 7 Coordinator Support: 0.30   Additional Ag Administration of the Program: 0.38 Number of Approved Fellow Positions: 1 Coordinator Support: 0.30   Additional Ag Administration of the Program: 0.44 Number of Approved Fellow Positions: 2 Coordinator Support: 0.30   Additional Ag
II.C.1.a)	Administration of the Program:0.50 Other Program Personnel	2.11.a.	Administration of the Program:0.50
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		Eligibility Requirements – Fellowship
	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		All required clinical education for ent programs must be completed in an Ad 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)
	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or		Fellowship programs must receive ve level of competence in the required fi

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

>12 | Minimum FTE Required for Aggregate FTE Required for

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

## ip Programs

entry 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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
III.A.1.b)	Prior to appointment in the program, each fellow must have completed a core program in anesthesiology, child neurology, family medicine, internal medicine, neurology, otolaryngology – head and neck surgery, pediatrics, or psychiatry that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, eac program in anesthesiology, child neurolo neurology, otolaryngology – head and ne that satisfies the requirements in 3.2. (Co
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Internal Medicine, Neurology, and Psychiatry will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Internal Me allow the following exception to the fe
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 following additional qualifications and
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 o (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 excepted their performance by the Clinical Com of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoir Review Committee. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical ec organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pla leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.

ach fellow must have completed a core blogy, family medicine, internal medicine, neck surgery, pediatrics, or psychiatry Core)

Medicine, Neurology, and Psychiatry **will** fellowship eligibility requirements:

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

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

pint more fellows than approved by the

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

port the development of who provide compassionate care.

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

		Reformatted	
Roman Numeral		Requirement	
Requirement Numbe	Requirement Language	Number	Requirement
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2	Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive		a set of program aims consistent with mission, the needs of the community
	capabilities of its graduates, which must be made available to program		capabilities of its graduates, which m
IV.A.1.	applicants, fellows, and faculty members; (Core)	4.2.a.	applicants, fellows, and faculty memb
	competency-based goals and objectives for each educational experience		competency-based goals and objectiv
	designed to promote progress on a trajectory to autonomous practice in		designed to promote progress on a tr
	their subspecialty. These must be distributed, reviewed, and available to		their subspecialty. These must be dis
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	fellows and faculty members; (Core)
	delineation of fellow responsibilities for patient care, progressive		delineation of fellow responsibilities f
IV.A.3.	responsibility for patient management, and graded supervision in their	4.2.c.	responsibility for patient managemen
IV.A.3. IV.A.4.	subspecialty; (Core) structured educational activities beyond direct patient care; and, (Core)	4.2.c. 4.2.d.	subspecialty; (Core) structured educational activities beyo
IV.A.4.	Structured educational activities beyond direct patient care, and, (core)	4.2.u.	Didactic and Clinical Experiences
	Fellows must be provided with protected time to participate in core		Fellows must be provided with protect
IV.A.4.a)	didactic activities. (Core)	4.11.	didactic activities. (Core)
	formal educational activities that promote patient safety-related goals,		formal educational activities that pror
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
			ACGME Competencies The Competencies provide a concept
l			required domains for a trusted physic
			These Competencies are core to the p
l			the specifics are further defined by ea
			trajectories in each of the Competenc
l			Milestones for each subspecialty. The
IV.B.	ACGME Competencies	[None]	subspecialty-specific patient care and refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
	Professionalism		
l			ACGME Competencies – Professional
	Fellows must demonstrate a commitment to professionalism and an		Fellows must demonstrate a commitm
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
			ACGME Competencies – Patient Care
	Fellows must be able to provide patient care that is patient- and family-		Fellows must be able to provide patie
l	centered, compassionate, equitable, appropriate, and effective for the		centered, compassionate, equitable, a
IV.B.1.b).(1)	treatment of health problems and the promotion of health. (Core)	4.4.	treatment of health problems and the

#### lowing educational components:

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

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

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

yond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

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

**GME** Competencies into the curriculum.

nalism tment to professionalism and an re)

## re and Procedural Skills (Part A)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in the diagnosis and management of patients with sleep-wake disorders in outpatient and inpatient settings. (Core)	4.4.a.	Fellows must demonstrate competence patients with sleep-wake disorders in ou
IV.B.1.b).(1).(b)	Fellows must demonstrate competence as a consultant in both inpatient and outpatient settings. (Core)	4.4.b.	Fellows must demonstrate competence outpatient settings. (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 in the ability to:	[None]	
IV.B.1.b).(2).(a).(i)	perform diagnostic and therapeutic procedures relevant to their specific career paths; and, (Core)	4.5.a.	Fellows must demonstrate competence therapeutic procedures relevant to their
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).(a).(iii)	score and interpret recordings of various diagnostic types, including polysomnograms, multiple sleep latency tests, and maintenance of wakefulness tests. (Core)	4.5.c.	Fellows must demonstrate competence recordings of various diagnostic types, in sleep latency tests, and maintenance of
IV.B.1.b).(2).(a).(iii).(a)	Fellows must score a minimum of 25 recordings during the course of the fellowship. (Detail)	4.5.c.1.	Fellows must score a minimum of 25 rec fellowship. (Detail)
IV.B.1.b).(2).(a).(iii).(a) .(i)	At least five of these must be adult recordings; and, (Detail)	4.5.c.1.a.	At least five of these must be adult recor
IV.B.1.b).(2).(a).(iii).(a) .(ii)	At least five must be pediatric recordings from infants, children, and adolescents. (Detail)	4.5.c.1.b.	At least five must be pediatric recordings adolescents. (Detail)
IV.B.1.b).(2).(a).(iii).(b)	interpret a minimum of 200 in-laboratory polysomnograms with at least 40 from adults and 40 from children. (Detail)	4.5.c.2.	Fellows must interpret a minimum of 200 least 40 from adults and 40 from children
	Fellows must interpret at least 10 multiple sleep latency tests and/or maintenance of wakefulness tests. (Detail)	4.5.c.3.	Fellows must interpret at least 10 multipl maintenance of wakefulness tests. (Deta
IV.B.1.b).(2).(b)	Fellows must demonstrate clinical competence in:	[None]	
IV.B.1.b).(2).(b).(i)	conducting the tests unique to sleep medicine, including electrode and sensor application, calibrations, maintenance of signal integrity, and protocols for initiating and terminating the tests; (Core)	4.5.d.	Fellows must demonstrate clinical comp to sleep medicine, including electrode ar maintenance of signal integrity, and prot tests. (Core)

e in the diagnosis and management of outpatient and inpatient settings. (Core)

ce as a consultant in both inpatient and

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

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

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

ce in the ability to score and interpret , including polysomnograms, multiple of wakefulness tests. (Core)

recordings during the course of the

cordings. (Detail)

ngs from infants, children, and

200 in-laboratory polysomnograms with at ren. (Detail)

tiple sleep latency tests and/or etail)

npetence in conducting the tests unique and sensor application, calibrations, rotocols for initiating and terminating the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(2).(b).(ii)	evaluating, diagnosing, and comprehensively treating patients over the entire spectrum of pediatric and adult sleep disorders, as well as those medical, neurological, and psychiatric disorders that may present with sleep-related complaints in both the inpatient and outpatient settings; (Core)	4.5.e.	Fellows must demonstrate clinical components over the sleep disorders, as well as those medical disorders that may present with sleep-read outpatient settings. (Core)
IV.B.1.b).(2).(b).(iii)	integrating information obtained from patient history, physical examination, physiologic recordings, imaging studies as they relate to sleep disorders, psychometric testing, pulmonary function testing, and biochemical and molecular tests results to arrive at an accurate and timely diagnosis and treatment plan; (Core)	4.5.f.	Fellows must demonstrate clinical compo obtained from patient history, physical ex imaging studies as they relate to sleep d pulmonary function testing, and biochem at an accurate and timely diagnosis and
IV.B.1.b).(2).(b).(iv)	integrating relevant biological, psychological, social, economic, ethnic, and familial factors into the evaluation and treatment of their patients' sleep disorders; (Core)	4.5.g.	Fellows must demonstrate clinical composition psychological, social, economic, ethnic, and treatment of their patients' sleep dis
IV.B.1.b).(2).(b).(v)	interpreting psychological and psychometric tests as they relate to sleep disorders; (Core)	4.5.h.	Fellows must demonstrate clinical comp and psychometric tests as they relate to
IV.B.1.b).(2).(b).(vi)	performing cardiopulmonary resuscitation; (Core)	4.5.i.	Fellows must demonstrate clinical comported resuscitation. (Core)
IV.B.1.b).(2).(b).(vii)	performing physical, neurological, and mental status examinations relevant to the practice of sleep medicine; (Core)	4.5.j.	Fellows must demonstrate clinical component neurological, and mental status examina medicine. (Core)
IV.B.1.b).(2).(b).(viii)	planning and implementing therapeutic treatment, including pharmaceutical, medical device, dental, behavioral, and surgical therapies; (Core)	4.5.k.	Fellows must demonstrate clinical comp therapeutic treatment, including pharma behavioral, and surgical therapies. (Core
IV.B.1.b).(2).(b).(ix)	selecting the appropriate sleep investigation(s) to facilitate a patient's diagnosis and treatment; and, (Core)	4.5.I.	Fellows must demonstrate clinical composite sleep investigation(s) to facilitate a patie
IV.B.1.b).(2).(b).(x)	scoring and interpreting:	4.5.m.	Fellows must demonstrate clinical comp
IV.B.1.b).(2).(b).(x).(a)	portable sleep monitor recordings; (Core)	4.5.m.1.	portable sleep monitor recordings; (Core
IV.B.1.b).(2).(b).(x).(b)	actigraphy; (Core)	4.5.m.2.	actigraphy; (Core)
, , , , , , , , , ,	downloads from positive pressure devices; (Core)	4.5.m.3.	downloads from positive pressure device
IV.B.1.b).(2).(b).(x).(d)	sleep diaries; and, (Core)	4.5.m.4.	sleep diaries; and, (Core)
IV.B.1.b).(2).(b).(x).(e)	standardized scales of sleepiness. (Core)	4.5.m.5.	standardized scales of sleepiness. (Core
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of the neurobiology of sleep and wakefulness, sleep-related anatomy and physiology, and the neural structures mediating circadian rhythms, including: (Core)	4.6.a.	Fellows must demonstrate knowledge of wakefulness, sleep-related anatomy and mediating circadian rhythms, including: (
IV.B.1.c).(1).(a)	fundamental mechanisms of sleep, major theories in sleep medicine, and the generally-accepted facts of basic sleep mechanisms including: (Core)	4.6.a.1.	fundamental mechanisms of sleep, majo generally-accepted facts of basic sleep r
IV.B.1.c).(1).(a).(i)	basic neurologic mechanisms controlling sleep and wakefulness; (Core)	4.6.a.1.a.	basic neurologic mechanisms controlling

petence in evaluating, diagnosing, and r the entire spectrum of pediatric and adult cal, neurological, and psychiatric related complaints in both the inpatient

petence in integrating information examination, physiologic recordings, disorders, psychometric testing, emical and molecular tests results to arrive d treatment plan. (Core)

petence in integrating relevant biological, c, and familial factors into the evaluation lisorders. (Core)

petence in interpreting psychological to sleep disorders. (Core)

petence in performing cardiopulmonary

petence in performing physical, nations relevant to the practice of sleep

petence in planning and implementing aceutical, medical device, dental, pre)

petence in selecting the appropriate ient's diagnosis and treatment. (Core) petence in scoring and interpreting: re)

ces; (Core)

ore)

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

of the neurobiology of sleep and nd physiology, and the neural structures : (Core)

ijor theories in sleep medicine, and the p mechanisms including: (Core) ng sleep and wakefulness; (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	cardiovascular physiology and pathophysiology related to sleep and sleep		cardiovascular physiology and pathophy
, ( , ( , ( ,	disorders; (Core)	4.6.a.1.b.	disorders; (Core)
, , , , , , ,	changes in sleep across the life span; (Core)	4.6.a.1.c.	changes in sleep across the life span; (C
IV.B.1.c).(1).(a).(iv)	chronobiology; (Core)	4.6.a.1.d.	chronobiology; (Core)
IV.B.1.c).(1).(a).(v)	endocrine physiology and pathophysiology related to sleep and sleep disorders; (Core)	4.6.a.1.e.	endocrine physiology and pathophysiolo disorders; (Core)
IV.B.1.c).(1).(a).(vi)	gastrointestinal physiology and pathophysiology related to sleep and sleep disorders; (Core)	4.6.a.1.f.	gastrointestinal physiology and pathophy disorders; (Core)
IV.B.1.c).(1).(a).(vii)	neurologic physiology and pathophysiology related to sleep and sleep disorders; (Core)	4.6.a.1.g.	neurologic physiology and pathophysiolo (Core)
IV.B.1.c).(1).(a).(viii)	ontogeny of sleep; and, (Core)	4.6.a.1.h.	ontogeny of sleep; and, (Core)
	respiratory physiology and pathophysiology related to sleep and sleep		respiratory physiology and pathophysiol
IV.B.1.c).(1).(a).(ix)	disorders. (Core)	4.6.a.1.i.	disorders. (Core)
IV.B.1.c).(1).(b)	upper airway anatomy, normal and abnormal, across the life span; (Core)	4.6.a.2.	upper airway anatomy, normal and abno
IV.B.1.c).(1).(c)	effects of impaired sleep on others, including bed partners; (Core)	4.6.a.3.	effects of impaired sleep on others, inclu
	nosology for sleep disorders as described in the current edition of The		nosology for sleep disorders as describe
IV.B.1.c).(1).(d)	International Classification of Sleep Disorders; (Core)	4.6.a.4.	International Classification of Sleep Disc
IV.B.1.c).(1).(e)	etiopathogenic characterization of sleep disorders; (Core)	4.6.a.5.	etiopathogenic characterization of sleep
	effects of medications and substance use/misuse on sleep and sleep disorders;		effects of medications and substance us
IV.B.1.c).(1).(f)	(Core)	4.6.a.6.	(Core)
IV.B.1.c).(1).(g)	clinical manifestations of sleep disorders, including: (Core)	4.6.a.7.	clinical manifestations of sleep disorders
IV.B.1.c).(1).(g).(i)	insomnia and other disorders of initiating and maintaining sleep; (Core)	4.6.a.7.a.	insomnia and other disorders of initiating
IV.B.1.c).(1).(g).(ii)	sleep-related breathing disorders in both adults and children; (Core)	4.6.a.7.b.	sleep-related breathing disorders in both
IV.B.1.c).(1).(g).(iii)	disorders of hypersomnolence; (Core)	4.6.a.7.c	disorders of hypersomnolence; (Core)
IV.B.1.c).(1).(g).(iv)	circadian rhythm sleep-wake disorders; (Core)	4.6.a.7.d.	circadian rhythm sleep-wake disorders;
IV.B.1.c).(1).(g).(v)	parasomnias; (Core)	4.6.a.7.e.	parasomnias; (Core)
IV.B.1.c).(1).(g).(vi)	sleep-related movement disorders; (Core)	4.6.a.7.f.	sleep-related movement disorders; (Cor
	interactions between therapies for sleep disorders and other medical,		interactions between therapies for sleep
IV.B.1.c).(1).(g).(vii)	neurologic, and psychiatric treatments; (Core)	4.6.a.7.g.	neurologic, and psychiatric treatments; (
IV.B.1.c).(1).(g).(viii)	medical, neurologic, psychiatric, and substance use disorders, including withdrawal syndromes and the signs and symptoms likely to be related to sleep disorders (e.g., the association between hypertension and sleep apnea); (Core)	4.6.a.7.h.	medical, neurologic, psychiatric, and sub withdrawal syndromes and the signs and disorders (e.g., the association between
IV.B.1.c).(1).(g).(viii)	neonatal and pediatric sleep disorders; (Core)	4.6.a.7.i.	neonatal and pediatric sleep disorders; (
IV.B.1.c).(1).(g).(x)	safe infant sleep practices; and, (Core)	4.6.a.7.j.	safe infant sleep practices; and, (Core)
IV.B.1.c).(1).(g).(xi)	Sudden Infant Death Syndrome. (Core)	4.6.a.7.k.	Sudden Infant Death Syndrome. (Core)
······································	diagnostic strategies in sleep disorders, including differences between	τ.υ.α. <i>ι</i> .κ.	diagnostic strategies in sleep disorders,
IV.B.1.c).(1).(h)	children and adults; (Core)	4.6.a.8.	and adults; (Core)
IV.B.1.c).(1).(i)	treatment strategies in sleep disorders incorporating:	4.6.a.9	treatment strategies in sleep disorders in
	approaches for obstructive sleep apnea, including CPAP, bilevel and other advanced modes of PAP therapy; maxillofacial and upper airway surgery, implantable devices, oral appliances; positional therapy; weight management		approaches for obstructive sleep apnea, advanced modes of PAP therapy; maxill implantable devices, oral appliances; po
IV.B.1.c).(1).(i).(i)	strategies; medication and substance use counseling; and education; (Core)	4.6.a.9.a.	strategies; medication and substance us

hysiology related to sleep and sleep

(Core)

logy related to sleep and sleep

physiology related to sleep and sleep

ology related to sleep and sleep disorders;

ology related to sleep and sleep

normal, across the life span; (Core)

cluding bed partners; (Core)

bed in the current edition of The sorders; (Core)

ep disorders; (Core)

use/misuse on sleep and sleep disorders;

ers, including: (Core)

ng and maintaining sleep; (Core)

oth adults and children; (Core)

; (Core)

ore)

ep disorders and other medical, ; (Core)

substance use disorders, including and symptoms likely to be related to sleep en hypertension and sleep apnea); (Core)

(Core)

s, including differences between children

incorporating:

ea, including CPAP, bilevel and other xillofacial and upper airway surgery, positional therapy; weight management use counseling; and education; (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	approaches for insomnia, including cognitive-behavioral therapies and	4.0 - 0.4	approaches for insomnia, including cogni
IV.B.1.c).(1).(i).(ii)	pharmacological therapy; (Core)	4.6.a.9.b.	pharmacological therapy; (Core)
IV.B.1.c).(1).(i).(iii)	approaches for narcolepsy and other central disorders of hypersomnolence; (Core)	4.6.a.9.c.	approaches for narcolepsy and other cen (Core)
IV.B.1.c).(1).(i).(iv)	approaches for parasomnias; (Core)	4.6.a.9.d.	approaches for parasomnias; (Core)
IV.B.1.c).(1).(i).(v)	approaches for circadian rhythm disorders; and, (Core)	4.6.a.9.e.	approaches for circadian rhythm disorder
,,,,,,,,,	understanding the differences in approaches between children and adults.		understanding the differences in approac
IV.B.1.c).(1).(i).(vi)	(Core)	4.6.a.9.f.	(Core)
IV.B.1.c).(1).(j)	operation of polysomnographic monitoring equipment, including polysomnographic trouble shooting and ambulatory monitoring methodology; (Core)	4.6.a.10.	operation of polysomnographic monitorin polysomnographic trouble shooting and a (Core)
IV.B.1.c).(1).(k)	financing and regulation of sleep medicine; (Core)	4.6.a.11.	financing and regulation of sleep medicin
IV.B.1.c).(1).(I)	research methods in the clinical and basic sciences related to sleep medicine; (Core)	4.6.a.12.	research methods in the clinical and basi (Core)
IV.B.1.c).(1).(m)	medical ethics and its application in sleep medicine; (Core)	4.6.a.13.	medical ethics and its application in sleep
IV.B.1.c).(1).(n)	legal aspects of sleep medicine; and, (Core)	4.6.a.14.	legal aspects of sleep medicine; and, (Co
IV.B.1.c).(1).(o)	the impact of sleep disorders on the patient's family and society. (Core)	4.6.a.15.	the impact of sleep disorders on the patie
IV.B.1.c).(2)	Fellows must demonstrate knowledge of the appropriate indications, potential pitfalls, limitations, administration, and interpretation of diagnostic tests used in sleep medicine, including polysomnography, multiple sleep latency testing, maintenance of wakefulness testing, actigraphy, and portable monitoring, to include: (Core)	4.6.b.	Fellows must demonstrate knowledge of pitfalls, limitations, administration, and inf sleep medicine, including polysomnograp maintenance of wakefulness testing, action include: (Core)
IV.B.1.c).(2).(a)	indications and contraindications, proper patient preparation, and potential shortcomings of the tests used in sleep medicine; and, (Core)	4.6.b.1.	indications and contraindications, proper shortcomings of the tests used in sleep m
IV.B.1.c).(2).(b)	principles of recording bioelectric signals, including polarity, dipoles, electrodes, derivations, montages, amplifiers, sampling, and digital display. (Core)	4.6.b.2.	principles of recording bioelectric signals, electrodes, derivations, montages, amplif (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Base Fellows must demonstrate the ability t of patients, to appraise and assimilate continuously improve patient care base 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 – Interpersonal Fellows must demonstrate interpersor result in the effective exchange of info patients, their families, and health prot

gnitive-behavioral therapies and

entral disorders of hypersomnolence;

lers; and, (Core)

aches between children and adults.

ring equipment, including d ambulatory monitoring methodology;

cine; (Core)

asic sciences related to sleep medicine;

ep medicine; (Core)

Core)

tient's family and society. (Core)

of the appropriate indications, potential interpretation of diagnostic tests used in raphy, multiple sleep latency testing, ctigraphy, and portable monitoring, to

er patient preparation, and potential o medicine; and, (Core)

als, including polarity, dipoles, plifiers, sampling, and digital display.

ased Learning and Improvement y to investigate and evaluate their care ite scientific evidence, and to pased on constant self-evaluation and

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

	T	1	
Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he
			<ul> <li>Curriculum Organization and Fellow E</li> <li>4.10. Curriculum Structure</li> <li>The curriculum must be structured to experiences, the length of the experie</li> <li>These educational experiences include patient care responsibilities, clinical terevents. (Core)</li> <li>4.11. Didactic and Clinical Experience</li> <li>Fellows must be provided with protected didactic activities. (Core)</li> </ul>
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Pain Management The program must provide instruction management if applicable for the subs the signs of substance use disorder. (
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical to 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. (

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

#### **Experiences**

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

#### ces

ected time to participate in core

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

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

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

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

nize conflicting inpatient and outpatient

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

Roman Numeral Requirement Number	. Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.3.	At least 11 of the 12 months of the program must be devoted to inpatient and ambulatory clinical experiences. (Core)	4.11.a.	At least 11 of the 12 months of the programbulatory clinical experiences. (Core)
IV.C.4.	Fellows must participate in the interdisciplinary care of patients of all ages that incorporates aspects of basic science, epidemiology, family medicine, internal medicine, neurology, pediatrics, psychiatry, and surgery. (Detail)	4.11.b.	Fellows must participate in the interdisci incorporates aspects of basic science, e medicine, neurology, pediatrics, psychia
IV.C.5.	Clinical experience should include evaluation and follow-up of hospitalized sleep disorder patients. (Detail)	4.11.c.	Clinical experience should include evalu sleep disorder patients. (Detail)
IV.C.6.	Clinical Experience with Continuity Ambulatory Patients	[None]	
			Clinical Experience with Continuity Amb
IV.C.6.a)	Fellows must have a continuity ambulatory clinic experience to develop a continuous healing relationship with patients for whom they provide sleep medicine care. This continuity experience should expose fellows to the breadth and depth of the subspecialty. (Core)	4.11.d.	Fellows must have a continuity ambulate continuous healing relationship with pati- medicine care. This continuity experience and depth of the subspecialty. (Core)
	This experience should average at least one half-day each week. (Detail)		
IV.C.6.b)	This should be accomplished by either:	4.11.d.1.	This experience should average at least
	This experience should average at least one half-day each week. (Detail)		
IV.C.6.b)	This should be accomplished by either:	4.11.d.2.	This should be accomplished by either:
IV.C.6.b).(1)	an experience at one clinic for 12 months; or, (Detail)	4.11.d.2.a.	an experience at one clinic for 12 month
IV.C.6.b).(2)	two, consecutive six-month-long experiences at two different clinics. (Detail)	4.11.d.2.b.	two, consecutive six-month-long experie
IV.C.6.c)	Experience must include longitudinal management of patients for whom the fellow is the primary physician under the supervision of a faculty member. (Detail)	4.11.d.3.	Experience must include longitudinal ma fellow is the primary physician under the (Detail)
IV.C.6.d)	Each fellow's clinical experiences with ambulatory patients must provide the fellow with the opportunity to observe and learn the progression of disease. (Detail)	4.11.d.4.	Each fellow's clinical experiences with a fellow with the opportunity to observe an (Detail)
IV.C.7.	The educational program must provide fellows with individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competence development in the foundational educational experiences of the subspecialty. (Core)	4.11.e.	The educational program must provide f experiences to allow them to participate practice or to further skill/competence de educational experiences of the subspeci
IV.C.8.	Required Didactic Experience	4.11.f.	Required Didactic Experience The educational program must include d knowledge content in the subspecialty a
IV.C.8.a)	The educational program must include didactic instruction based on the core knowledge content in the subspecialty area. (Core)	4.11.f.	Required Didactic Experience The educational program must include d knowledge content in the subspecialty a
IV.C.8.a).(1)	Fellows must participate in planning and conducting conferences. (Detail)	4.11.f.1.	Fellows must participate in planning and
IV.C.8.a).(2)	The program must ensure that fellows have an opportunity to review all content from conferences that they could not attend. (Core)	4.11.f.2.	The program must ensure that fellows hat from conferences that they could not atte
IV.C.8.a).(3)	Fellows must have a sufficient number of didactic sessions to ensure fellow- fellow and fellow-faculty interaction. (Core)	4.11.f.3.	Fellows must have a sufficient number of fellow and fellow-faculty interaction. (Con

ogram must be devoted to inpatient and e)

sciplinary care of patients of all ages that , epidemiology, family medicine, internal niatry, and surgery. (Detail)

luation and follow-up of hospitalized

## nbulatory Patients

atory clinic experience to develop a atients for whom they provide sleep nce should expose fellows to the breadth

# st one half-day each week. (Detail)

ths; or, (Detail)

iences at two different clinics. (Detail)

nanagement of patients for whom the he supervision of a faculty member.

ambulatory patients must provide the and learn the progression of disease.

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

didactic instruction based on the core area. (Core)

didactic instruction based on the core area. (Core)

nd conducting conferences. (Detail)

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

r of didactic sessions to ensure fellow-Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.8.b)	Didactic topics should include clinical ethics, interdisciplinary topics, medical genetics, patient safety, physician impairment, preventive medicine, quality assessment, quality improvement, and risk management. (Detail)	4.11.f.4.	Didactic topics should include clinical et genetics, patient safety, physician imparassessment, quality improvement, and
/ IV.C.8.c)	Methods for teaching sleep testing should include didactic instruction, interactive discussion, role modeling by faculty and allied staff members, self- directed inquiry learning, and direct experience. (Detail)	4.11.f.5.	Methods for teaching sleep testing shou interactive discussion, role modeling by directed inquiry learning, and direct exp
IV.C.9.	Fellows must be instructed in practice management relevant to the subspecialty. (Detail)		Fellows must be instructed in practice m (Detail)
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac 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, an serves. For example, some programs activity on quality improvement, pop other programs might choose to utilit 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 air
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 air
IV.D.2.	Faculty Scholarly Activity	4.14.	<b>Faculty Scholarly Activity</b> The faculty must establish and maintain scholarship with an active research com
IV.D.2.a)	The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)	4.14.	<b>Faculty Scholarly Activity</b> The faculty must establish and maintain scholarship with an active research com

ethics, interdisciplinary topics, medical pairment, preventive medicine, quality d risk management. (Detail)

ould include didactic instruction, by faculty and allied staff members, selfprience. (Detail)

management relevant to the subspecialty.

ce. The physician is a humanistic his requires the ability to think critically, ly 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 opulation health, and/or teaching, while illize more classic forms of biomedical hip.

idence of scholarly activities, aims. (Core)

idence of scholarly activities, aims. (Core)

ain an environment of inquiry and pomponent. (Core)

ain an environment of inquiry and pomponent. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	The faculty must regularly participate in organized clinical discussions, rounds,	4.14.5	The faculty must regularly participate in o
IV.D.2.a).(1)	journal clubs, and conferences. (Detail)	4.14.a.	journal clubs, and conferences. (Detail)
			Some members of the faculty must also on more of the following:
			<ul> <li>peer-reviewed funding;</li> </ul>
			<ul> <li>publication of original research, case re reviewed journals or chapters in textbook</li> </ul>
			<ul> <li>publication or presentation of case report or national professional and scientific social</li> </ul>
IV.D.2.a).(2)	Some members of the faculty must also demonstrate scholarship by one or more of the following: (Detail)	4.14.b.	<ul> <li>participation in national committees or e</li> </ul>
			<ul> <li>Some members of the faculty must also of more of the following:</li> <li>peer-reviewed funding;</li> <li>publication of original research, case re reviewed journals or chapters in textbook</li> <li>publication or presentation of case report or national professional and scientific social scientific scientific social scientific social scientific sc</li></ul>
IV.D.2.a).(2).(a)	peer-reviewed funding; (Detail)	4.14.b.	participation in national committees or e
			Some members of the faculty must also on more of the following:
			peer-reviewed funding;
			<ul> <li>publication of original research, case re reviewed journals or chapters in textbook</li> </ul>
			<ul> <li>publication or presentation of case report or national professional and scientific social</li> </ul>
IV.D.2.a).(2).(b)	publication of original research, case reports, or review articles in peer- reviewed journals or chapters in textbooks; (Detail)	4.14.b.	<ul> <li>participation in national committees or e</li> </ul>

n organized	clinical	discussions,	rounds,
)			

o demonstrate scholarship by one or

- reports, or review articles in peerooks;
- ports or clinical series at local, regional, society meetings; or,

r educational organizations. (Detail)

o demonstrate scholarship by one or

- reports, or review articles in peerooks;
- ports or clinical series at local, regional, society meetings; or,
- r educational organizations. (Detail)

o demonstrate scholarship by one or

reports, or review articles in peerooks;

ports or clinical series at local, regional, society meetings; or,

r educational organizations. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Some members of the faculty must also more of the following:
			peer-reviewed funding;
			<ul> <li>publication of original research, case r reviewed journals or chapters in textboo</li> </ul>
	publication or presentation of case reports or clinical series at local, regional, or		<ul> <li>publication or presentation of case rep or national professional and scientific so</li> </ul>
IV.D.2.a).(2).(c)		4.14.b.	• participation in national committees or
			Some members of the faculty must also more of the following:
			• peer-reviewed funding;
			<ul> <li>publication of original research, case r reviewed journals or chapters in textboo</li> </ul>
			<ul> <li>publication or presentation of case rep or national professional and scientific scientific</li> </ul>
IV.D.2.a).(2).(d)	participation in national committees or educational organizations. (Detail)	4.14.b.	• participation in national committees or
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 pre reviewed print/electronic resources, artic textbooks, webinars, service on profess reviewer, journal editorial board membe
	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		Fellow Scholarly Activity While in the program all fellows must en scholarly activities: participation in grand improvement presentations, podium pre reviewed print/electronic resources, artic textbooks, webinars, service on profess
IV.D.3.a) <b>V.</b>	reviewer, journal editorial board member, or editor. (Outcome) Evaluation	4.15. Section 5	reviewer, journal editorial board membe
V.A.		5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri educational assignment. (Core)

so demonstrate scholarship by one or

e reports, or review articles in peerooks;

eports or clinical series at local, regional, society meetings; or,

or educational organizations. (Detail)

so demonstrate scholarship by one or

e reports, or review articles in peerooks;

eports or clinical series at local, regional, society meetings; or,

or educational organizations. (Detail)

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

engage in at least one of the following and rounds, posters, workshops, quality presentations, grant leadership, non-peerrticles or publications, book chapters, ssional committees, or serving as a journal ber, or editor. (Outcome)

## valuation

serve, evaluate, and frequently provide Iring each rotation or similar

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser- feedback on fellow performance durir educational assignment. (Core)
	Evaluation must be documented at the completion of the assignment.		Evaluation must be documented at th
V.A.1.b)	(Core)	5.1.a.	(Core)
V.A.1.b).(1)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at lea
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
	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
	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)
	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
	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 w documented semi-annual evaluation of along the subspecialty-specific Milest
	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.d.	The program director or their designe Competency Committee, must develo progress, following institutional polic
	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.e.	The evaluations of a fellow's performative by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	F
	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and must fellow in accordance with institutiona

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

#### aluation

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

the completion of the assignment.

east every three months. (Core)

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

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

cal Competency Committee for its formance and improvement toward

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

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

es, and when applicable the ust 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)

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremen
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 w 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)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competence members, at least one of whom is a c be faculty members from the same pr health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee annual evaluations and advise the profess. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to thei performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p

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

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

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

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

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

ew of the faculty member's clinical a the educational program, participation heir skills as an educator, clinical scholarly activities. (Core) n, confidential evaluations by the

back on their evaluations at least

#### ent

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

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclu- based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
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 m 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 members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed to and discussed with the the fellows, and be submitted to the D
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima
V.C.3.	take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should 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 wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco

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

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

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

oonsibilities must include guiding luding development of new goals,

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

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

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

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

elf-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)

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Roman Numeral Requirement Number	Boguiromont Languago	Requirement Number	Deguiremen
Requirement Number	Requirement LanguageFor subspecialties in which the ABMS member board and/or AOAcertifying board offer(s) a biennial written exam, in the preceding sixyears, the program's aggregate pass rate of those taking the examination	Number	Requiremen For subspecialties in which the ABM certifying board offer(s) a biennial wi years, the program's aggregate pass
V.C.3.b)	for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	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 or the program's aggregate pass rate of first time must be higher than the bot 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 bot 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 s graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Section 6: The Learning and Working Fellowship education must occur in t environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team		•Commitment to the well-being of the members, and all members of the hea
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]	

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

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

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

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

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

## ng Environment

the context of a learning and working blowing principles:

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y of care rendered to patients by ice

# oviding care for patients

he students, residents, fellows, faculty realth care team

Roman Numeral Requirement Number		Reformatted Requirement Number	Requirement
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, ar patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; (Core) be provided with summary information of their institution's patient safety	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core) Residents, fellows, faculty members, must be provided with summary infor
VI.A.1.a).(2).(a).(ii)	reports. (Core)	6.2.a.	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 pe

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 tial to developing true competence in stitute sustainable systems-based ty vulnerabilities.

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

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

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

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requirement
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the supe
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision 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		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
VI.A.2.a)	practice of medicine; and establishes a foundation for continued professional growth.	[None]	practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.a.	This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.

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

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

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

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

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

rvision while providing for graded gram must use the following

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate telev
	the supervising physician is physically present with the fellow during the		Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(a)	key portions of the patient interaction; or,	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate telev
	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the		Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(b)	patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate telec
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milester
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)		Faculty members functioning as super portions of care to fellows based on the of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisor in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s

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

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

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

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

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

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

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

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

pervising physicians must delegate 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)

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

Roman Numeral Requirement Number	· · · ·	Reformatted Requirement Number	Requirement
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp 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]	
	be accomplished without excessive reliance on fellows to fulfill non-		The learning objectives of the program
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care,	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe o
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and		Programs, in partnership with their Sp process for education of fellows and behavior and a confidential process for

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

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

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

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

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

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

ס with the Sponsoring Institution, must ו that supports patient safety and

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

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

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

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requirement
	Well-Being		Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physica
	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 re
	members of the health care team are important components of		members of the health care team are i
	professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		professionalism; they are also skills to 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 Sp
	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 memb
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of eac
	clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout		clinical learning environment models prepares fellows with the skills and at
VI.C.	their careers.	[None]	their careers.
	The responsibility of the program, in partnership with the Sponsoring	[]	The responsibility of the program, in p
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensity
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourage
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunity
	and dental care appointments, including those scheduled during their	0.40 - 4	and dental care appointments, includi
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 burn
VI.C.1.d).(1)	disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	disorders, suicidal ideation, or potent assist those who experience these co
•	recognition of these symptoms in themselves and how to seek	0.10.0.1.	recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-so
- / \ * /	providing access to confidential, affordable mental health assessment,		providing access to confidential, affor
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including a
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (C

ical well-being are critical in the ng, and resilient physician and require I outside of medicine. Well-being oy in medicine while managing their I responsibility to support other e important components of s that must be modeled, learned, and ects of fellowship training.

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

n partnership with the Sponsoring

ity, and work compression that

d addressing the safety of fellows and

ge optimal fellow and faculty member

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

#### mbers in:

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

nemselves and how to seek

#### screening. (Core)

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

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VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of the second s
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe trar may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, ir the subspecialty and larger health sys
VI.E.2.a)	Contributors to effective interprofessional teams may include consulting physicians, dentists, respiratory therapists, sleep technologists, advanced practice providers, psychologists, behavioral specialists, social workers, and other mental health personnel involved in the evaluation and treatment of patients. (Core)	6.18.a.	Contributors to effective interprofessional physicians, dentists, respiratory therapis practice providers, psychologists, behav other mental health personnel involved i patients. (Core)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre

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

d procedures in place to ensure e continuity of patient care. (Core) ed without fear of negative s or was unable to provide the clinical

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

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

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

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

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

onal teams may include consulting pists, sleep technologists, advanced avioral specialists, social workers, and d in the evaluation and treatment of

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

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

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VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours n hours per week, averaged over a four- house clinical and educational activiti and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours fr after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education ( home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effect fellow education. Additional patient ca assigned to a fellow during this time.

Sponsoring Institutions, must ensure ind-off processes to facilitate both v. (Core)

are competent in communicating with ess. (Outcome)

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

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

rk and Education between scheduled clinical work and

rk and Education f between scheduled clinical work and

free of clinical work and education

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

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

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ical assignments. (Core)

nay be used for activities related to fective transitions of care, and/or 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 of 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 of 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 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 will not consider limit to the fellows' work week.
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
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

Exceptions

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

#### Exceptions

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

er requests for exceptions to the 80-hour

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

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

d external moonlighting (as defined in st be counted toward the 80-hour

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

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

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

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

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 fellow. (Core)