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

cation

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

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

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Int.B.	Definition of Subspecialty Sports medicine fellowships provide advanced education to allow fellows to acquire competence in preventing, diagnosing, and treating injuries related to participation in sports and/or exercise. In addition to the study of those fields that focus on prevention, diagnosis, treatment, and management of injuries, sports medicine deals with illnesses and diseases that might stem from and have effects on health and physical performance. Fellows also develop skills in the evaluation and management of those illnesses and diseases that might affect health and athletic performance. Sports medicine fellowships embrace the concept that "exercise is medicine" and the necessity of promoting physical activity in diverse patients with or without disease.	[None]	Definition of Subspecialty Sports medicine fellowships provide adv acquire competence in preventing, diago participation in sports and/or exercise. In that focus on prevention, diagnosis, trea sports medicine deals with illnesses and have effects on health and physical perf the evaluation and management of thos affect health and athletic performance. So the concept that "exercise is medicine" a activity in diverse patients with or without
	Length of Educational Program	[]	
Int.C.	The educational program in sports medicine must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in sports media (Core)
l.	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.	[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.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by c 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)	The Sponsoring Institution must also sponsor an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency program in emergency medicine, family medicine, pediatrics, or physical medicine and rehabilitation. (Core)	1.2.a.	The Sponsoring Institution must also spo Graduate Medical Education (ACGME)-a emergency medicine, family medicine, p rehabilitation. (Core)
I.B.1.a).(1)	The sports medicine program must function as an integral part of an ACGME- accredited residency program in emergency medicine, family medicine, pediatrics, or physical medicine and rehabilitation. (Core)	1.2.a.1.	The sports medicine program must func- accredited residency program in emerge pediatrics, or physical medicine and reha
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro

dvanced education to allow fellows to gnosing, and treating injuries related to In addition to the study of those fields eatment, and management of injuries, and diseases that might stem from and erformance. Fellows also develop skills in ose illnesses and diseases that might Sports medicine fellowships embrace " and the necessity of promoting physical but disease.

dicine must be 12 months in length.

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

consoring Institution, must designate a

ponsor an Accreditation Council for)-accredited residency program in pediatrics, or physical medicine and

nction as an integral part of an ACGMEgency medicine, family medicine, habilitation. (Core)

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

I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.1.d)	There must be a patient population that includes patients of all ages and physical abilities, as well as ethnic and gender diversity, and is adequate in number and variety to meet the needs of the educational program. (Core)	1.8.d.	There must be a patient population that physical abilities, as well as ethnic and g number and variety to meet the needs o
l.D.1.c)	There must be an acute care facility that provides access to the full range of services typically found in an acute care general hospital. (Core)	1.8.c.	There must be an acute care facility that services typically found in an acute care
I.D.1.b)	The program must have access to sporting events, team sports, and mass- participation events. (Core)	1.8.b.	The program must have access to sporti participation events. (Core)
I.D.1.a).(2)	Consultation in medical and surgical specialties and subspecialties must be readily available. (Core)	1.8.a.2.	Consultation in medical and surgical spe readily available. (Core)
I.D.1.a).(1)	The sports medicine clinic must have up-to-date diagnostic imaging and functional rehabilitation services available and accessible to clinic patients. (Core)	1.8.a.1.	The sports medicine clinic must have up functional rehabilitation services availabl (Core)
l.D.1.a)	There must be an identifiable sports medicine clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. (Core)	1.8.a.	There must be an identifiable sports me to patients who seek consultation regard problems. (Core)
l.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is acco site, in collaboration with the program
.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the dea (Core)
l.B.2.a) l.B.2.a).(1)	The PLA must: be renewed at least every 10 years; and, (Core)	[None] 1.3.a.	The PLA must be renewed at least eve
Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen

every 10 years. (Core)

esignated institutional official (DIO).

cal learning and working environment

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

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

on

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

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

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

edicine clinic that offers continuing care rding sports- or exercise-related health

up-to-date diagnostic imaging and uble and accessible to clinic patients.

pecialties and subspecialties must be

rting events, team sports, and mass-

at provides access to the full range of regeneral hospital. (Core)

at includes patients of all ages and I gender diversity, and is adequate in of the educational program. (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate are assigned in-house call; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
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 print include access to electronic medical I 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 ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicat must be provided with support adequ based upon its size and configuration
II.A.2.a)	At a minimum, the program director must be provided with the salary support equal to a dedicated minimum of 20 percent FTE of non-clinical time to the administration of the program. (Core)	2.3.a.	At a minimum, the program director mus equal to a dedicated minimum of 20 perc administration of the program. (Core)
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie

nt Language rest facilities available and accessible te for safe patient care, if the fellows

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

priate to the participating site; and,

sabilities consistent with the re)

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

sonnel

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

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

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

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

or resides with the Review Committee.

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

ust be provided with the salary support ercent FTE of non-clinical time to the

tor:

subspecialty expertise and iew Committee. (Core)

or

subspecialty expertise and iew Committee. (Core)

Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation or by the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neuromusculoskeletal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or subspecialty qualifications that are acceptable to the Review Committee. (Core)	2.4.a.	The program director must possess c subspecialty for which they are the pr Board of Emergency Medicine, Family M or Physical Medicine and Rehabilitation Board of Emergency Medicine, Family F Neuromusculoskeletal Medicine, Pediatr Rehabilitation, or subspecialty qualification Review Committee. (Core)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient car
II.A.4.a)	The program director must:	[None]	·····
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role n
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 and consistent with the needs of the comr Sponsoring Institution, and the missio
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of con develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit acc required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when acti not to promote, or renew the appointm
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)

a current certification in the program director by the American / Medicine, Internal Medicine, Pediatrics, n or by the American Osteopathic / Physicians, Internal Medicine, atrics, or Physical Medicine and ications that are acceptable to the

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

model of professionalism. (Core)

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

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

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

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

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

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

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

he program's compliance with the discrete the discrete discrete the discrete discrete discrete the discrete dis

n a non-competition guarantee or

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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,
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide an interview with information related to t specialty board examination(s). (Core
II.B.	 Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves. 	[None]	Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a c Faculty members experience the prid development of future colleagues. The the opportunity to teach and model ex- scholarly approach to patient care, fa medical education system, improve the population. Faculty members ensure that patients from a specialist in the field. They reac- the patients, fellows, community, and provide appropriate levels of supervise Faculty members create an effective for professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a)	In addition to the sports medicine program director, there must be at least one sports medicine faculty member with current subspecialty certification in sports medicine by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neuromusculoskeletal Medicine, Pediatrics, or Physical Medicine and Rehabilitation. (Core)	2.6.a.	In addition to the sports medicine progra sports medicine faculty member with cur medicine by the American Board of Eme Internal Medicine, Pediatrics, or Physica American Osteopathic Board of Emerge Internal Medicine, Neuromusculoskeleta Medicine and Rehabilitation. (Core)
II.B.1.b)	The faculty must include at least one American Board of Orthopaedic Surgery- or American Osteopathic Board of Orthopaedic Surgery-certified orthopaedic surgeon who is engaged in the operative management of sports injuries and other conditions and who is readily available to teach and provide consultation to the fellows. (Detail)	2.6.b.	The faculty must include at least one Am or American Osteopathic Board of Ortho surgeon who is engaged in the operative other conditions and who is readily avail to the fellows. (Detail)
II.B.2	Faculty members must:	[None]	

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

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

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

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

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

of faculty members with competence to Core)

pram director, there must be at least one current subspecialty certification in sports mergency Medicine, Family Medicine, cal Medicine and Rehabilitation, or the gency Medicine, Family Physicians, etal Medicine, Pediatrics, or Physical

American Board of Orthopaedic Surgeryhopaedic Surgery-certified orthopaedic ive management of sports injuries and ailable to teach and provide consultation

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly parti discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue faculty their skills. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	Subspecialty physician faculty memb
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neuromusculoskeletal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, 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 Boar Medicine, Internal Medicine, Pediatrics, or the American Osteopathic Board o Physicians, Internal Medicine, Neuromus Physical Medicine and Rehabilitation, or acceptable to the Review Committee.
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.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 of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)
II.B.4.b)	The program must maintain a ratio of at least one core faculty member to every two fellows appointed to the program. (Core)	2.10.b.	The program must maintain a ratio of at two fellows appointed to the program. (C

lels of professionalism. (Core)

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

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

and maintain an educational

ig fellows. (Core)

rticipate in organized clinical

and conferences. (Core)

Ity development designed to enhance

priate qualifications in their field and intments. (Core)

oriate qualifications in their field and ntments. (Core) nbers must:

nbers

nbers must have current certification in bard of Emergency Medicine, Family s, or Physical Medicine and Rehabilitation, I of Emergency Medicine, Family nusculoskeletal Medicine, Pediatrics, or or possess qualifications judged se. (Core)

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

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

e annual ACGME Faculty Survey.

at least one core faculty member to every (Core)

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.4.c)	At a minimum, each required core faculty member, excluding program leadership, must be provided with support equal to a dedicated minimum of 10 percent FTE for educational and administrative responsibilities that do not involve direct patient care. (Core)	2.10.c.	At a minimum, each required core facult leadership, must be provided with suppo percent FTE for educational and adminis involve direct patient care. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be administrative support
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	Program Coordinator There must be administrative support
II.C.1.a)	There must be a program coordinator. (Core)	2.11.a.	There must be a program coordinator. (0
II.C.1.b)	The program coordinator must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. (Core)	2.11.b.	The program coordinator must be provid minimum of 20 percent FTE for administ
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
II.D.1.	The sports medicine team must include certified athletic trainers with whom the fellows interact. (Core)	2.12.a.	The sports medicine team must include fellows interact. (Core)
II.D.2.	Programs should have access to qualified staff members in disciplines such as: behavioral science; neuropsychology; biomechanics; clinical imaging; exercise physiology; nutrition; and physical therapy. (Detail)	2.12.b.	Programs should have access to qualifie behavioral science; neuropsychology; bi physiology; nutrition; and physical therap
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
III.A.1.	All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	All required clinical education for entr programs must be completed in an AG an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canar program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required find CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the program, fellows should have completed a residency program in emergency medicine, family medicine, internal medicine, osteopathic neuromusculoskeletal medicine, pediatrics, or physical medicine and rehabilitation that satisfies III.A.1. (Core)		Prior to appointment in the program, fello program in emergency medicine, family neuromusculoskeletal medicine, pediatri rehabilitation that satisfies 3.2. (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Emergency Medicine, Family Medicine, Pediatrics, and Physical Medicine and Rehabilitation will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Emergency and Physical Medicine and Rehabilitation the fellowship eligibility requirements

Ity member, excluding program port equal to a dedicated minimum of 10 nistrative responsibilities that do not

ort for program coordination. (Core)

ort for program coordination. (Core)

vided with support equal to a dedicated stration of the program. (Core)

Sponsoring Institution, must jointly personnel for the effective

e certified athletic trainers with whom the

fied staff members in disciplines such as: biomechanics; clinical imaging; exercise apy. (Detail)

ip Programs

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

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

ellows should have completed a residency y medicine, internal medicine, osteopathic trics, or physical medicine and

cy Medicine, Family Medicine, Pediatrics, ion will allow the following exception to its:

Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 prog 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 Commissic (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 exce 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 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 educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		Section 4: Educational Program The ACGME accreditation system is d and innovation in graduate medical ed organizational affiliation, size, or locat 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.
	Educational Components		Educational Components
IV.A. IV.A.1.	The curriculum must contain the following educational components: a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2. 4.2.a.	The curriculum must contain the follo a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which me applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tra their subspecialty. These must be dist fellows and faculty members; (Core)

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 he 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

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

port the development of who provide compassionate care.

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

lowing educational components:

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

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

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement
	delineation of fellow responsibilities for patient care, progressive		delineation of fellow responsibilities f
	responsibility for patient management, and graded supervision in their		responsibility for patient managemen
IV.A.3.	subspecialty; (Core)	4.2.c.	subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
			Didactic and Clinical Experiences
	Fellows must be provided with protected time to participate in core		Fellows must be provided with protec
IV.A.4.a)	didactic activities. (Core)	4.11.	didactic activities. (Core)
N/ A E	formal educational activities that promote patient safety-related goals,	4.2.0	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
			required domains for a trusted physic
			These Competencies are core to the p
			the specifics are further defined by ea
			trajectories in each of the Competenc
			Milestones for each subspecialty. The
			subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.		[None]	The program must integrate all ACGM
	Professionalism		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
	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
	Fellows must demonstrate competence in the diagnosis and non-operative		Fellows must demonstrate competence i
	management of medical illnesses and injuries related to sports and exercise,		management of medical illnesses and in
	including hematomas, sprains and strains, stress fractures, traumatic fractures		including hematomas, sprains and strain
IV.B.1.b).(1).(a)	and dislocations, and osteoarthritis and tendon disorders. (Core)	4.4.a.	and dislocations, and osteoarthritis and t
	Fellows should learn to work with special patient populations, such as adaptive		Fellows should learn to work with specia
	athletes and athletes with intellectual disabilities. (Detail)	4.4.b.	athletes and athletes with intellectual dis
IV.B.1.b).(1).(b)			
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in evaluating sports-related injuries		Fellows must demonstrate competence i

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.

ME 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 e promotion of health. (Core)

e in the diagnosis and non-operative injuries related to sports and exercise, ains, stress fractures, traumatic fractures d tendon disorders. (Core)

ial patient populations, such as adaptive lisabilities. (Detail)

e in evaluating sports-related injuries

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(c).(i)	This should include ultrasound of the shoulder, elbow, wrist, hand, hip, knee, ankle, and foot, and extended focused assessment with sonography for trauma examination. (Core)	4.4.c.1.	This should include ultrasound of the she ankle, and foot, and extended focused a examination. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care Fellows must be able to perform all m procedures considered essential for
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in the diagnosis and timely referral for operative treatment of sports-related injuries, including hematomas, stress fractures, surgical sprains and strains, traumatic fractures and dislocations, and comprehensive care of osteoarthritis and tendon disorders. (Core)	4.5.a.	Fellows must demonstrate competence operative treatment of sports-related inju fractures, surgical sprains and strains, tr comprehensive care of osteoarthritis and
IV.B.1.b).(2).(b)	Fellows must learn to evaluate and utilize splinting, bracing, and casting for musculoskeletal injuries. (Core)	4.5.b.	Fellows must learn to evaluate and utiliz musculoskeletal injuries. (Core)
IV.B.1.b).(2).(c)	Fellows should learn to interpret results from useful tests and procedures, including Nerve Conduction Velocity/Electromyogram (NCV/EMG), Exercise Tolerance Test (ETT), Cardiopulmonary Exercise Test (CPET), neuropsychology evaluation, and gait analysis. (Detail)	4.5.c.	Fellows should learn to interpret results including Nerve Conduction Velocity/Ele Tolerance Test (ETT), Cardiopulmonary neuropsychology evaluation, and gait ar
IV.B.1.b).(2).(d)	Fellows must demonstrate competence in performing ultrasound-guided procedures for the treatment of sports-related injuries. (Core)	4.5.d.	Fellows must demonstrate competence procedures for the treatment of sports-re
IV.B.1.b).(2).(d).(i)	These should include injuries to the shoulder, elbow, wrist, hand, hip, knee, ankle, and foot. (Detail)	4.5.d.1.	These should include injuries to the shore ankle, and foot. (Detail)
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 a level of expertise in the knowledge of those areas appropriate for a subspecialist in sports medicine, specifically, fellows should understand key aspects of sports cardiology, concussion, and neurologic conditions in sport, as well as the dermatologic, endocrinologic, immunologic, infectious, rheumatologic, pulmonary, and other medical conditions that may complicate and require special care for individuals who exercise or participate in sports. (Core)	4.6.a.	Fellows must demonstrate a level of exp appropriate for a subspecialist in sports understand key aspects of sports cardio conditions in sport, as well as the derma infectious, rheumatologic, pulmonary, ar complicate and require special care for i sports. (Core)
IV.B.1.c).(2)	Fellows must demonstrate competence in: (Core)	[None]	
IV.B.1.c).(2).(a)	anatomy, exercise physiology, and biomechanics of exercise; (Core)	4.6.b.	Fellows must demonstrate competence biomechanics of exercise. (Core)
IV.B.1.c).(2).(b)	basic nutritional principles (such as dietary analysis) and their application to exercise; (Core)	4.6.c.	Fellows must demonstrate competence dietary analysis) and their application to
IV.B.1.c).(2).(c)	psychological aspects of exercise, performance, and competition; (Core)	4.6.d.	Fellows must demonstrate competence performance, and competition. (Core)
IV.B.1.c).(2).(d)	guidelines for appropriate history-taking and physical evaluation prior to participation in exercise and sport; (Core)	4.6.e.	Fellows must demonstrate competence taking and physical evaluation prior to pa

shoulder, elbow, wrist, hand, hip, knee, assessment with sonography for trauma

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

e in the diagnosis and timely referral for njuries, including hematomas, stress traumatic fractures and dislocations, and and tendon disorders. (Core)

ize splinting, bracing, and casting for

s from useful tests and procedures, lectromyogram (NCV/EMG), Exercise ry Exercise Test (CPET), analysis. (Detail)

e in performing ultrasound-guided -related injuries. (Core)

oulder, elbow, wrist, hand, hip, knee,

nowledge

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

xpertise in the knowledge of those areas is medicine, specifically, fellows should iology, concussion, and neurologic natologic, endocrinologic, immunologic, and other medical conditions that may r individuals who exercise or participate in

e in anatomy, exercise physiology, and

e in basic nutritional principles (such as to exercise. (Core)

e in psychological aspects of exercise,

e in guidelines for appropriate historyparticipation in exercise and sport. (Core)

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
$I \setminus (\mathbf{P}, 1, \mathbf{c}) (2) (\mathbf{c})$	physical conditioning requirements for various exercise related activities and	4.6.f.	Fellows must demonstrate competence various exercise related activities and sp
IV.B.1.c).(2).(e)	sports; (Core)	4.0.1.	Fellows must demonstrate competence
	special considerations related to age, gender, race, population health, health		gender, race, population health, health of
IV.B.1.c).(2).(f)	disparity, disability, and other health inequities; (Core)	4.6.g.	inequities. (Core)
	pathology and pathophysiology of illness and injury as they relate to exercise;		Fellows must demonstrate competence
IV.B.1.c).(2).(g)	(Core)	4.6.h.	illness and injury as they relate to exerci
	offects of discoses on eversion and the use of eversion prescription and		Fellows must demonstrate competence use of exercise prescription and rehabili
	effects of disease on exercise and the use of exercise prescription and rehabilitation in the care of medical and musculoskeletal problems to promote		musculoskeletal problems to promote ar
IV.B.1.c).(2).(h)	and maintain health in all ages and special patient populations; (Core)	4.6.i.	special patient populations. (Core)
, , , , , ,	prevention, evaluation, management, and rehabilitation of injuries and sports-		Fellows must demonstrate competence
IV.B.1.c).(2).(i)	related illnesses; (Core)	4.6.j.	and rehabilitation of injuries and sports-r
			Fellows must demonstrate competence
	clinical pharmacology relevant to sports medicine and the effects of therapeutic,	4.0.1	sports medicine and the effects of therap
IV.B.1.c).(2).(j)	performance-enhancing, and mood-altering drugs; (Core)	4.6.k.	mood-altering drugs. (Core)
IV.B.1.c).(2).(k)	promotion of physical fitness, strength training, flexibility, and healthy lifestyles; (Core)	4.6.l.	Fellows must demonstrate competence i training, flexibility, and healthy lifestyles.
TV.D.1.0).(2).(K)		1.0.1.	Fellows must demonstrate competence
IV.B.1.c).(2).(I)	ethical principles as applied to exercise and sports; (Core)	4.6.m.	exercise and sports. (Core)
			Fellows must demonstrate competence
IV.B.1.c).(2).(m)	medicolegal aspects of exercise and sports; (Core)	4.6.n.	sports. (Core)
			Fellows must demonstrate competence
IV.B.1.c).(2).(n)	environmental effects on exercise; (Core)	4.6.0.	(Core)
IV = 1 c (2) (2)	growth and development related to exercise; (Core)	4.6.p.	Fellows must demonstrate competence exercise. (Core)
IV.B.1.c).(2).(o)	growth and development related to exercise, (Core)	4.0.p.	Fellows must demonstrate competence i
IV.B.1.c).(2).(p)	the role of exercise in maintaining the health and function of the elderly; (Core)	4.6.q.	health and function of the elderly. (Core)
, () ()			Fellows must demonstrate competence
IV.B.1.c).(2).(q)	exercise programs in school-age children; (Core)	4.6.r.	children. (Core)
			Fellows must demonstrate competence
IV.B.1.c).(2).(r)	science of orthobiologics care in sports medicine; (Core)	5.6.s.	sports medicine. (Core)
IV.B.1.c).(2).(s)	musculoskeletal radiology; and, (Core)	4.6.t.	Fellows must demonstrate competence
IV.B.1.c).(2).(t)	orthopaedic injuries that occur in sports common to their patient populations. (Core)	4.6.u.	Fellows must demonstrate competence sports common to their patient population
TV.D.1.0).(2).(()	Fellows must demonstrate knowledge in the basic principles of sports	u.u.	Fellows must demonstrate knowledge in
	ultrasound, and the sonographic appearance of normal and pathologic adipose,		ultrasound, and the sonographic appear
IV.B.1.c).(3)		4.6.v.	fascia, muscle, tendon, bone, cartilage, j
	Practice-based Learning and Improvement		
	Fellows must demonstrate the ability to investigate and evaluate their care		ACGME Competencies – Practice-Bas Fellows must demonstrate the ability
	of patients, to appraise and assimilate scientific evidence, and to		of patients, to appraise and assimilate
	continuously improve patient care based on constant self-evaluation and		continuously improve patient care ba
IV.B.1.d)	lifelong learning. (Core)	4.7.	lifelong learning. (Core)

e in physical conditioning requirements for sports. (Core)

e in special considerations related to age, disparity, disability, and other health

e in pathology and pathophysiology of rcise. (Core)

e in effects of disease on exercise and the vilitation in the care of medical and and maintain health in all ages and

e in prevention, evaluation, management, s-related illnesses. (Core)

e in clinical pharmacology relevant to rapeutic, performance-enhancing, and

e in promotion of physical fitness, strength es. (Core)

e in ethical principles as applied to

e in medicolegal aspects of exercise and

e in environmental effects on exercise.

e in growth and development related to

e in the role of exercise in maintaining the re)

e in exercise programs in school-age

e in science of orthobiologics care in

e in musculoskeletal radiology. (Core)

e in orthopaedic injuries that occur in tions. (Core)

in the basic principles of sports arance of normal and pathologic adipose, e, joint, vasculature, and nerves. (Core)

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Interpersonal and Communication Skills		
IV.B.1.e)	Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of infe patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	Curriculum Organization and Fellow E 4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core) 4.11. Didactic and Clinical Experience Fellows must be provided with protect didactic activities. (Core) 4.12. Pain Management The program must provide instruction management if applicable for the subst 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)		Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Core)	4.10.a.	Rotations must be of sufficient length to experience, defined by continuity of patie longitudinal relationships with faculty me and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows the fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structured allows the fellows to function as part of a works together longitudinally with shared improvement. (Core)

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

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

Experiences

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

ces

ected time to participate in core

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

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

to provide a quality educational atient care, ongoing supervision, nembers, and high-quality assessment

red to facilitate learning in a manner that f an effective interprofessional team that ed goals of patient safety and quality

Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.3.	Curriculum Organization	4.11.a.	Curriculum Organization There must be conferences, seminars, a specifically designed to augment fellows
IV.C.3.a)	There must be conferences, seminars, and/or workshops in sports medicine specifically designed to augment fellows' clinical experiences. (Core)	4.11.a.	Curriculum Organization There must be conferences, seminars, a specifically designed to augment fellows
IV.C.3.b)	Clinical activities in sports medicine must represent a minimum of 60 percent of fellows' time in the program. (Core)	4.11.a.1.	Clinical activities in sports medicine mus fellows' time in the program. (Core)
IV.C.3.b).(1)	The remainder of the time should be spent in didactic and scholarly activities, and in the practice of the fellow's primary specialty. (Detail)	4.11.a.1.a.	The remainder of the time should be spe and in the practice of the fellow's primary
IV.C.3.c)	Fellows must spend at least one half-day and no more than two half-days per week maintaining their skills in their primary specialty areas. (Core)	4.11.a.2.	Fellows must spend at least one half-day week maintaining their skills in their prim
IV.C.3.d)	Fellows should learn the principles of practice management as it relates to sports medicine and appropriate coding and billing practices. (Detail)	4.11.a.3.	Fellows should learn the principles of pra sports medicine and appropriate coding
IV.C.4.	Fellow Experiences	[None]	
IV.C.4.a)	Fellows must participate in conducting pre-participation physical evaluations of athletes. (Core)	4.11.b.	Fellows must participate in conducting pl athletes. (Core)
IV.C.4.b)	Fellows must have experience with procedures relevant to the practice of sports medicine. (Core)	4.11.c.	Fellows must have experience with proceeding medicine. (Core)
IV.C.4.b).(1)	Fellows must assist with, observe, and perform outpatient non-operative interventional procedures clinically relevant to the practice of sports medicine. (Core)	4.11.c.1.	Fellows must assist with, observe, and p interventional procedures clinically releva (Core)
IV.C.4.b).(2)	Fellows must assist with and/or observe operative musculoskeletal procedures clinically relevant to the practice of sports medicine. (Core)	4.11.c.2.	Fellows must assist with and/or observe clinically relevant to the practice of sport
IV.C.4.c)	Fellows must have a sports medicine clinic experience. (Core)	4.11.d.	Fellows must have a sports medicine clir
IV.C.4.c).(1)	Fellows must provide sports medicine clinic patients with continuing, comprehensive care and provide consultation for health problems related to sports and exercise. (Core)	4.11.d.1.	Fellows must provide sports medicine cli comprehensive care and provide consult sports and exercise. (Core)
IV.C.4.c).(2)	Each fellow must spend at least one day per week for 10 months in a single sports medicine clinic providing care to patients. (Core)	4.11.d.2.	Each fellow must spend at least one day sports medicine clinic providing care to p
IV.C.4.c).(3)	If a fellow's sports medicine clinic patients are hospitalized, the fellow must either follow them during their inpatient stay and resume outpatient care following the hospitalization or remain in active communication with the inpatient care team regarding management and treatment decisions and resume outpatient care following the hospitalization. (Core)	4.11.d.3.	If a fellow's sports medicine clinic patient either follow them during their inpatient s following the hospitalization or remain in care team regarding management and tr outpatient care following the hospitalizati
IV.C.4.d)	Fellows must have experience providing on-site sports care. (Core)	4.11.e.	Fellows must have experience providing
IV.C.4.d).(1)	Fellows must assist with the planning and implementation of all aspects of medical care at various sporting events. (Core)	4.11.e.1.	Fellows must assist with the planning an medical care at various sporting events.
IV.C.4.d).(2)	Fellows must participate in providing comprehensive and continuing care to a single sports team where medical care can be provided across seasons, or to several sports teams across seasons. (Core)	4.11.e.2.	Fellows must participate in providing con single sports team where medical care c several sports teams across seasons. (C

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

, and/or workshops in sports medicine vs' clinical experiences. (Core)

and/or workshops in sports medicine /s' clinical experiences. (Core)

ust represent a minimum of 60 percent of

pent in didactic and scholarly activities, ary specialty. (Detail)

lay and no more than two half-days per imary specialty areas. (Core)

practice management as it relates to g and billing practices. (Detail)

pre-participation physical evaluations of

ocedures relevant to the practice of sports

l perform outpatient non-operative evant to the practice of sports medicine.

ve operative musculoskeletal procedures orts medicine. (Core)

clinic experience. (Core)

clinic patients with continuing, ultation for health problems related to

ay per week for 10 months in a single patients. (Core)

ents are hospitalized, the fellow must t stay and resume outpatient care in active communication with the inpatient treatment decisions and resume ation. (Core)

ig on-site sports care. (Core)

and implementation of all aspects of s. (Core)

omprehensive and continuing care to a e can be provided across seasons, or to (Core)

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.4.d).(3)	Fellows must have clinical experiences that provide exposure to and facilitate skill development in the appropriate recognition, on-field management, and medical transportation of sports medicine urgencies and emergencies. (Core)	4.11.e.3.	Fellows must have clinical experiences t skill development in the appropriate reco medical transportation of sports medicine
IV.C.4.d).(4)	Each fellow must function as a team physician and have experience managing patients in the training room. (Outcome)‡	4.11.e.4.	Each fellow must function as a team phy patients in the training room. (Outcome)
IV.C.4.e)	Fellows must participate in mass-participation events. (Core)	4.11.f.	Fellows must participate in mass-particip
IV.C.4.e).(1)	Fellows must assist with the planning and implementation of all aspects of medical care for at least one mass-participation sports event. (Core)	4.11.f.1.	Fellows must assist with the planning an medical care for at least one mass-partic
IV.C.4.e).(2)	Fellows must have experience providing medical consultation, direct care planning, event planning, protection of participants, and coordination with local Emergency Medical Systems. (Core)	4.11.f.2.	Fellows must have experience providing planning, event planning, protection of p Emergency Medical Systems. (Core)
IV.C.4.f)	Fellows must have experience working in a community sports medicine network involving parents, coaches, athletic trainers, allied health personnel, residents, and physicians. (Core)	4.11.g.	Fellows must have experience working in involving parents, coaches, athletic train and physicians. (Core)
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 a practice lifelong learning. The prograt environment that fosters the acquisiti participation in scholarly activities as Program Requirements. Scholarly acti integration, application, and teaching. The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and aim
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 aim
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity 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.	Faculty Scholarly Activity The faculty must establish and maintain scholarship with an active research com

s that provide exposure to and facilitate cognition, on-field management, and ine urgencies and emergencies. (Core) hysician and have experience managing

))

cipation events. (Core)

and implementation of all aspects of ticipation sports event. (Core)

ng medical consultation, direct care participants, and coordination with local

in a community sports medicine network iners, allied health personnel, residents,

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

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

dence of scholarly activities, ims. (Core)

dence of scholarly activities, ims. (Core)

n an environment of inquiry and mponent. (Core)

n an environment of inquiry and mponent. (Core)

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
IV.D.2.a).(1)	The members of the faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Core)	4.14.a.	The members of the faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Core)
			The program director and core faculty members must demonstrate scholarship annually, in at least one of the following:
			•peer-reviewed funding;
			•publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; or,
IV.D.2.a).(1).(a)	The program director and core faculty members must demonstrate scholarship annually, in at least one of the following: (Core)	4.14.b.	•publication or presentation of case reports clinical series or posters at state, regional, or national professional and scientific society meetings. (Core)
			The program director and core faculty members must demonstrate scholarship annually, in at least one of the following:
			•peer-reviewed funding;
			•publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; or,
IV.D.2.a).(1).(a).(i)	peer-reviewed funding; (Detail)	4.14.b.	•publication or presentation of case reports clinical series or posters at state, regional, or national professional and scientific society meetings. (Core)
			The program director and core faculty members must demonstrate scholarship annually, in at least one of the following:
			•peer-reviewed funding;
			•publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; or,
IV.D.2.a).(1).(a).(ii)	publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; or, (Detail)	4.14.b.	•publication or presentation of case reports clinical series or posters at state, regional, or national professional and scientific society meetings. (Core)
			The program director and core faculty members must demonstrate scholarship annually, in at least one of the following:
			•peer-reviewed funding;
			•publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; or,
IV.D.2.a).(1).(a).(iii)	publication or presentation of case reports clinical series or posters at state, regional, or national professional and scientific society meetings. (Detail)	4.14.b.	•publication or presentation of case reports clinical series or posters at state, regional, or national professional and scientific society meetings. (Core)
IV.D.2.a).(1).(b)	Faculty members should encourage and support fellows in scholarly activity. (Detail)	4.14.c.	Faculty members should encourage and support fellows in scholarly activity. (Detail)
IV.D.2.a).(1).(c)	Faculty members should participate in national committees or educational organizations. (Detail)	4.14.d.	Faculty members should participate in national committees or educational organizations. (Detail)

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Each fellow must complete a scholarly c program. (Outcome)
IV.D.3.a)	Each fellow must complete a scholarly or quality improvement project during the program. (Outcome)	4.15.	Fellow Scholarly Activity Each fellow must complete a scholarly c program. (Outcome)
			Evidence of scholarly activity must inclue
			•peer-reviewed funding and research;
			•publication of original research or review
IV.D.3.a).(1)	Evidence of scholarly activity must include at least one of the following: (Core)	4.15.a.	•presentation(s) or poster(s) at local, sta scientific society meetings. (Core)
			Evidence of scholarly activity must inclue
			•peer-reviewed funding and research;
			•publication of original research or review
IV.D.3.a).(1).(a)	peer-reviewed funding and research; (Core)	4.15.a.	•presentation(s) or poster(s) at local, sta scientific society meetings. (Core)
			Evidence of scholarly activity must inclu
			•peer-reviewed funding and research;
			•publication of original research or review
IV.D.3.a).(1).(b)	publication of original research or review article(s) and book chapter(s); or, (Core)	4.15.a.	•presentation(s) or poster(s) at local, sta scientific society meetings. (Core)
			Evidence of scholarly activity must inclue
			•peer-reviewed funding and research;
			•publication of original research or review
IV.D.3.a).(1).(c)	presentation(s) or poster(s) at local, state regional, or national professional and scientific society meetings. (Core)	4.15.a.	•presentation(s) or poster(s) at local, sta scientific society meetings. (Core)
	Independent Practice Fellowship programs may assign fellows to engage in the independent		Independent Practice Fellowship programs may assign fello
IV.E.	practice of their core specialty during their fellowship program.	[None]	practice of their core specialty during
IV.E.1.	If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)	4.16.	If programs permit their fellows to uti it must not exceed 20 percent of their academic year. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation

or quality improvement project during the

or quality improvement project during the

lude at least one of the following:

iew article(s) and book chapter(s); or,

state regional, or national professional and

lude at least one of the following:

iew article(s) and book chapter(s); or,

state regional, or national professional and

lude at least one of the following:

iew article(s) and book chapter(s); or,

state regional, or national professional and

lude at least one of the following:

iew article(s) and book chapter(s); or,

tate regional, or national professional and

ellows to engage in the independent ng their fellowship program.

utilize the independent practice option, eir time per week or 10 weeks of an

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durir educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at lea
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation along the subspecialty-specific Milest
V.A.1.d).(2)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.d.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.e.	The evaluations of a fellow's performaby the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	

valuation

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

valuation

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

valuation

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

the completion of the assignment.

east every three months. (Core)

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

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

ical Competency Committee for its formance and improvement toward

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

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

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 nust be used as tools to ensure fellows practice upon completion of the

Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mus fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the final evaluation must verify that the knowledge, skills, and behaviors nece (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 co be faculty members from the same pro 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 r 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 r progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee r annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and 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 Improvement The program director must appoint th conduct and document the Annual Pr program's continuous improvement p

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

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

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

e must review all fellow evaluations at

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

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

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

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

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

n, confidential evaluations by the

back on their evaluations at least

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

Requirement Language	Reformatted Requirement Number	Requirement
The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee m program faculty members, at least one and at least one fellow. (Core)
Program Evaluation Committee responsibilities must include:	[None]	
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)
guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue based upon outcomes. (Core)
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 iden opportunities, and threats as related t (Core)
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 sl prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improve
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, inclu distributed to and discussed with the the fellows, and be submitted to the D
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.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultimat
The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encourage take the certifying examination offered of Medical Specialties (ABMS) member Association (AOA) certifying board.
For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of 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 i for the first time must be higher than t programs in that subspecialty. (Outco
	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) 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) Program Evaluation Committee responsibilities must include: review of the program's self-determined goals and progress toward meeting them; (Core) guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core) 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) 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) The program must participate in a Self-Study and submit it to the DIO. (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 take the certifying examination offered by the applicable American Board of Medical Specialities (ABMS) member board or American Osteopathic As	Requirement Language Requirement Number 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. 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. Program Evaluation Committee responsibilities must include: [None] review of the program's self-determined goals and progress toward meeting them; (Core) 5.5.c. guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core) 5.5.c. 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. The Program Evaluation Committee should consider the outcomes from prior Annual Program, and other relevant data in its assessment of the program. (Core) 5.5.f. The Program Evaluation Committee must evaluate the program's mission and aims. strengths, areas for improvement, and threats. (Core) 5.5.f. 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.h. One goal of ACGME-accredited education is to educate physicians who seek and achieve board certiffication. One measure of the effectiveness of the ed

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,

oonsibilities must include review of the dependent of the

oonsibilities must include guiding uding development of new goals,

oonsibilities must include review of the entify strengths, challenges, I 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

IS 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)

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the bott 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 bott that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specifi an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
	Programs must report, in ADS, board certification status annually for the		Programs must report, in ADS, board
V.C.3.f)		5.6.e.	cohort of board-eligible fellows that g
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in the environment that emphasizes the following the f
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
	•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]	

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

AS 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

IS 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

1 5.6. – 5.6.c., any program whose cified in the requirement have achieved et this requirement, no matter the ass rate in that subspecialty.

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

g Environment

the context of a learning and working lowing principles:

of care rendered to patients by

i of care rendered to patients by ce

oviding care for patients

e students, residents, fellows, faculty ealth care team

Requirement		Reformatted	
Number	Requirement Language	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 a willingness to transparently deal wit has formal mechanisms to assess the its personnel toward safety in order to
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, an 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 essential the ability to identify causes and instit changes to ameliorate patient safety v
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)		Residents, fellows, faculty members, a must know their responsibilities in rep unsafe conditions at the clinical site, i (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, a must be provided with summary inform safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team men interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementatio
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 rebenchmarks related to their patient po

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

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

y-up of safety events, near misses, and anisms for improving patient safety, any patient safety program. Feedback tial to developing true competence in stitute sustainable systems-based y vulnerabilities.

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

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

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

tizing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons relates to the supervision of all patien
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons relates to the supervision of all patien
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(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 provi
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.a.	This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that 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 progr classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it ent care.

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

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it ent care.

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

inform each patient of their respective oviding direct patient care. (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

cally present with the fellow during the on.

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not 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 physic physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of th circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mus the knowledge and skills of each fello appropriate level of patient care autho
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
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 pr patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	

cally present with the fellow during the on.

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

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

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

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

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

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

their scope of authority, and the 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

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
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, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe of
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)
	 Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and 		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and of requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills to nurtured in the context of other aspect Fellows and faculty members are at r Programs, in partnership with their Sp same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models
VI.C.	prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	prepares fellows with the skills and a their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:

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

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

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

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

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

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

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

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

n partnership with the Sponsoring

Requirement Language	Reformatted Requirement Number	Requirement
attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunity and dental care appointments, includi working hours. (Core)
education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burr disorders, suicidal ideation, or potent assist those who experience these co
recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the care; and, (Core)
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, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affor counseling, and treatment, including a 24 hours a day, seven days a week. (O
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)
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 proverage of patient care and ensure c
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 v consequences for the fellow who is or work. (Core)
Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
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)		Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
	[None]	
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
	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core) evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core) policies and programs that encourage optimal fellow and faculty members well-being; and, (Core) Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core) education of fellows and faculty members in: identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core) recognition of these symptoms in themselves and how to seek appropriate care; and, (Core) access to appropriate tools for self-screening. (Core) providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core) There are circumstances in which fellows unable to perform their patient care responsibilities. (Core) The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core) These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core) Fatigue Mitigation Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mit	Requirement Language Requirement Number attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core) 6.13.a. evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core) 6.13.b. policies and programs that encourage optimal feliow and faculty members well-being; and, (Core) 6.13.c. Feliows must be given the opportunity to attend medical, mental health, and denta care appointments, including those scheduled during their working hours. (Core) 6.13.d. education of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core) 6.13.d.1. recognition of these symptoms in themsolves and how to seek appropriate care; and, (Core) 6.13.d.3. providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core) 6.13.d. 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 dircumstances in which fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue Mitigation 6.15.

ity, and work compression that

d addressing the safety of fellows and

ge optimal fellow and faculty member

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

mbers in:

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

nemselves and how to seek appropriate

screening. (Core)

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

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

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

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

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

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

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

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.E.1.a)	The program director must have the authority and responsibility to set appropriate clinical responsibilities (i.e., patient caps) for each fellow. (Core)	6.17.a.	The program director must have the auth appropriate clinical responsibilities (i.e.,
,	Teamwork		Teamwork
	Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subanagialty and larger health system. (Care)	6.18.	Fellows must care for patients in an e communication and promotes safe, ir
VI.E.2.	the subspecialty and larger health system. (Core)	0.10.	the subspecialty and larger health sys Transitions of Care
VI.E.3.	Transitions of Care	6.19.	Programs must design clinical assign patient care, including their safety, free
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces
	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		Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience o
VI.F.	opportunities for rest and personal activities.	[None]	opportunities for rest and personal ad
	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,		Maximum Hours of Clinical and Educa Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core) Mandatory Time Free of Clinical Work
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic

uthority and responsibility to set e., patient caps) for each fellow. (Core)

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

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

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

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

are competent in communicating with ess. (Outcome)

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

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

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

s free of clinical work and education e)

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

ion Period Length

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

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effe education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin 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.		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sound
	The Review Committees for Emergency Medicine, Family Medicine, Pediatrics, and Physical Medicine and Rehabilitation will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committees for Emergency and Physical Medicine and Rehabilitation exceptions to the 80-hour limit to the fello
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour 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

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

Exceptions

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

Exceptions

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

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities count toward the 80-hour maximum v home call is not subject to the every- the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a)	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 n weekly limit. The frequency of atry-third-night limitation, but must satisfy en free of clinical work and education, core)

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

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