Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Int.A.	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians wh practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed physicians. Graduate medical educat group of physicians brings to medical inclusive and psychologically safe le 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. Th knowledge, patient care skills, and educate area of practice. Fellowship is an inte 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 can expertise achieved, fellows develop infrastructure that promotes collabor
Int.B.	<b>Definition of Subspecialty</b> Vascular surgery is the surgical specialty involving diseases of the arterial, venous, and lymphatic circulatory systems, exclusive of those circulatory vessels intrinsic to the heart and intracranial vessels. Specialists in this discipline demonstrate the knowledge, skills, and understanding of the medical science relative to the vascular system, as well as mature technical skills and surgical judgment.	[None]	<b>Definition of Subspecialty</b> Vascular surgery is the surgical special venous, and lymphatic circulatory syste vessels intrinsic to the heart and intracr discipline demonstrate the knowledge, s science relative to the vascular system, surgical judgment.

#### 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 l independence. Faculty members compassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused intensive program of subspecialty focuses on the multidisciplinary care s often physically, emotionally, and rs in a variety of clinical learning inte 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.

alty involving diseases of the arterial, tems, exclusive of those circulatory cranial vessels. Specialists in this , skills, and understanding of the medical m, as well as mature technical skills and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Length of Educational Program		
Int.C.	The educational program in vascular surgery for independent programs must be 24 months in length. (Core)	4.1.	<b>Length of Program</b> The educational program in vascular sur 24 months in length. (Core)
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the		Sponsoring Institution The Sponsoring Institution is the orga
	ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		ultimate financial and academic response medical education consistent with the
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. <sup>(Core)</sup>	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.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
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)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is accousite, in collaboration with the program
	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	16	The program director must submit an participating sites routinely providing for all fellows, of one month full time
I.B.4.	Participating sites should be geographically proximate to the primary clinical site in order to allow all fellows to attend joint conferences, basic science lectures, and morbidity and mortality reviews on a regular and documented basis at a	1.6.	ACGME's Accreditation Data System Participating sites should be geographic in order to allow all fellows to attend join and morbidity and mortality reviews on a
I.B.5.	central location. (Core)	1.6.a.	central location. (Core)

# ent Language surgery for independent programs must be rganization or entity that assumes the sponsibility for a program of graduate the ACGME Institutional Requirements. not a rotation site for the program, the ical activity for the program is the one ACGME-accredited Sponsoring on providing educational experiences ns for fellows. ponsoring Institution, must designate a greement (PLA) between the program verns the relationship between the providing a required assignment. (Core) every 10 years. (Core) designated institutional official (DIO). ical learning and working environment st be one faculty member, designated countable for fellow education for that am director. (Core) any additions or deletions of ng an educational experience, required ne equivalent (FTE) or more through the

**m (ADS). (Core)** nically proximate to the primary clinical site pint conferences, basic science lectures, n a regular and documented basis at a

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.5.a)	Geographically remote participating sites must provide audiovisual access to the conferences and lectures at the central location, or document provision of an equivalent educational program of lectures and conferences. (Core)	•	Geographically remote participating site conferences and lectures at the central l equivalent educational program of lectur
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
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	These resources must include:	[None]	
I.D.1.a).(1)	a common office space for fellows that includes a sufficient number of computers and adequate workspace at the primary clinical site; (Core)	1.8.a.	These resources must include a commo includes a sufficient number of compute primary clinical site. (Core)
I.D.1.a).(2)	software resources for production of presentations, manuscripts, and portfolios; and, (Core)	1.8.b.	These resources must include software presentations, manuscripts, and portfolio
I.D.1.a).(3)	online radiographic and laboratory reporting systems at the primary clinical site and all participating sites. (Core)	1.8.c.	These resources must include online rac systems at the primary clinical site and a
	The facility used to provide fellows with experience in interpretation of non- invasive vascular laboratory testing must be accredited by a recognized organization that would allow fellowship graduates to fulfill the requirements of eligibility for specialty board certification. (Core)	1.8.d.	The facility used to provide fellows with or invasive vascular laboratory testing mus organization that would allow fellowship eligibility for specialty board certification.
I.D.1.b).(1)	The laboratory must be currently accredited in extracranial cerebrovascular, peripheral arterial and peripheral venous testing, and must provide substantial experience in abdominal and visceral vascular imaging. (Core)	1.8.d.1.	The laboratory must be currently accred peripheral arterial and peripheral venous experience in abdominal and visceral va
I.D.1.c)	The program must be conducted in an institution(s) that can document a sufficient breadth of patient care that routinely cares for patients with a broad spectrum of vascular diseases and conditions. (Core)	1.8.e.	The program must be conducted in an ir sufficient breadth of patient care that rou spectrum of vascular diseases and cond
I.D.1.d)	In addition, these institutions must include facilities and staff members for a variety of other services that provide a critical role in the care of patients with vascular conditions, including cardiovascular services, critical care services, general surgery services, nephrology services, neurology services, and radiology services. (Core)	1.8.f.	In addition, these institutions must include variety of other services that provide a c vascular conditions, including cardiovase general surgery services, nephrology se radiology services. (Core)
I.D.1.e)	The institutional volume and variety of open and endovascular operative experience must be adequate to ensure a sufficient number and distribution of complex cases (as determined by the Review Committee) for each fellow in the program. (Core)	1.8.g.	The institutional volume and variety of o experience must be adequate to ensure complex cases (as determined by the Re program. (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:

tes must provide audiovisual access to the I location, or document provision of an ures and conferences. (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)

non office space for residents that ters and adequate workspace at the

e resources for production of lios. (Core)

adiographic and laboratory reporting all participating sites. (Core)

h experience in interpretation of nonust be accredited by a recognized ip graduates to fulfill the requirements of on. (Core)

edited in extracranial cerebrovascular, us testing, and must provide substantial vascular imaging. (Core)

institution(s) that can document a outinely cares for patients with a broad nditions. (Core)

ude facilities and staff members for a critical role in the care of patients with ascular services, critical care services, services, neurology services, and

open and endovascular operative re a sufficient number and distribution of Review Committee) for each fellow in the

Sponsoring Institution, must ensure ng environments that promote fellow

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
	safe, quiet, clean, and private sleep/rest facilities available and accessible		safe, quiet, clean, and private sleep/re
I.D.2.b)	for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	for fellows with proximity appropriate
	clean and private facilities for lactation that have refrigeration capabilities,		clean and private facilities for lactatio
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	with proximity appropriate for safe pa
l	security and safety measures appropriate to the participating site; and,		security and safety measures appropr
I.D.2.d)	(Core)	1.9.d.	(Core)
	accommodations for fellows with disabilities consistent with the	4.0.	accommodations for fellows with disa
I.D.2.e)	Sponsoring Institution's policy. (Core)	1.9.e.	Sponsoring Institution's policy. (Core
	Fellows must have ready access to subspecialty-specific and other		Fellows must have ready access to su
	appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text		appropriate reference material in print include access to electronic medical I
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)
<u></u>		1.10.	
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
	The presence of other learners and other health care personnel, including		The presence of other learners and ot
	but not limited to residents from other programs, subspecialty fellows,		but not limited to residents from other
	and advanced practice providers, must not negatively impact the		and advanced practice providers, mus
I.E.	appointed fellows' education. (Core)	1.11.	appointed fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
			Program Director
			There must be one faculty member ap
			authority and accountability for the ov
II.A.	Program Director	2.1.	with all applicable program requireme
			Program Director
	There must be one faculty member appointed as program director with		There must be one faculty member ap
	authority and accountability for the overall program, including compliance		authority and accountability for the ov
II.A.1.	with all applicable program requirements. (Core)	2.1.	with all applicable program requireme
	The Sponsoring Institution's Graduate Medical Education Committee		The Sponsoring Institution's Graduate
	(GMEC) must approve a change in program director and must verify the	2.2	(GMEC) must approve a change in pro
II.A.1.a)	program director's licensure and clinical appointment. (Core) Final approval of the program director resides with the Review Committee.	2.2.	program director's licensure and clini Final approval of the program director
II.A.1.a).(1)	(Core)	2.2.a.	(Core)
	The program director and, as applicable, the program's leadership team,	<b>L</b> . <b>L</b> . <b>Q</b> .	
	must be provided with support adequate for administration of the program		The program director and, as applicat
	based upon its size and configuration. (Core)		must be provided with support adequ
II.A.2.		2.3.	based upon its size and configuration
<u> </u>	1	1	

nt	La	nai	ua	ae
	Lui	''y'	uu	gc.

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

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

priate to the participating site; and,

sabilities consistent with the re)

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

sonnel

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

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 inical appointment. (Core)

or resides with the Review Committee.

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

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)		At a minimum, the program director must and support specified below for administ support for program leadership must be additional support may be for the program program director and one or more assoc (Core)
	Number of Approved Fellow Positions: 1-6   Minimum Support Required (FTE) for the Program Director: 0.2   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: n/a Number of Approved Fellow Positions: 7-10   Minimum Support Required (FTE) for the Program Director: 0.3   Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: n/a Number of Approved Fellow Positions: 11-20   Minimum Support Required (FTE) for the Program Director: 0.3   Minimum Additional Support Required (FTE) for the Program Leadership in Aggregate: 0.1 Number of Approved Fellow Positions: 21 or greater   Minimum Support Required (FTE) for the Program Director: 0.3   Minimum Additional Support		Number of Approved Fellow Positions: 1 for the Program Director: 0.2   Minimum Program Leadership in Aggregate: n/a Number of Approved Fellow Positions: 7 for the Program Director: 0.3   Minimum Program Leadership in Aggregate: n/a Number of Approved Fellow Positions: 1 (FTE) for the Program Director: 0.3   Mir (FTE) for Program Leadership in Aggreg Number of Approved Fellow Positions: 2 Required (FTE) for the Program Director
II.A.2.a)	Required (FTE) for Program Leadership in Aggregate: 0.2	2.3.a.	Required (FTE) for Program Leadership
II.A.2.b)	Program directors who oversee both an independent and an integrated vascular surgery program must be provided support for administration of the programs based on the total number of approved positions across both programs. (Core)	2.3.b.	Program directors who oversee both an surgery program must be provided supp based on the total number of approved p
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Surgery or by the American Osteopathic Board of Surgery, or subspecialty qualifications that are acceptable to the Review Committee; (Core)	2.4.a.	The program director must possess of subspecialty for which they are the pu Board of Surgery or by the American ( subspecialty qualifications that are ac (Core)
	must include current medical licensure and appropriate medical staff		The program director must possess curr
II.A.3.c)	appointment; and, (Core)	2.4.b.	medical staff appointment. (Core)
II.A.3.d)	must include ongoing clinical activity. (Core)	2.4.c.	The program director must demonstrate
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 ca
II.A.4.a)	The program director must:	[None]	• • • •
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r

ust be provided with the dedicated time istration of the program. Additional be provided as specified below. This ram director only or divided among the ociate (or assistant) program directors.

: 1-6 | Minimum Support Required (FTE) m Additional Support Required (FTE) for

7-10 | Minimum Support Required (FTE) m Additional Support Required (FTE) for

11-20 | Minimum Support Required Inimum Additional Support Required egate: 0.1

21 or greater | Minimum Support tor: 0.3 | Minimum Additional Support ip in Aggregate: 0.2

n independent and an integrated vascular oport for administration of the programs d positions across both programs. (Core)

tor

subspecialty expertise and view Committee. (Core)

tor

subspecialty expertise and iew Committee. (Core)

current certification in the program director by the American Osteopathic Board of Surgery or acceptable to the Review Committee.

urrent medical licensure and appropriate

te ongoing clinical activity. (Core)

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

e model of professionalism. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer environment conducive to educating t 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 cor 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 learning the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit 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 l which fellows have the opportunity to and provide feedback in a confidential 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 action 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 I 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)
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 c (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, v
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 ap interview with information related to the specialty board examination(s). (Core)

nd conduct the program in a fashion nmunity, the mission(s) of the sion(s) of the program. (Core)

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

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

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

CCURATE and COMPLETE INFORMATION GMEC, and ACGME. (Core)

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

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

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

n a non-competition guarantee or

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

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

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

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	r Requiremen
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of		Faculty Faculty members are a foundational of education – faculty members teach for Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, common patient care, professionalism, and a of Faculty members experience the prior development of future colleagues. The the opportunity to teach and model end scholarly approach to patient care, facting graduate medical education system, and the population. Faculty members ensure that patients from a specialist in the field. They real
II.B.	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]	the patients, fellows, community, and provide appropriate levels of supervi Faculty members create an effective professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a) <b>II.B.2</b>	The members of the physician faculty must reflect sufficient diversity of interest and capability to represent the many facets of vascular surgery. (Detail) <b>Faculty members must:</b>	2.6.a.	The members of the physician faculty m and capability to represent the many fac
п.д.2		[None]	Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)

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

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

of faculty members with competence to Core)

must reflect sufficient diversity of interest facets of vascular surgery. (Detail)

#### lels of professionalism. (Core)

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

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

and maintain an educational Ig fellows. (Core)

nrticipate in organized clinical , and conferences. (Core)

Ity development designed to enhance

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have 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:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Surgery or the American Osteopathic Board of Surgery, or possess qualifications judged acceptable to the Review Committee; and, (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa Osteopathic Board of Surgery, or pose to the Review Committee. (Core)
II.B.3.b).(2)	have current certification in their specialty (if other than vascular surgery) 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.b.	Subspecialty physician faculty members specialty (if other than vascular surgery) Medical Specialties (ABMS) member bo Association (AOA) certifying board, or po to the Review Committee. (Core)
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 I Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or adm component of their activities, teach, e feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the (Core)
II.B.4.b)	In addition to the program director, there must be at least one board-certified vascular surgery core faculty member for each approved fellowship position. (Core)	2.10.b.	In addition to the program director, there vascular surgery core faculty member for (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

#### mbers

nbers must have current certification in Board of Surgery or the American ossess qualifications judged acceptable

ers must have current certification in their ry) by the appropriate American Board of board or American Osteopathic r possess qualifications judged acceptable

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 , evaluate, and provide formative

#### e annual ACGME Faculty Survey.

ere must be at least one board-certified for each approved fellowship position.

#### tor. (Core)

#### tor. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core)		At a minimum, the program coordinator time and support specified below for adr (Core)
	Number of Approved Fellow Positions: 1-6   Minimum Support Required (FTE): 0.5 Number of Approved Fellow Positions: 7-10   Minimum Support Required		Number of Approved Fellow Positions: 1 0.5 Number of Approved Fellow Positions: 7
II.C.2.a)	(FTE): 0.7 Number of Approved Fellow Positions: 11-15   Minimum Support Required (FTE): 0.8	2.11.b.	(FTE): 0.7 Number of Approved Fellow Positions: 1 (FTE): 0.8
	Other Program Personnel		
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary per administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, 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.	Eligibility Requirements – Fellowship 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 Canad 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 fie CanMEDS Milestones evaluations from
III.A.1.b)	To be eligible for appointment, fellows must have successfully completed a residency program in surgery that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	To be eligible for appointment, fellows m residency program in surgery that satisfic
III.A.1.c)	To be eligible for appointment to an Early Specialization Program (ESP), fellows must have successfully completed four years of an ACGME-accredited residency program in surgery that satisfies the requirements in III.A.1. and that has been approved by the Review Committee for participation as an ESP and that is in the same institution as the ESP vascular surgery program. (Core)	3.2.a.2.	To be eligible for appointment to an Early must have successfully completed four y residency program in surgery that satisfi been approved by the Review Committee in the same institution as the ESP vascu
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)

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

1-6 | Minimum Support Required (FTE):

7-10 | Minimum Support Required

11-15 | Minimum Support Required

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

ip Programs htry 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 om the core residency program. (Core)

must have successfully completed a sfies the requirements in 3.2. (Core)

arly Specialization Program (ESP), fellows r years of an ACGME-accredited sfies the requirements in 3.2. and that has tee for participation as an ESP and that is cular surgery program. (Core)

pint more fellows than approved by the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a matriculation. (Core)
III.C.1.	Any fellow transfer must be approved in advance by the Review Committee. (Core)	3.4.a.	Any fellow transfer must be approved in (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is of and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)

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

in advance by the Review Committee.

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

port the development of who provide compassionate care.

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

# llowing educational components:

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

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

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

yond direct patient care; and, (Core)

tected time to participate in core

romote patient safety-related goals,

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqui
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGN
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	· · · ·
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate manual dexterity appropriate for their educational levels. (Core)	4.4.a.	Fellows must demonstrate manual dexte levels. (Core)
IV.B.1.b).(1).(b)	Fellows must develop and execute patient care plans appropriate for their educational levels. (Core)	4.4.b.	Fellows must develop and execute patie educational levels. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care Fellows must be able to perform all m procedures considered essential for t
	Fellows must develop competence in performing operative procedures in the		Fellows must develop competence in pe
IV.B.1.b).(2).(a)	following list of defined categories:	4.5.a.	following list of defined categories:
IV.B.1.b).(2).(a).(i)	abdominal; (Core) cerebrovascular; (Core)	4.5.a.1. 4.5.a.2.	abdominal; (Core) cerebrovascular; (Core)
IV.B.1.b).(2).(a).(ii) IV.B.1.b).(2).(a).(iii)	peripheral; (Core)	4.5.a.3.	peripheral; (Core)
IV.B.1.b).(2).(a).(iv)	complex; (Core)	4.5.a.4.	complex; (Core)
IV.B.1.b).(2).(a).(v)	endovascular diagnostic; (Core)	4.5.a.5.	endovascular diagnostic; (Core)
IV.B.1.b).(2).(a).(vi)	endovascular therapeutic; and, (Core)	4.5.a.6.	endovascular therapeutic; and, (Core)
IV.B.1.b).(2).(a).(vii)	endovascular aneurysm repair. (Core)	4.5.a.7.	endovascular aneurysm repair. (Core)
IV.B.1.b).(2).(b)	Fellows must develop competence in patient management, including determining an appropriate diagnosis and operative plan, providing pre- operative care, and directing post-operative care. (Core)	4.5.b.	Fellows must develop competence in pa determining an appropriate diagnosis an operative care, and directing post-opera
IV.B.1.b).(2).(c)	Fellows must develop competence in assessing the vascular portion of angiography, computed tomography (CT) scanning, and magnetic resonance imaging (MRI) and magnetic resonance angiogram (MRA) images. (Core)	4.5.c.	Fellows must develop competence in as angiography, computed tomography (CT imaging (MRI) and magnetic resonance
IV.B.1.b).(2).(d)	Fellows must demonstrate the ability to accurately interpret non-invasive vascular laboratory studies. (Core)	4.5.d.	Fellows must demonstrate the ability to a vascular laboratory studies. (Core)

ptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each subspecialty. The developmental ncies are articulated through the the 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)

terity appropriate for their educational

tient care plans appropriate for their

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

performing operative procedures in the

patient management, including and operative plan, providing prerative care. (Core)

assessing the vascular portion of CT) scanning, and magnetic resonance ce angiogram (MRA) images. (Core)

o accurately interpret non-invasive

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requirement
IV.B.1.b).(2).(d).(i)	This experience must include the range and number of non-invasive studies that would allow graduates to fulfill the requirements of eligibility for specialty board certification. (Core)	4.5.d.1.	This experience must include the range a would allow graduates to fulfill the require certification. (Core)
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of anatomy, biology, embryology, microbiology, physiology, and pathology as they relate to the pathophysiology, diagnosis, and treatment of vascular lesions. (Core)	4.6.a.	Fellows must demonstrate knowledge of microbiology, physiology, and pathology diagnosis, and treatment of vascular lesi
IV.B.1.c).(2)	Fellows must demonstrate knowledge of the methods and techniques of angiography, CT scanning, MRI, MRA, and other vascular imaging modalities. (Core)	4.6.b.	Fellows must demonstrate knowledge of angiography, CT scanning, MRI, MRA, a (Core)
IV.B.1.c).(3)	Fellows must demonstrate knowledge of the roles of different specialists and other health care professionals in overall patient management. (Core)	4.6.c.	Fellows must demonstrate knowledge of other health care professionals in overall
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperson result in the effective exchange of info 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

e and number of non-invasive studies that uirements of eligibility for specialty board

# nowledge

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

of anatomy, biology, embryology, gy as they relate to the pathophysiology, esions. (Core)

of the methods and techniques of , and other vascular imaging modalities.

of the roles of different specialists and a rall patient management. (Core)

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

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

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

Roman Numeral Requirement Numb	er Requirement Language	Reformatted Requirement Number	Requiremen
			Curriculum Organization and Fellow I 4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences include patient care responsibilities, clinical to 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
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	management if applicable for the sub 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 includ patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Fellows' clinical rotations must be a minimum of four weeks in duration. (Core)	4.10.a.	Fellows' clinical rotations must be a min
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.	The following conferences must exist:	4.11.a.	The following conferences must exist:
IV.C.3.a)	a review, held at least biweekly, of all current complications and deaths, including radiological and pathological correlation of surgical specimens and autopsies when relevant; (Detail)	4.11.a.1.	a review, held at least biweekly, of all cu including radiological and pathological c autopsies when relevant; (Detail)
IV.C.3.b)	a course or a structured series of conferences to ensure coverage of the basic and clinical sciences fundamental to vascular surgery, as well as the technological advances that relate to vascular surgery and the care of patients with vascular diseases; (Detail)	4.11.a.2.	a course or a structured series of confer and clinical sciences fundamental to vas technological advances that relate to va with vascular diseases; (Detail)
IV.C.3.c)	regular organized clinical teaching; and, (Detail)	4.11.a.3.	regular organized clinical teaching; and,
IV.C.3.d)	a regular review of recent literature in a journal club format. (Detail)	4.11.a.4.	a regular review of recent literature in a
IV.C.4.	Fellows must actively participate in the planning and presentation of required conferences. (Core)	4.11.b.	Fellows must actively participate in the p conferences. (Core)
IV.C.4.a)	Each fellow must attend at least 75 percent of all required conferences. (Detail)	4.11.b.1.	Each fellow must attend at least 75 perc
IV.C.4.b)	At least 50 percent of the core faculty, in aggregate, must attend program conferences. (Detail)	4.11.b.2.	At least 50 percent of the core faculty, in conferences. (Detail)
IV.C.5.	Fellows must perform a minimum of 250 major vascular reconstructive procedures. (Core)	4.11.c.	Fellows must perform a minimum of 250 procedures. (Core)

#### **Experiences**

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

#### ices

tected time to participate in core

ion and experience in pain ubspecialty, 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

inimum of four weeks in duration. (Core)

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

current complications and deaths, I correlation of surgical specimens and

ferences to ensure coverage of the basic vascular surgery, as well as the vascular surgery and the care of patients

d, (Detail)

a journal club format. (Detail)

planning and presentation of required

rcent of all required conferences. (Detail) in aggregate, must attend program

50 major vascular reconstructive

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.5.a)	Operative experience in excess of 900 total cases must be justified by the program director. (Core)	4.11.c.1.	Operative experience in excess of 900 to program director. (Core)
IV.C.6.	The curriculum for each fellow must include a final year with chief responsibility on the vascular surgery service at the primary clinical site or at a participating site. (Core)	4.11.d.	The curriculum for each fellow must inclu on the vascular surgery service at the pri site. (Core)
IV.C.6.a)	A vascular surgery fellow and a chief resident in an integrated vascular surgery program may function together on the same service but must not have primary responsibility for the same patients. (Core)	4.11.d.1.	A vascular surgery fellow and a chief res program may function together on the sa responsibility for the same patients. (Core
IV.C.6.b)	A vascular surgery fellow and a chief resident in a general surgery residency program may function together on the same service but must not have primary responsibility for the same patients. (Core)	4.11.d.2.	A vascular surgery fellow and a chief res program may function together on the sa responsibility for the same patients. (Core
IV.C.7.	Fellow experiences must include:	[None]	
IV.C.7.a)	primary responsibility for continuity of patient care, including ambulatory care, inpatient care, referral and consultation, and utilization of community resources; (Core)	4.11.e.	Fellow experiences must include primary care, including ambulatory care, inpatien utilization of community resources. (Core
IV.C.7.b)	progressive senior surgical responsibilities in the total care of vascular surgery patients, including pre-operative evaluation, therapeutic decision-making, operative experience, and post-operative management; (Core)	4.11.f.	Fellow experiences must include progres the total care of vascular surgery patients therapeutic decision-making, operative e management. (Core)
IV.C.7.c)	participation in providing consultation with faculty member supervision. (Core)	4.11.g.	Fellow experiences must include particip faculty member supervision. (Core)
IV.C.7.c).(1)	Fellows should have clearly defined educational responsibilities for other fellows, residents, medical students, and professional personnel. (Detail)	4.11.g.1.	Fellows should have clearly defined educ fellows, residents, medical students, and
IV.C.7.c).(1).(a)	Teaching by fellows should include correlation of basic biomedical knowledge with the clinical aspects of vascular surgery. (Detail)	4.11.g.1.a.	Teaching by fellows should include corre with the clinical aspects of vascular surge
IV.C.7.d)	experience in the application, assessment, and limitations of non-invasive vascular diagnostic techniques; and, (Core)	4.11.h.	Fellow experiences must include experie limitations of non-invasive vascular diagr
IV.C.7.d).(1)	The program must provide didactic and clinical training in non-invasive vascular diagnostic testing and interpretation. (Detail)	4.11.h.1.	The program must provide didactic and c diagnostic testing and interpretation. (De
IV.C.7.d).(2)	Such education must not be achieved solely through attendance at off-site review or test preparation courses. (Detail)	4.11.h.2.	Such education must not be achieved so review or test preparation courses. (Deta
IV.C.7.e)	experience with outpatient activities. (Detail)	4.11.i.	Fellow experiences must include experie
IV.C.7.e).(1)	Fellows must devote an average of at least one half-day per week to outpatient activities. (Core)	4.11.i.1.	Fellows must devote an average of at lea activities. (Core)
IV.C.8.	When justified by experience, fellows should serve as teaching assistants to more junior fellows and to residents. (Detail)	4.11.j.	When justified by experience, fellows sho more junior fellows and to residents. (De

total cases must be justified by the

clude a final year with chief responsibility primary clinical site or at a participating

esident in an integrated vascular surgery same service but must not have primary ore)

esident in a general surgery residency same service but must not have primary ore)

ary responsibility for continuity of patient ent care, referral and consultation, and pre)

ressive senior surgical responsibilities in nts, including pre-operative evaluation, e experience, and post-operative

cipation in providing consultation with

lucational responsibilities for other nd professional personnel. (Detail)

relation of basic biomedical knowledge rgery. (Detail)

rience in the application, assessment, and gnostic techniques. (Core)

d clinical training in non-invasive vascular Detail)

solely through attendance at off-site etail)

rience with outpatient activities. (Detail)

least one half-day per week to outpatient

should serve as teaching assistants to Detail)

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

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

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

dence of scholarly activities, aims. (Core)

dence of scholarly activities, iims. (Core)

Sponsoring Institution, must allocate ow and faculty involvement in

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

t safety initiatives , review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
	•Research in basic science, education, translational science, patient care, or population health		<ul> <li>Research in basic science, education or population health</li> </ul>
	<ul> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safety initiatives</li> <li>Systematic reviews, meta-analyses, review articles, chapters in medical</li> </ul>		<ul> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient s</li> <li>Systematic reviews, meta-analyses, r</li> </ul>
	textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or		textbooks, or case reports •Creation of curricula, evaluation tools electronic educational materials •Contribution to professional commit
IV.D.2.a)	editorial boards <ul> <li>Innovations in education</li> </ul>	4.14.	editorial boards <ul> <li>Innovations in education</li> </ul>
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fol
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;		faculty participation in grand rounds, improvement presentations, podium p peer-reviewed print/electronic resource chapters, textbooks, webinars, servic serving as a journal reviewer, journal
IV.D.2.b).(1)	(Outcome)	4.14.a.1.	(Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity
IV.D.3.a)	Fellows must have instruction in critical thinking, design of experiments, and evaluation of data. (Detail)	4.15.a.	Fellows must have instruction in critical t evaluation of data. (Detail)
IV.D.3.b)	Fellows should participate in clinical and/or laboratory research. (Detail)	4.15.b.	Fellows should participate in clinical and
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly observing feedback on fellow performance during educational assignment. (Core)
V.A.1.	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly observed
V.A.1.a)	educational assignment. (Core)	5.1.	feedback on fellow performance durin educational assignment. (Core)
V.A.1.a).(1)	The semi-annual assessment must include a review of each fellow's operative experience to ensure breadth and balance of experience in the surgical care of vascular diseases. (Core)	5.1.h.	The semi-annual assessment must inclu experience to ensure breadth and baland vascular diseases. (Core)
V.A.1.a).(2)	The program director must ensure that the operative experience of individual fellows in the same program is comparable. (Detail)	5.1.i.	The program director must ensure that the fellows in the same program is comparal

rams must demonstrate f the following domains: (Core) on, translational science, patient care,

t safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

semination of scholarly activity within following methods:

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

e)

I thinking, design of experiments, and

nd/or laboratory research. (Detail)

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

clude a review of each fellow's operative ance of experience in the surgical care of

t the operative experience of individual rable. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than thr must be documented at least every th
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as cor clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
	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 o along the subspecialty-specific Milest
	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sun that includes their readiness to progre applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performa by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	

ent Language the completion of the assignment.

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

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

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

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

cal Competency Committee for its formance and improvement toward

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

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

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

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	become part of the fellow's permanent record maintained by the		The final evaluation must become par
	institution, and must be accessible for review by the fellow in accordance		maintained by the institution, and mu
V.A.2.a).(2).(a)	with institutional policy; (Core)	5.2.b.	fellow in accordance with institutiona
			The final evaluation must verify that the
$(\mathbf{V}, \mathbf{A}, \mathbf{O}, \mathbf{e})$	verify that the fellow has demonstrated the knowledge, skills, and	5.0.0	knowledge, skills, and behaviors nece
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
$V \land 2 \Rightarrow (2) (c)$	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.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.0.	
	A Clinical Competency Committee must be appointed by the program		Clinical Competency Committee A Clinical Competency Committee mu
V.A.3.	director. (Core)	5.3.	director. (Core)
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competenc
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a competence
	be faculty members from the same program or other programs, or other		be faculty members from the same pro-
	health professionals who have extensive contact and experience with the		health professionals who have extens
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
			The Clinical Competency Committee r
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	least semi-annually. (Core)
	determine each fellow's progress on achievement of the subspecialty-		The Clinical Competency Committee r
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.c.	progress on achievement of the subs
			The Clinical Competency Committee r
	meet prior to the fellows' semi-annual evaluations and advise the program		annual evaluations and advise the pro
V.A.3.b).(3)	director regarding each fellow's progress. (Core)	5.3.d.	fellow's progress. (Core)
			Faculty Evaluation
			The program must have a process to
			performance as it relates to the educa
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to
V.B.1.	performance as it relates to the educational program at least annually. (Core)	5.4.	performance as it relates to the educa (Core)
V.D.1.		о. <del>т</del> .	This evaluation must include a review
	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with th
	in faculty development related to their skills as an educator, clinical		in faculty development related to their
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
,	This evaluation must include written, confidential evaluations by the		This evaluation must include written,
V.B.1.b)	fellows. (Core)	5.4.b.	fellows. (Core)
	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedba
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational eva
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development pla
			Program Evaluation and Improvement
			The program director must appoint th
			conduct and document the Annual Pr
V.C.	Program Evaluation and Improvement	5.5.	program's continuous improvement p

art of the fellow's permanent record nust 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

valuations should be incorporated into plans. (Core)

nt

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	Program Evaluation Committee respo
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima
V.C.3.	<i>take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.</i>	[None]	The program director should encoura 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		Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wri years, the program's aggregate pass for the first time must be higher than t
V.C.3.a)	programs in that subspecialty. (Outcome)	5.6.	programs in that subspecialty. (Outco

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

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

oonsibilities must include review of the d progress toward meeting them.

oonsibilities must include guiding uding development of new goals,

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

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

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

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

self-Study and submit it to the DIO.

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 written exam, in the preceding three s rate of those taking the examination n the bottom fifth percentile of come)

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
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 wr 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 bot that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles: •Excellence in the safety and quality of care rendered to patients by fellows today		Section 6: The Learning and Working The Learning and Working Environme Fellowship education must occur in th environment that emphasizes the follo •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 professionalism		•Excellence in the safety and quality of today's fellows in their future practice •Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	1
VI.A.1.a)	Patient Safety	[None]	

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

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

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

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

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

g Environment

# nent

the context of a learning and working blowing principles:

of care rendered to patients by

y of care rendered to patients by ice

# oviding care for patients

ie students, residents, fellows, faculty ealth care team

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safet improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, 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 essentia the ability to identify causes and insti changes to ameliorate patient safety y
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, a must know their responsibilities in rej 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 infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team men interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementatic
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re- benchmarks related to their patient po

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

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

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

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

s, and other clinical staff members ormation 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 ment efforts.

receive data on quality metrics and populations. (Core)

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

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

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

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

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

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

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

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

ervision while providing for graded ogram must use the following

Requirement Language	Reformatted Requirement Number	Requirement
Direct Supervision:	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction
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
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
Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
The program director must evaluate each fellow's abilities based on	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills		Faculty members functioning as super portions of care to fellows based on t of each fellow. (Core)
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)		Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
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
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)
Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author
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)
	Direct Supervision: the supervising physician is physically present with the fellow during the key portions of the patient interaction; or, 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. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. The program must define when physical presence of a supervising physician is required. (Core) The program must define when physical presence of a supervising physician is required. (Core) The program director core and faculty members. (Core) The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core) 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) 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 fellow must know the limits of their scope of authority, and the circumstances under which the supervising faculty member(s). (Core) 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) 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)	Requirement Language         Requirement Number           Direct Supervision:         6.7.           the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,         6.7.           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]           Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.         [None]           The program must define when physical presence of a supervising physician is required. (Core)         6.8.           The program must define when physical presence of a supervising physician 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 program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)         6.9.           Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of the individual resident or fellow. (Detail)         6.9.           Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(S). (Core)         6.10.           Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to

cally present with the fellow during the on.

cally present with the fellow during the on.

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

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

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

bry role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail)

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

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

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

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

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Baguiraman
Requirement Number	Requirement Language	Requirement Number	•
	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		Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi
VI.B.1.	to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
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 o
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
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 Sp process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Well-Being		
	<i>Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require</i>		Well-Being Psychological, emotional, and physic development of the competent, carin
	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		proactive attention to life inside and requires that physicians retain the jo own real-life stresses. Self-care and i
	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.		members of the health care team are professionalism; they are also skills nurtured in the context of other aspe
	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		Fellows and faculty members are at r Programs, in partnership with their S same responsibility to address well-b competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and		responsibility for the well-being of each 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:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or poten assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (6
	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		There are circumstances in which fel including but not limited to fatigue, il medical, parental, or caregiver leave. appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)

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

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

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

embers in:

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

hemselves and how to seek

-screening. (Core)

fordable mental health assessment, ng 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

Roman Numeral		Reformatted	
Requirement Number	r Requirement Language	<b>Requirement Number</b>	Requirement
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and proverage of patient care and ensure c
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented v consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.1.a)	The workload associated with optimal clinical care of surgical patients is a continuum from the moment of admission to the point of discharge. (Core)	6.17.a.	The workload associated with optimal cli continuum from the moment of admissio
VI.E.1.b)	During the fellowship education process, surgical teams should be made up of attending surgeons, fellows and residents at various PG levels (when appropriate), medical students (when appropriate), and other health care providers. (Core)	6.17.b.	During the fellowship education process, attending surgeons, fellows and resident appropriate), medical students (when ap providers. (Core)
VI.E.1.c)	The work of the caregiver team should be assigned to team members based on each member's level of education, experience, and competence. (Core)	6.17.c.	The work of the caregiver team should b each member's level of education, exper
VI.E.1.d)	As fellows progress through levels of increasing competence and responsibility, it is expected that work assignments will keep pace with their advancement. (Core)	6.17.d.	As fellows progress through levels of inc it is expected that work assignments will (Core)
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.2.a)	Effective surgical practices must entail the involvement of members with a mix of complementary skills and attributes (physicians, nurses, and other staff). Success requires both an unwavering mutual respect for those skills and contributions, and a shared commitment to the process of patient care. (Core)	6.18.a.	Effective surgical practices must entail the of complementary skills and attributes (p Success requires both an unwavering m contributions, and a shared commitment
VI.E.2.b)	Fellows must collaborate with other surgical residents and fellows, faculty members, and other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. (Core)	6.18.b.	Fellows must collaborate with other surg members, and other physicians outside of health care providers, to best formulate t diverse patient population. (Core)

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 l)

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

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

clinical care of surgical patients is a ion to the point of discharge. (Core)

ents at various PG levels (when a pof appropriate), and other health care

be assigned to team members based on erience, and competence. (Core)

ncreasing competence and responsibility, ill keep pace with their advancement.

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

the involvement of members with a mix (physicians, nurses, and other staff). mutual respect for those skills and nt to the process of patient care. (Core)

rgical residents and fellows, faculty e of their specialty, and non-traditional e treatment plans for an increasingly

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Fellows must assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. These tasks must be completed in the hours assigned, or, if that is not possible, fellows must learn and utilize the established methods for handing off remaining tasks to another member of the fellow team so that patient care is not compromised. (Core)		Fellows must assume personal responsi are assigned (or which they voluntarily a must be completed in the hours assigne learn and utilize the established methods another member of the fellow team so th (Core)
VI.E.2.d)	Lines of authority should be defined by programs, and all fellows must have a working knowledge of these expected reporting relationships to maximize quality care and patient safety. (Core)	6.18.d.	Lines of authority should be defined by p working knowledge of these expected re quality care and patient safety. (Core)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured han continuity of care and patient safety. (
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces
	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours fi 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

sibility to complete all tasks to which they assume) in a timely fashion. These tasks ned, or, if that is not possible, fellows must ods for handing off remaining tasks to that patient care is not compromised.

programs, and all fellows must have a reporting relationships to maximize

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 v. (Core)

are competent in communicating with ess. (Outcome)

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

icational Work per Week 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

free of clinical work and education

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

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effe fellow education. Additional patient c assigned to a fellow during this time.
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee for Surgery will not accept requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Surgery will n the 80-hour limit to the fellows' work wee
VI.F.5.	Moonlighting		Moonlighting Moonlighting must not interfere with 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 goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)

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

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

# Exceptions

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

#### Exceptions

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

lucation must be counted toward the

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

Il not accept requests for exceptions to eek.

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

h the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core) d external moonlighting (as defined in st be counted toward the 80-hour

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.6.a)	Night float rotations must not exceed two months in succession, or three months in succession for rotations with night shifts alternating with day shifts. (Detail)	6.26.a.	Night float rotations must not exceed two in succession for rotations with night shift
VI.F.6.b)	There can be no more than four months of night float per year. (Detail)	6.26.b.	There can be no more than four months
VI.F.6.c) VI.F.6.d)	There must be at least two months between each night float rotation. (Detail) The total amount of night float for any fellow in a two-year fellowship must be no more than eight months. (Detail)	6.26.c. 6.26.d.	There must be at least two months betwee The total amount of night float for any fel more than eight months. (Detail)
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 Frequency Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities to 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)	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 k count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Core
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 fell

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

wo months in succession, or three months hifts alternating with day shifts. (Detail) hs of night float per year. (Detail) tween each night float rotation. (Detail)

fellow in a two-year fellowship must be no

#### ıcy

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

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

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

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