Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Boguiromon
	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		Definition of Graduate Medical Educa Fellowship is advanced graduate med residency program for physicians wh practice. Fellowship-trained physician subspecialty care, which may also ind community resource for expertise in a new knowledge into practice, and edu physicians. Graduate medical educat group of physicians brings to medical inclusive and psychologically safe lea Fellows who have completed resident in their core specialty. The prior medi fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional in as role models of excellence, compas professionalism, and scholarship. Th knowledge, patient care skills, and exa area of practice. Fellowship is an inte clinical and didactic education that for of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, f members of the health care team.
Int.A. 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	[None] [None] - (Continued)	In addition to clinical education, many fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient care expertise achieved, fellows develop n infrastructure that promotes collabora

ation

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Definition of Subspecialty		
	Correctional (carceral) medicine seeks to improve the clinical care and safety of incarcerated populations through the provision of health care and promotion of health inside prisons, jails, and other detention facilities, and extends outside of these facilities to the health systems that provide services to individuals while incarcerated and after incarceration.		Definition of Subspecialty Correctional (carceral) medicine seeks to incarcerated populations through the pro- health inside prisons, jails, and other de- these facilities to the health systems that incarcerated and after incarceration.
	To provide appropriate care for individuals who are incarcerated, physicians must be competent in the prevention and treatment of various health conditions that are common in correctional settings, including emergent and complex health issues and advanced disease. Physicians must be able to facilitate appropriate care transitions when patients enter correctional systems, while patients are incarcerated, and when patients transition to communities. Physicians providing care in the context of correctional settings must be prepared to address the unique situational and organizational demands of health care delivery in a variety of carceral settings, including jails, prisons, juvenile detention centers, and immigration detention centers.		To provide appropriate care for individual must be competent in the prevention and that are common in correctional settings health issues and advanced disease. Ph appropriate care transitions when patient patients are incarcerated, and when patient Physicians providing care in the context prepared to address the unique situation health care delivery in a variety of carce juvenile detention centers, and immigrat
Int.B.	Correctional (carceral) medicine also requires a commitment to safety, structural competence, and the practice of cultural humility in meeting the needs of imprisoned or detained patients, including those who are from racial or ethnic minority groups, who have disabilities, who are from low-income backgrounds, who face health literacy challenges, or who are gender nonconforming.	[None]	Correctional (carceral) medicine also re- competence, and the practice of cultural imprisoned or detained patients, includir minority groups, who have disabilities, w who face health literacy challenges, or w
	Length of Educational Program		
Int.C.	The educational program in correctional (carceral) medicine must be 12 months in length. (Core)	4.1.	Length of Program The educational program in correctional in length. (Core)
l.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by c Institution. (Core)

s to improve the clinical care and safety of provision of health care and promotion of detention facilities, and extends outside of hat provide services to individuals while

luals who are incarcerated, physicians and treatment of various health conditions gs, including emergent and complex Physicians must be able to facilitate ents enter correctional systems, while atients transition to communities. ext of correctional settings must be ional and organizational demands of ceral settings, including jails, prisons, ration detention centers.

requires a commitment to safety, structural ral humility in meeting the needs of ding those who are from racial or ethnic , who are from low-income backgrounds, r who are gender nonconforming.

al (carceral) medicine must be 12 months

rganization or entity that assumes the ponsibility 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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	Participating Sites		
			Participating Sites
	A participating site is an organization providing educational experiences		A participating site is an organization
I.B.	or educational assignments/rotations for fellows.	[None]	or educational assignments/rotations
	The program, with approval of its Sponsoring Institution, must designate a		The program, with approval of its Spo
l.B.1.	primary clinical site. (Core)	1.2.	primary clinical site. (Core)
	There must be a program letter of agreement (PLA) between the program		There must be a program letter of agr
	and each participating site that governs the relationship between the		and each participating site that gover
I.B.2.	program and the participating site providing a required assignment. (Core)	1.3.	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 eve
			The PLA must be approved by the des
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
	The program must monitor the clinical learning and working environment		The program must monitor the clinica
I.B.3.	at all participating sites. (Core)	1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated		At each participating site there must b
	by the program director, who is accountable for fellow education for that		by the program director, who is accou
I.B.3.a)	site, in collaboration with the program director. (Core)	1.5.	site, in collaboration with the program
	The program director must submit any additions or deletions of		The program director must submit an
	participating sites routinely providing an educational experience, required		participating sites routinely providing
	for all fellows, of one month full time equivalent (FTE) or more through the		for all fellows, of one month full time
I.B.4.	ACGME's Accreditation Data System (ADS). (Core)	1.6.	ACGME's Accreditation Data System
	Workforce Recruitment and Retention		
			Workforce Recruitment and Retention
	The program, in partnership with its Sponsoring Institution, must engage		The program, in partnership with its S
	in practices that focus on mission-driven, ongoing, systematic recruitment		in practices that focus on mission-dri
	and retention of a diverse and inclusive workforce of residents (if present),		and retention of a diverse and inclusiv
	fellows, faculty members, senior administrative GME staff members, and		fellows, faculty members, senior adm
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ
			Resources
			The program, in partnership with its S
I.D.	Resources	1.8.	the availability of adequate resources
			Resources
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
I.D.1.	the availability of adequate resources for fellow education. (Core)	1.8.	the availability of adequate resources
	Programs must ensure access to varied facilities to ensure fellows' competence		Programs must ensure access to varied
	in providing patient care inclusive of children, adolescents, and adults of any	1.0 -	in providing patient care inclusive of child
I.D.1.a)	gender. (Core)	1.8.a.	gender. (Core)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
I.D.2.	healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
	safe, quiet, clean, and private sleep/rest facilities available and accessible	1.3.a.	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
1.0.2.0j		1.3.0.	

on providing educational experiences s for fellows.

oonsoring Institution, must designate a

preement (PLA) between the program erns the relationship between the roviding a required assignment. (Core)

very 10 years. (Core) esignated institutional official (DIO).

cal learning and working environment

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

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

on

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

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

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

d facilities to ensure fellows' competence ildren, adolescents, and adults of any

Sponsoring Institution, must ensure ng environments that promote fellow

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

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	clean and private facilities for lactation that have refrigeration capabilities,		clean and private facilities for lactation
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and of but not limited to residents from othe advanced practice providers, must no fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.1.a).(1).(a)	For Sponsoring Institution-based fellowships, final approval of the program director resides with the DIO in collaboration with the GMEC. (Core)	2.2.a.1.	For Sponsoring Institution-based fellows director resides with the DIO in collabora
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applical must be provided with support adeque based upon its size and configuration
II.A.2.a)	At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.1 FTE for administration of the program. (Core)	2.3.a.	At a minimum, the program director mus dedicated minimum of 0.1 FTE for admir
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

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

priate to the participating site; and,

sabilities consistent with the re)

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

sonnel

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

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

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

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

or resides with the Review Committee.

vships, final approval of the program oration with the GMEC. (Core)

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

ust be provided with support equal to a ninistration of the program. (Core)

or

subspecialty expertise and iew Committee. (Core)

or

subspecialty expertise and iew Committee. (Core)

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II.A.3.b)	must include current certification in the subspecialty of Correctional Medicine by a certifying board of the American Osteopathic Association, or subspecialty* qualifications that are acceptable to the Review Committee. (Core)	2.4.a.	The program director must possess of of Correctional Medicine by a certifying Association, or subspecialty* qualific Review Committee. (Core)
II.A.3.b).(1)	If the program director is not certified in Correctional Medicine by an AOA certifying board, the program director must have current certification in a specialty or subspecialty by a member board of the American Board of Medical Specialties or by a certifying board of the American Osteopathic Association. (Core)	2.4.a.1.	If the program director is not certified in (certifying board, the program director mu specialty or subspecialty by a member bo Specialties or by a certifying board of the (Core)
II.A.3.c)	must include completion of core residency education and training no less than five years before appointment as program director; (Core)	2.4.b.	The program director must demonstrate and training no less than five years befor (Core)
II.A.3.d)	must include at least three years (part time or full time) of medical practice treating patients who are incarcerated; and, (Core)	2.4.c.	The program director must have at least medical practice treating patients who ar
II.A.3.e)	should include experience of at least three years as an educator in a medical education setting, or qualifications acceptable to the Review Committee. (Core)	2.4.d.	The program director should have experied educator in a medical education setting, Review Committee. (Core)
II.A.3.e).(1)	A mentorship plan for the program director must be developed and implemented by the Sponsoring Institution if the program director has fewer than three years' experience as an educator at the time of appointment. (Core)	2.4.d.1.	A mentorship plan for the program direct by the Sponsoring Institution if the progra experience as an educator at the time of
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have responsibility for: administration and activity; fellow recruitment and select fellows, and disciplinary action; super education in the context of patient car
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role n
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and consistent with the needs of the comr Sponsoring Institution, and the 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)		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 learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit acc required and requested by the DIO, GI

current certification in the subspecialty ng board of the American Osteopathic ications that are acceptable to the

n Correctional Medicine by an AOA nust have current certification in a board of the American Board of Medical he American Osteopathic Association.

e completion of core residency education fore appointment as program director.

st three years (part time or full time) of are incarcerated. (Core)

erience of at least three years as an g, or qualifications acceptable to the

ector must be developed and implemented gram director has fewer than three years' of appointment. (Core)

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

model of professionalism. (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

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)

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Number	Requirement Language	Requirement Number	Requiremen
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure th Sponsoring Institution's policies and due process, including when action is promote, or renew the appointment o
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure th Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
II.A.4.a).(12)	provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s). (Core)	2.5.I.	The program director must provide a with information related to the application specialty board examination(s). (Core
	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 Faculty members are a foundational of education – faculty members teach for Faculty members provide an importa- and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a of Faculty members experience the prid development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, far medical education system, improve to population.
II.B.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	Faculty members ensure that patients from a specialist in the field. They rea 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

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

the program's compliance with the nd procedures related to grievances and n is taken to suspend or dismiss, not to c of a fellow. (Core)

the program's compliance with the non-

n a non-competition guarantee or

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

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

applicants who are offered an interview icant's eligibility for the relevant pre)

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

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

of faculty members with competence to Core)

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role models
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 c equitable, high-quality, cost-effective,
	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their	0.7.1	Faculty members must demonstrate a fellows, including devoting sufficient
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.7.b.	fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and environment conducive to educating t
II.D.2.0)	regularly participate in organized clinical discussions, rounds, journal	2.7.0.	Faculty members must regularly partie
II.B.2.e)	clubs, and conferences; and, (Core)	2.7.d.	discussions, rounds, journal clubs, ar
	pursue faculty development designed to enhance their skills at least		
II.B.2.f)	annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropria 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 appropria 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 of Correctional Medicine by a certifying board of the AOA, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty* physician faculty memb the subspecialty of Correctional Medicine possess qualifications judged accepta
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, of acceptable to the Review Committee.
,	The program must have physician faculty members with experience in the care		The program must have physician faculty
II.B.3.d)	needs of adult and pediatric patients who are incarcerated. (Core)	2.9.b.	needs of adult and pediatric patients who
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 sig supervision of fellows and must devo effort to fellow education and/or admi of their activities, teach, evaluate, and fellows. (Core)
	Faculty members must complete the annual ACGME Faculty Survey.		
II.B.4.a)	(Core)	2.10.a.	Faculty members must complete the a
II.B.4.b)	There must be at least one core faculty member other than the program director. (Core)	2.10.b.	There must be at least one core faculty n (Core)
II.B.4.c)	Core faculty members must have experience in caring for patients who are incarcerated. (Core)	2.10.c.	Core faculty members must have experied incarcerated. (Core)

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

e a strong interest in the education of at time to the educational program to g responsibilities. (Core) and maintain an educational

g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

ty development designed to enhance

riate qualifications in their field and ntments. (Core)

riate qualifications in their field and ntments. (Core)

nbers

nbers must have current certification in ine by a certifying board of the AOA, or ptable to the Review Committee. (Core)

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

ulty members with experience in the care who are incarcerated. (Core)

significant role in the education and ote a significant portion of their entire ninistration, and must, as a component nd provide formative feedback to

e annual ACGME Faculty Survey. (Core)

/ member other than the program director.

rience in caring for patients who are

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	•
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)
II.C.2.a)	At a minimum, the program coordinator must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. (Core)	2.11.b.	At a minimum, the program coordinator r dedicated minimum of 0.2 FTE for admir
II.D. III. III.A.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core) Fellow Appointments Eligibility Criteria	2.12. Section 3 [None]	Other Program Personnel The program, in partnership with its S ensure the availability of necessary po administration of the program. (Core) Section 3: Fellow Appointments
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)		Eligibility Requirements – Fellowship All required clinical education for ent programs must be completed in an Ad 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 find CanMEDS Milestones evaluations from
III.A.1.b)	Fellows appointed to the program must have completed a residency program that satisfies the requirements listed in III.A.1. (Core)	3.2.a.1.	Fellows appointed to the program must h that satisfies the requirements listed in 3
III.A.1.c)	Fellow Eligibility Exception The Review Committees for Institutional Review Committee will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committees for Institutiona following exception to the fellowship
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro- qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissio (ECFMG) certification. (Core)

or. (Core)

or. (Core)

rovided with dedicated time and of the program based upon its size

r must be provided with support equal to a ninistration of the program. (Core)

Sponsoring Institution, must jointly personnel for the effective

p Programs

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

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

t have completed a residency program 3.2. (Core)

phal Review Committee will allow the peligibility requirements:

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

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoir Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, an matriculation. (Core)
IV.	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program. The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. 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	Section 4: Educational Program The ACGME accreditation system is of and innovation in graduate medical educational affiliation, size, or loca The educational program must support knowledgeable, skillful physicians while It is recognized that programs may play leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricul community health.
	Educational Components		Educational Components
IV.A. IV.A.1.	The curriculum must contain the following educational components: a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2. 4.2.a.	The curriculum must contain the follo a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which 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. IV.A.4.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)structured educational activities beyond direct patient care; and, (Core)	4.2.c. 4.2.d.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core) structured educational activities beyo

ent Language cception must have an evaluation of ompetency Committee within 12 weeks

pint more fellows than approved by the

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

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

port the development of who provide compassionate care.

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

lowing educational components:

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

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

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

yond direct patient care; and, (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow E 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)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acquired
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a) IV.B.1.b)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
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 competence in:	[None]	
IV.B.1.b).(1).(a).(i)	addressing situational and organizational demands of patient care practice and referrals inside prisons, jails, and detention facilities related to: primary care; chronic illness management; preventive care; emergent health issues, including those resulting from violence or self-injury; suicide prevention; mental disorders; substance use disorders; care of people with intellectual or developmental disabilities; psychosocial and behavioral issues related to confinement; infectious disease and control; wound care; environmental health; oral health; and special populations, including but not limited to women's health, transgender health, child and adolescent health, and geriatric health; (Core)	4.4.a.	Fellows must demonstrate competence i organizational demands of patient care p jails, and detention facilities related to: pr management; preventive care; emergent from violence or self-injury; suicide preve disorders; care of people with intellectual psychosocial and behavioral issues relat and control; wound care; environmental l populations, including but not limited to v child and adolescent health, and geriatric
IV.B.1.b).(1).(a).(ii)	care management in the following areas for patients who are incarcerated: mental health and substance use disorder treatment services; transition support for community re-entry; transfers for inpatient care; transfers to other correctional facilities; trauma-informed care; hospice and end-of-life care; health care proxies and advance directives; patient functional assessment; patient engagement; treatment in enhanced or specialized restraint situations; and fellows' role in participating in security measures; (Core)		Fellows must demonstrate competence i areas for patients who are incarcerated: disorder treatment services; transition su for inpatient care; transfers to other correc hospice and end-of-life care; health care functional assessment; patient engagem specialized restraint situations; and fellow measures. (Core)

Experiences – Didactic and Clinical

ected time to participate in core

omote patient safety-related goals,

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

ME Competencies into the curriculum.

alism tment to professionalism and an re)

e

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

e in addressing situational and e practice and referrals inside prisons, primary care; chronic illness ent health issues, including those resulting evention; mental disorders; substance use ual or developmental disabilities; lated to confinement; infectious disease al health; oral health; and special o women's health, transgender health, tric health. (Core)

e in care management in the following d: mental health and substance use support for community re-entry; transfers rrectional facilities; trauma-informed care; re proxies and advance directives; patient ement; treatment in enhanced or lows' role in participating in security

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(a).(iii)	health resource management within correctional facilities related to: budget management; health care finance; health care workforce and staffing; occupational health clearances; evaluations and accommodations for disabilities; medical supply procurement; assurance of appropriate nutrition resources; assurance of appropriate hygiene resources; and assurance of appropriate exercise resources; (Core)	4.4.c.	Fellows must demonstrate competence correctional facilities related to: budget r care workforce and staffing; occupationa accommodations for disabilities; medica appropriate nutrition resources; assuran and assurance of appropriate exercise r
IV.B.1.b).(1).(a).(iv)	the administration of health services in correctional settings related to: compliance with policies, procedures, laws, regulations, and consent decrees; familiarity with contractual relationships; human resources in corrections; medical records documentation and management; and media relations; (Core)	4.4.d.	Fellows must demonstrate competence in correctional settings related to: compl regulations, and consent decrees; famili human resources in corrections; medica management; and media relations. (Cor
IV.B.1.b).(1).(a).(v)	medication management specific to correctional settings related to medication administration, formulary, drug diversion, and treatment over objection; (Core)	4.4.e.	Fellows must demonstrate competence i correctional settings related to medication diversion, and treatment over objection.
IV.B.1.b).(1).(a).(vi)	interpersonal and communication skills in correctional settings, including patients and families; interprofessional care teams, including correctional facility staff members; outside health care facilities and services (e.g., hospital and laboratory staff, clinics); and law enforcement, legal, and judicial processes; (Core)	4.4.f.	Fellows must demonstrate competence skills in correctional settings, including p care teams, including correctional facility facilities and services (e.g., hospital and enforcement, legal, and judicial processe
IV.B.1.b).(1).(a).(vii)	ensuring and improving patient safety; and, (Core)	4.4.g.	Fellows must demonstrate competence (Core)
IV.B.1.b).(1).(a).(viii)	areas of population health and social drivers of health for incarcerated populations related to: (Core)	4.4.h.	Fellows must demonstrate competence drivers of health for incarcerated population
IV.B.1.b).(1).(a).(viii).(a)	structural and social health and health care inequities, including but not limited to: race and ethnicity; socioeconomic status; LGBTQIA+ identity; aging in correctional facilities; social isolation and separation from community and family; and behavioral health; (Core)	4.4.h.1.	structural and social health and health ca to: race and ethnicity; socioeconomic sta correctional facilities; social isolation and and behavioral health; (Core)
IV.B.1.b).(1).(a).(viii).(b)	epidemiology and disease outbreaks relevant to carceral settings; and, (Core)	4.4.h.2.	epidemiology and disease outbreaks rel
	public health data collection and management relevant to carceral settings. (Core)	4.4.h.3.	public health data collection and manage (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 – Procedural S Fellows must be able to perform all m procedures considered essential for t
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) IV.B.1.c).(1).(a)	Fellows must demonstrate knowledge of: systems-based care of patients who are incarcerated within a variety of correctional (carceral) and transitional settings (e.g., reentry); (Core)	[None] 4.6.a.	Fellows must demonstrate knowledge of are incarcerated within a variety of corre settings (e.g., reentry). (Core)

e in health resource management within t management; health care finance; health nal health clearances; evaluations and cal supply procurement; assurance of ance of appropriate hygiene resources; resources. (Core)

e in the administration of health services pliance with policies, procedures, laws, iliarity with contractual relationships; cal records documentation and pre)

e in medication management specific to tion administration, formulary, drug n. (Core)

e in interpersonal and communication patients and families; interprofessional ity staff members; outside health care nd laboratory staff, clinics); and law sses. (Core)

e in ensuring and improving patient safety.

e in areas of population health and social lations related to: (Core)

care inequities, including but not limited status; LGBTQIA+ identity; aging in nd separation from community and family;

elevant to carceral settings; and, (Core) gement relevant to carceral settings.

Skills

medical, diagnostic, and surgical r the area of practice. (Core)

nowledge

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

of systems-based care of patients who rectional (carceral) and transitional

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requiremen
IV.B.1.c).(1).(b)	occupational safety in correctional settings, including safety protocols; personal safety measures; and recognition of moral injury and occupational mental health; (Core)	4.6.b.	Fellows must demonstrate knowledge of settings, including safety protocols; pers of moral injury and occupational mental
IV.B.1.c).(1).(c)	health care ethics in carceral settings, including dual loyalty of health care professionals; custody issues and patient autonomy; patients' rights; care of people sentenced to death; research ethics; and use of restraints and administrative segregation; (Core)	4.6.c.	Fellows must demonstrate knowledge of including dual loyalty of health care profe autonomy; patients' rights; care of peopl and use of restraints and administrative
IV.B.1.c).(1).(d)	structural competence and cultural humility; (Core)	4.6.d.	Fellows must demonstrate knowledge of humility. (Core)
IV.B.1.c).(1).(e)	social and behavioral factors influencing the health care of justice-involved patients; (Core)	4.6.e.	Fellows must demonstrate knowledge of influencing the health care of justice-invo
IV.B.1.c).(1).(f)	historical, legal, political, social, and economic contexts of correctional systems and mass incarceration; and, (Core)	4.6.f.	Fellows must demonstrate knowledge of economic contexts of correctional system
IV.B.1.c).(1).(g)	advocacy in correctional and health policy. (Core)	4.6.g.	Fellows must demonstrate knowledge of policy. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of info patients, their families, and health pro
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

of occupational safety in correctional rsonal safety measures; and recognition al health. (Core)

of health care ethics in carceral settings, ofessionals; custody issues and patient ple sentenced to death; research ethics; e segregation. (Core)

of structural competence and cultural

of social and behavioral factors volved patients. (Core)

of historical, legal, political, social, and ems and mass incarceration. (Core)

of advocacy in correctional and health

ased Learning and Improvement y 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 oformation and collaboration with rofessionals. (Core)

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

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			 4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experiences These educational experiences include patient care responsibilities, clinical to events. (Core) 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protect didactic activities. (Core) 4.12. Curriculum Organization and Fe The program must provide instruction if applicable for the subspecialty, inclusion
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	substance use disorder. (Core)
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 Organization and Fellow I The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Curricular design must be consistent with the program's aims and each fellow's goals and must demonstrate a systematic approach, with attention to evidence-based principles and scientific literature. (Core)	4.10.a.	Curricular design must be consistent wir goals and must demonstrate a systemation based principles and scientific literature
IV.C.1.b)	The fellowship must include 10 months of clinical experience in correctional (carceral) settings. (Core)	4.10.b.	The fellowship must include 10 months (carceral) settings. (Core)
IV.C.1.b).(1)	At a minimum, there must be an educational experience in one jail for a period of four weeks and an educational experience in one prison for a period of four weeks. (Core)	4.10.b.1.	At a minimum, there must be an educati of four weeks and an educational experi weeks. (Core)
IV.C.1.c)	Fellows must have a dedicated educational experience related to care needs of children and adolescents who are detained or under court supervision (e.g., detention centers, transitional centers, group homes, diversion programs). (Core)	4.10.c.	Fellows must have a dedicated education children and adolescents who are detain detention centers, transitional centers, g (Core)
IV.C.1.d)	Fellows must have an educational experience related to mental health care in correctional facilities. (Core)	4.10.d.	Fellows must have an educational expension correctional facilities. (Core)
IV.C.1.e)	Fellows must have educational experiences in supporting care transitions inside and outside correctional settings. (Core)	4.10.e.	Fellows must have educational experien and outside correctional settings. (Core)
IV.C.1.e).(1)	Experiences must include transitions of care between correctional facilities; transitions of care for inpatient services; and transitional support for community re-entry. (Core)	4.10.e.1.	Experiences must include transitions of transitions of care for inpatient services; re-entry. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow I The program must provide instruction if applicable for the subspecialty, incl substance use disorder. (Core)

ellow Experiences – Curriculum

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

ellow Experiences – Didactic and

ected time to participate in core

Fellow Experiences – Pain Management on and experience in pain management cluding recognition of the signs of

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

vith the program's aims and each fellow's atic approach, with attention to evidencee. (Core)

of clinical experience in correctional

ational experience in one jail for a period erience in one prison for a period of four

ional experience related to care needs of nined or under court supervision (e.g., group homes, diversion programs).

erience related to mental health care in

ences in supporting care transitions inside e)

f care between correctional facilities; s; and transitional support for community

/ Experiences – Pain Management on and experience in pain management cluding recognition of the signs of

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IV.C.2.(a)	Fellows must have clinical experience in the diagnosis and treatment of substance use disorders, including medication-assisted treatment training. (Core)	4.12.a.	Fellows must have clinical experience in substance use disorders, including med (Core)
IV.C.3.	The curriculum must include instruction in:	[None]	
IV.C.3.a)	behavioral and social factors that influence patient care; (Core)	4.11.a.	The curriculum must include instruction i influence patient care. (Core)
IV.C.3.b)	addressing situational and organizational demands of patient care practice and referrals inside prisons, jails, and detention facilities related to: primary care; chronic illness management; preventive care; emergent health issues, including those resulting from violence or self-injury; suicide prevention; mental disorders; substance use disorders; care of people with intellectual or developmental disabilities; psychosocial and behavioral issues related to confinement; infectious disease and control; wound care; environmental health; oral health; and special populations, including but not limited to women's health, transgender health, child and adolescent health, and geriatric health; (Core)	4.11.b.	The curriculum must include instruction is organizational demands of patient care p jails, and detention facilities related to: p management; preventive care; emergen from violence or self-injury; suicide preve disorders; care of people with intellectual psychosocial and behavioral issues relat and control; wound care; environmental populations, including but not limited to v child and adolescent health, and geriatri
IV.C.3.c)	care management in the following areas for patients who are incarcerated: mental health and substance disorder treatment services; transition support for community re-entry; transfers for inpatient care; transfers to other correctional facilities; trauma-informed care; hospice and end-of-life care; health care proxies and advance directives; patient functional assessment; patient engagement; treatment in enhanced or specialized restraint situations; and fellows' role in participating in security measures; (Core)	4.11.c.	The curriculum must include instruction i areas for patients who are incarcerated: treatment services; transition support for inpatient care; transfers to other correction hospice and end-of-life care; health care functional assessment; patient engagem specialized restraint situations; and fellow measures. (Core)
IV.C.3.d)	health resource management within correctional facilities related to: budget management; health care finance; health care workforce and staffing; occupational health clearances; evaluations and accommodations for disabilities; medical supply procurement; assurance of appropriate nutrition resources; assurance of appropriate hygiene resources; and assurance of appropriate exercise resources; (Core)	4.11.d.	The curriculum must include instruction is correctional facilities related to: budget n care workforce and staffing; occupational accommodations for disabilities; medical appropriate nutrition resources; assurant and assurance of appropriate exercise n
IV.C.3.e)	administration of health services in correctional settings related to: compliance with policies, procedures, laws, regulations, and consent decrees; familiarity with contractual relationships; human resources in corrections; medical records documentation and management; and media relations; (Core)	4.11.e.	The curriculum must include instruction correctional settings related to: compliar regulations, and consent decrees; familian human resources in corrections; medican management; and media relations. (Corr
IV.C.3.f)	medication management specific to correctional settings related to medication administration, formulary, drug diversion, and treatment over objection; (Core)	4.11.f.	The curriculum must include instruction i correctional settings related to medicatic diversion, and treatment over objection.
IV.C.3.g)	interpersonal and communication skills in correctional settings, including patients and families; interprofessional care teams, including correctional facility staff members; outside health care facilities and services (e.g., hospital and laboratory staff, clinics); and law enforcement, legal, and judicial processes; (Core)	4.11.g.	The curriculum must include instruction i skills in correctional settings, including p care teams, including correctional facility facilities and services (e.g., hospital and enforcement, legal, and judicial processe
IV.C.3.h)	ensuring and improving patient safety; (Core)	4.11.h.	The curriculum must include instruction (Core)

in the diagnosis and treatment of edication-assisted treatment training.

n in behavioral and social factors that

n in addressing situational and e practice and referrals inside prisons, : primary care; chronic illness ent health issues, including those resulting evention; mental disorders; substance use tual or developmental disabilities; elated to confinement; infectious disease al health; oral health; and special o women's health, transgender health, attric health. (Core)

In in care management in the following d: mental health and substance disorder for community re-entry; transfers for ctional facilities; trauma-informed care; are proxies and advance directives; patient ement; treatment in enhanced or llows' role in participating in security

in in health resource management within it management; health care finance; health onal health clearances; evaluations and cal supply procurement; assurance of ance of appropriate hygiene resources; e resources. (Core)

in in administration of health services in iance with policies, procedures, laws, hiliarity with contractual relationships; cal records documentation and ore)

n in medication management specific to ition administration, formulary, drug n. (Core)

n in interpersonal and communication patients and families; interprofessional lity staff members; outside health care nd laboratory staff, clinics); and law sses. (Core)

n in ensuring and improving patient safety.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requiremen
IV.C.3.i)	areas of population health and social drivers of health for incarcerated populations related to: (Core)	4.11.i.	The curriculum must include instruction drivers of health for incarcerated population
IV.C.3.i).(1)	structural and social health and health care inequities, including but not limited to: race and ethnicity; socioeconomic status; LGBTQIA+ identity; aging in correctional facilities; social isolation and separation from community and family; and behavioral health; (Core)	4.11.i.1.	structural and social health and health ca to: race and ethnicity; socioeconomic sta correctional facilities; social isolation and and behavioral health; (Core)
IV.C.3.i).(2)	epidemiology and disease outbreaks relevant to carceral settings; and, (Core)	4.11.i.2.	epidemiology and disease outbreaks rele
IV.C.3.i).(3)	public health data collection and management relevant to carceral settings. (Core)	4.11.i.3.	public health data collection and manage (Core)
IV.C.3.j)	systems-based care of patients who are incarcerated within a variety of correctional (carceral) and transitional settings (e.g., re-entry); (Core)	4.11.j.	The curriculum must include instruction i are incarcerated within a variety of correstettings (e.g., re-entry). (Core)
IV.C.3.k)	occupational safety in correctional settings, including safety protocols; personal safety measures; and recognition of moral injury and occupational mental health; (Core)	4.11.k.	The curriculum must include instruction i settings, including safety protocols; perso of moral injury and occupational mental l
IV.C.3.I)	health care ethics in carceral settings, including dual loyalty of health care professionals; custody issues and patient autonomy; patients' rights; care of people sentenced to death; research ethics; and use of restraints and administrative segregation; (Core)	4.11.l.	The curriculum must include instruction i including dual loyalty of health care profe autonomy; patients' rights; care of people and use of restraints and administrative set in the set of
IV.C.3.m)	structural competence and cultural humility; (Core)	4.11.m.	The curriculum must include instruction i humility. (Core)
IV.C.3.n)	social and behavioral factors influencing the health care of justice-involved patients' health care; (Core)	4.11.n.	The curriculum must include instruction i influencing the health care of justice-invo
IV.C.3.o)	historical, legal, political, social, and economic contexts of correctional systems and mass incarceration; and, (Core)	4.11.o.	The curriculum must include instruction i economic contexts of correctional system
IV.C.3.p)	advocacy in correctional and health policy. (Core)	4.11.p.	The curriculum must include instruction i policy. (Core)
IV.C.4.	The program must provide a course of regular didactic instruction that is consistent with the medical knowledge related to caring for people who are incarcerated and that is coordinated with experiences appropriate for each fellow's level of education. (Detail)	4.11.q.	The program must provide a course of re consistent with the medical knowledge re incarcerated and that is coordinated with fellow's level of education. (Detail)

n in areas of population health and social lations related to: (Core)

care inequities, including but not limited status; LGBTQIA+ identity; aging in nd separation from community and family;

elevant to carceral settings; and, (Core) gement relevant to carceral settings.

n in systems-based care of patients who rectional (carceral) and transitional

ו in occupational safety in correctional rsonal safety measures; and recognition al health. (Core)

n in health care ethics in carceral settings, ofessionals; custody issues and patient ple sentenced to death; research ethics; e segregation. (Core)

n in structural competence and cultural

n in social and behavioral factors volved patients' health care. (Core) n in historical, legal, political, social, and ems and mass incarceration. (Core) n in advocacy in correctional and health

regular didactic instruction that is related to caring for people who are ith experiences appropriate for each

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Dominomor
Number		Requirement number	Requiremer
	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.		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
IV.D.	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]	The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expec- will reflect its mission(s) and aims, and serves. For example, some programs activity on quality improvement, pop- other programs might choose to utili research as the focus for scholarship
		[]	Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evide with its mission(s) and aims. (Core)
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 with its mission(s) and aims. (Core)
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 activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, educatio or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation too electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education

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

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

dence of scholarly activities, consistent

dence of scholarly activities, consistent

Sponsoring Institution, must allocate low and faculty involvement in scholarly

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

It safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	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 Peer-reviewed grants 		•Research in basic science, education or population health •Peer-reviewed grants
	 •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical 		•Quality improvement and/or patient s •Systematic reviews, meta-analyses, r
	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 committ
IV.D.2.a)	editorial boards •Innovations in education	4.14.	editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fol
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor. (Outcome)	4.14.a.1.	faculty participation in grand rounds, improvement presentations, podium p peer-reviewed print/electronic resourc chapters, textbooks, webinars, service serving as a journal reviewer, journal (Outcome)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Fellows must participate in a national lea
IV.D.3.a)		4.15.	Fellow Scholarly Activity Fellows must participate in a national lea
IV.D.3.b)	Fellows must participate in a quality improvement project. (Core)	4.15.a.	Fellows must participate in a quality impr
IV.D.3.c)	Fellows should disseminate scholarly activity through presentation or publication in local, regional, or national venues. (Core)	4.15.b.	Fellows should disseminate scholarly act in local, regional, or national venues. (Co
IV.E.	Independent Practice Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.	[None]	Independent Practice Fellowship programs may assign fello practice of their core specialty during
IV.E.1.	If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)	4.16.	If programs permit their fellows to util it must not exceed 20 percent of their
IV.E.1.a)	Fellows must not practice independently in correctional facilities. (Core)	4.16. 4.16.a.	academic year. Core) Fellows must not practice independently
V.	Evaluation	Section 5	Section 5: Evaluation
			Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.	Fellow Evaluation	5.1.	

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

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

semination of scholarly activity within ollowing 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.

earning collaborative, if available. (Core)

earning collaborative, if available. (Core) provement project. (Core)

activity through presentation or publication Core)

llows to engage in the independent ng their fellowship program.

tilize the independent practice option, ir time per week or 10 weeks of an

ly in correctional facilities. (Core)

aluation

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durineducational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than the must be documented at least every the
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as 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
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; (Core)	5.1.c.	The program director or their designer Competency Committee, must meet we documented semi-annual evaluation of along the subspecialty-specific Milest
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their 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
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sun includes their readiness to progress t 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 performaby the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)

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

valuation

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

the completion of the assignment.

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

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

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

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

ical Competency Committee for its formance and improvement toward

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

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

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

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

mance must be accessible for review

a final evaluation for each fellow upon

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
	become part of the fellow's permanent record maintained by the		The final evaluation must become par
V.A.2.a).(2).(a)	institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	maintained by the institution, and mus fellow in accordance with institutional
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the knowledge, skills, and behaviors nece (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competenc members, at least one of whom is a co be faculty members from the same pro health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee r least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee r progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee r annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to o performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)

a final evaluation for each fellow upon

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

art of the fellow's permanent record just 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 specialty-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.

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

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Number	Requirement Language	Requirement Number	
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback on their e annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational evaluations sho
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program E conduct and document the Annual Program Evalu- program's continuous improvement process. (Cor
			Program Evaluation and Improvement
	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the	5.5	The program director must appoint the Program Exconduct and document the Annual Program Evaluation of the Annual Program Evaluation of the Program Evaluation of the Program and the Program Evaluation of the Program and the Program Evaluation of the Pro
V.C.1	program's continuous improvement process. (Core)	5.5.	program's continuous improvement process. (Cor The Program Evaluation Committee must be comp
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.	program faculty members, at least one of whom is and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities mu program's self-determined goals and progress tow (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities mu ongoing program improvement, including develop based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities mu current operating environment to identify strength opportunities, and threats as related to the program (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 should consid prior Annual Program Evaluation(s), aggregate fell evaluations of the program, and other relevant dat 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 must evaluate and aims, strengths, areas for improvement, and the strength of
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, including the actidistributed to and discussed with the fellows and teaching faculty, and be submitted to the DIO. (Con
	The program must participate in a Self-Study and submit it to the DIO.		The program must participate in a Self-Study and s
V.C.2.	(Core)	5.5.h.	(Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited education is to edu seek and achieve board certification. One measure the educational program is the ultimate pass rate.
	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.		The program director should encourage all eligible take the certifying examination offered by the appl of Medical Specialties (ABMS) member board or A
V.C.3.		[None]	Association (AOA) certifying board.

evaluations at least

hould be incorporated into

Evaluation Committee to luation as part of the ore)

Evaluation Committee to luation as part of the ore)

nposed of at least two is a core faculty member,

must include review of the ward meeting them.

must include guiding pment of new goals,

must include review of the ths, challenges, ram's mission and aims.

ider the outcomes from ellow and faculty written ata in its assessment of

te the program's mission threats. (Core)

ction plan, must be d the members of the core)

submit it to the DIO.

educate physicians who ure of the effectiveness of e.

ble program graduates to oplicable American Board American Osteopathic

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V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
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 both that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
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

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)

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Marking Environme
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environm Fellowship education must occur in t environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team		•Commitment to the well-being of the members, and all members of the hea
VI. VI.A.	Patient Safety Quality Improvement, Supervision, and Assountability	Section 6	
VI.A. VI.A.1.	Patient Safety, Quality Improvement, Supervision, and Accountability Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety and Quality improvement	[None] [None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou a willingness to transparently deal wi has formal mechanisms to assess the its personnel toward safety in order to
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, ar patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti- changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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ment the context of a learning and working blowing principles:

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e students, residents, fellows, faculty ealth care team

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

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

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team men interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
	Quality Metrics		Quality Metrics
VI.A.1.a).(3)	Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Access to data is essential to prioritiz and evaluating success of improvement
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient po
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons to the supervision of all patient care.
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 provi information must be available to fello of the health care team, and patients.

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 nent efforts.

receive data on quality metrics and populations. (Core)

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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.a).(2).(a)	Programs must ensure participating sites' provision of safety protocols and resources. (Core)	6.6.a.	Programs must ensure participating site resources. (Core)
VI.A.2.a).(2).(b)	Prior to progressing beyond direct supervision, a faculty member or other supervisor must assess the fellow's knowledge of and ability to demonstrate compliance with occupational safety protocols of that participating site. (Core)	6.6.b.	Prior to progressing beyond direct super supervisor must assess the fellow's know compliance with occupational safety pro-
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.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pat fellow and the supervising physician patient care through appropriate teled
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat fellow and the supervising physician patient care through appropriate teled
VI.A.2.b).(1).(a).(i)	The program must define those physician tasks for which fellows may be supervised indirectly, with direct supervision available, and must define "direct supervision" in the context of the participating site. (Core)	6.7.a.	The program must define those physicia supervised indirectly, with direct supervis supervision" in the context of the particip
VI.A.2.b).(1).(a).(ii)	The program must have a process for orienting fellows to site-specific safety issues and rotational safety when transitioning between educational experiences at participating sites. (Core)	6.7.b.	The program must have a process for or issues and rotational safety when transit at participating sites. (Core)
VI.A.2.b).(1).(a).(iii)	The program must define those physician tasks for which fellows must be supervised directly until they have demonstrated competence as defined by the program director. (Core)	6.7.c.	The program must define those physicia supervised directly until they have demo program director. (Core)

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

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

es' provision of safety protocols and

ervision, a faculty member or other owledge of and ability to demonstrate rotocols of that participating site. (Core)

rvision while providing for graded gram must use the following

ally present with the fellow during the on.

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

cally present with the fellow during the on.

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

ian tasks for which fellows may be vision available, and must define "direct sipating site. (Core)

orienting fellows to site-specific safety sitioning between educational experiences

ian tasks for which fellows must be nonstrated competence as defined by the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or pat fellow and the supervising physician patient care through appropriate telev
VI.A.2.b).(1).(b).(i)	The program must specify the protocols of the participating site for the opportunity/approval for telecommunication technology and supervision. (Core)	6.7.d.	The program must specify the protocols opportunity/approval for telecommunication
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)

cally present with the fellow during the on.

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

ls of the participating site for the action technology and supervision. (Core)

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
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 meaning that each fellow finds in the including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe of
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, 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 erning 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 the ne experience of being a physician, ents, providing administrative support, ice and flexibility, and enhancing

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Well-Being		
	Psychological, emotional, and physical well-being are critical in the		Well-Being Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		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		proactive attention to life inside and requires that physicians retain the jo
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and i
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and		professionalism; they are also skills
	nurtured in the context of other aspects of fellowship training.		nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at r
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		same responsibility to address well-b
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and		clinical learning environment models
	prepares fellows with the skills and attitudes needed to thrive throughout	Th 1	prepares fellows with the skills and a
VI.C.	their careers.	[None]	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:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)		6.13.b.	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)
	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their		Fellows must be given the opportunit and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to		identification of the symptoms of bur disorders, suicidal ideation, or poten
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek appropriate		recognition of these symptoms in the
VI.C.1.d).(2)	care; and, (Core)	6.13.d.2.	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-s
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care	0.40 -	counseling, and treatment, including
/I.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fel
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, il
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient	6 4 4	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 ioy 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 Is constructive behaviors, and I attitudes needed to thrive throughout

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

nity to attend medical, mental health, 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 appropriate

-screening. (Core)

fordable mental health assessment, ig 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

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VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of the second s
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe trar may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
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
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ad

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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
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vation, alertness management, and
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Sponsoring Institution, must ensure
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home. (Core)
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oort services. (Core)
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environment that maximizes interprofessional, team-based care in
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gnments to optimize transitions in
requency, and structure. (Core)
Sponsoring Institutions, must ensure
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are competent in communicating with
ess. (Outcome)
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Sponsoring Institutions, must design

is configured to provide fellows with opportunities, as well as reasonable activities.

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	Maximum Hours of Clinical and Educational Work per Week		Kequiremen
VI.F.1.	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
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 effec education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give a patient or patient's family; or to atte (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give a patient or patient's family; or to atte (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)

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

rk and Education between scheduled clinical work and

rk and Education between scheduled clinical work and

free of clinical work and education e)

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

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

ion Period Length

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

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

Exceptions

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Exceptions

g off all other responsibilities, a fellow, remain or return to the clinical site in tinue to provide care to a single we humanistic attention to the needs of tend unique educational events.

lucation must be counted toward the

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

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