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

tion

dical education beyond a core to desire to enter more specialized ns serve the public by providing clude core medical care, acting as a their field, creating and integrating ucating future generations of tion values the strength that a diverse al care, and the importance of arning environments.

cy are able to practice autonomously ical experience and expertise of ians entering residency. The fellow's lty is undertaken with appropriate independence. Faculty members serve ssion, cultural sensitivity, re fellow develops deep medical expertise applicable to their focused ensive program of subspecialty ocuses on the multidisciplinary care often physically, emotionally, and in a variety of clinical learning medical education and the wellfaculty members, students, and all

y fellowship programs advance . While the ability to create new clusive to fellowship-educated e expands a physician's abilities to inquiry that results in contributions to e. Beyond the clinical subspecialty mentored relationships built on an ative research.

Definition of Subspecialty Definition of Subspecialty The subspeciality of hospice and palliative medicine represents the medical component of the broaghout the court of the broaghout the court making. The subspeciality of hospice and palliative medicine represents the medical component of the broaghout the court of the broaghout the	Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
The subspeciality of hospice and pallia component of the broad therapeutic in subspecialists seek to reduce the burn best quality of life throughout the count that contribute to the suffering of the p Palliative care addresses physical, ps patients and their families, and provid making. The major clinical skills central to the medicine are the prevention (when possible), asses psychological, and spiritual suffering to their families. Hospice and palliative medicine is dis • a high level of expertise in address patients with serious illnesses, includi	Int.B.	The subspecialty of hospice and palliative medicine represents the medical component of the broad therapeutic model known as palliative care. These subspecialists seek to reduce the burden of serious illness by supporting the best quality of life throughout the course of a disease, and by managing factors	[None]	The subspecialty of hospice and palliative component of the broad therapeutic mode subspecialists seek to reduce the burden best quality of life throughout the course of that contribute to the suffering of the patie Palliative care addresses physical, psych patients and their families, and provides a making. The major clinical skills central to the sub- medicine are the prevention (when possible), assessme psychological, and spiritual suffering face
				The subspecialty of hospice and palliative component of the broad therapeutic mode subspecialists seek to reduce the burden best quality of life throughout the course of that contribute to the suffering of the patie Palliative care addresses physical, psych patients and their families, and provides a making. The major clinical skills central to the sub medicine are the prevention (when possible), assessme psychological, and spiritual suffering face

ve medicine represents the medical del known as palliative care. These en of serious illness by supporting the e of a disease, and by managing factors tient and the patient's family. chological, social, and spiritual needs of s assistance with medical decision-

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ment and management of physical, ed by patients with serious illness and

guished from other disciplines by: ng the multi-dimensional needs of skills in symptom-control interventions; cal and non-clinical issues related to bereavement; team approach; and, the unit of care.

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the unit of care.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Int.B.2.	The major clinical skills central to the subspecialty of hospice and palliative medicine are the prevention (when possible), assessment, and management of physical, psychological, and spiritual suffering faced by patients with serious illness and their families.	[None]	Definition of Subspecialty The subspecialty of hospice and palliative component of the broad therapeutic mode subspecialists seek to reduce the burden best quality of life throughout the course of that contribute to the suffering of the patie Palliative care addresses physical, psych patients and their families, and provides a making. The major clinical skills central to the sub- medicine are the prevention (when possible), assessme psychological, and spiritual suffering face their families. Hospice and palliative medicine is disting • a high level of expertise in addressing patients with serious illnesses, including s • a high level of expertise in both clinical serious illness, the dying process, and be • a commitment to an interdisciplinary t • a focus on the patient and family as the
			Definition of Subspecialty The subspecialty of hospice and palliative component of the broad therapeutic mode subspecialists seek to reduce the burden best quality of life throughout the course of that contribute to the suffering of the patie Palliative care addresses physical, psych patients and their families, and provides a making. The major clinical skills central to the sub medicine are the prevention (when possible), assessm psychological, and spiritual suffering face their families. Hospice and palliative medicine is disting • a high level of expertise in addressing patients with serious illnesses, including s • a high level of expertise in both clinical serious illness, the dying process, and be • a commitment to an interdisciplinary t
Int.B.3.	Hospice and palliative medicine is distinguished from other disciplines by:	[None]	• a focus on the patient and family as the

ve medicine represents the medical del known as palliative care. These n of serious illness by supporting the e of a disease, and by managing factors tient and the patient's family. chological, social, and spiritual needs of assistance with medical decision-

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Int.B.3.a)	a high level of expertise in addressing the multi-dimensional needs of patients with serious illnesses, including skills in symptom-control interventions;	[None]	Definition of Subspecialty The subspecialty of hospice and palliative component of the broad therapeutic mode subspecialists seek to reduce the burden best quality of life throughout the course of that contribute to the suffering of the patie Palliative care addresses physical, psych patients and their families, and provides a making. The major clinical skills central to the sub- medicine are the prevention (when possible), assessme psychological, and spiritual suffering face their families. Hospice and palliative medicine is disting • a high level of expertise in addressing patients with serious illnesses, including s • a high level of expertise in both clinical serious illness, the dying process, and be • a commitment to an interdisciplinary t • a focus on the patient and family as the
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Int.B.3.b)	a high level of expertise in both clinical and non-clinical issues related to serious illness, the dying process, and bereavement;	[None]	 a commitment to an interdisciplinary to a focus on the patient and family as to

ive medicine represents the medical odel known as palliative care. These en of serious illness by supporting the e of a disease, and by managing factors itient and the patient's family. chological, social, and spiritual needs of s assistance with medical decision-

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			making.
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			medicine are
			the prevention (when possible), assessme
			psychological, and spiritual suffering faced
			their families.
			Hospice and palliative medicine is distingu
			 a high level of expertise in addressing
			 patients with serious illnesses, including s a high level of expertise in both clinical
			serious illness, the dying process, and be
			 a commitment to an interdisciplinary te
Int.B.3.c)	a commitment to an interdisciplinary team approach; and,	[None]	 a focus on the patient and family as the
			Definition of SubspecialtyThe subspecialty of hospice and palliativecomponent of the broad therapeutic modesubspecialists seek to reduce the burdenbest quality of life throughout the course ofthat contribute to the suffering of the patiePalliative care addresses physical, psychopatients and their families, and provides amaking.The major clinical skills central to the subsmedicine arethe prevention (when possible), assessmepsychological, and spiritual suffering facedtheir families.Hospice and palliative medicine is distinged
		 a high level of expertise in addressing patients with serious illnesses, including s a high level of expertise in both clinical serious illness, the dying process, and be a commitment to an interdisciplinary to 	
Int.B.3.d)	a focus on the patient and family as the unit of care.	[None]	 a focus on the patient and family as the
·			Length of Educational Program
	The educational program in hospice and palliative medicine must be 12 months		A fellowship program in hospice and pallia
Int.C.	in length. (Core)	4.1.	months of education in the subspecialty. (
I	Oversight	Section 1	Section 1: Oversight

ve medicine represents the medical del known as palliative care. These n of serious illness by supporting the e of a disease, and by managing factors tient and the patient's family. chological, social, and spiritual needs of assistance with medical decision-

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liative medicine must consist of 12 . (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	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 orgar ultimate financial and academic respor 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 not most commonly utilized site of clinical primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring	1.1.	Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization p or educational assignments/rotations f
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spon primary clinical site. (Core)
I.B.1.a)	A hospice and palliative medicine program will be accredited only if the Sponsoring Institution also sponsors an ACGME-accredited program in at least one of the following specialties: anesthesiology, family medicine, internal medicine, pediatrics, psychiatry, or radiation oncology. (Core)	1.2.a.	A hospice and palliative medicine program Sponsoring Institution also sponsors an A one of the following specialties: anesthesi medicine, pediatrics, psychiatry, or radiation
	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the		There must be a program letter of agree and each participating site that govern
I.B.2.	program and the participating site providing a required assignment. (Core)		program and the participating site prov
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core) be approved by the designated institutional official (DIO). (Core)	1.3.a. 1.3.b.	The PLA must be renewed at least ever (Core)
I.B.2.a).(2) I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinical at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must be by the program director, who is accour site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit any participating sites routinely providing a for all fellows, of one month full time ed ACGME's Accreditation Data System (A
I.B.5.	The program should ensure that fellows are not unduly burdened by required rotations at geographically distant sites. (Core)	1.6.a.	The program should ensure that fellows a rotations at geographically distant sites. (C
I.C.	The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its Sp in practices that focus on mission-drive and retention of a diverse and inclusive fellows, faculty members, senior admin other relevant members of its academic
I.D.	Resources	1.8.	Resources The program, in partnership with its Sp the availability of adequate resources f

anization or entity that assumes the onsibility for a program of graduate e ACGME Institutional Requirements.

ot a rotation site for the program, the all activity for the program is the

providing educational experiences for fellows.

onsoring Institution, must designate a

am will be accredited only if the ACGME-accredited program in at least siology, family medicine, internal ation oncology. (Core)

reement (PLA) between the program rns the relationship between the oviding a required assignment. (Core)

ery 10 years. (Core)

al learning and working environment

be one faculty member, designated untable for fellow education for that n director. (Core)

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

are not unduly burdened by required (Core)

I

Sponsoring Institution, must engage iven, ongoing, systematic recruitment ve workforce of residents (if present), inistrative GME staff members, and nic community. (Core)

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

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requirement
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its Sp the availability of adequate resources f
I.D.1.a)	Facilities/Participating Sites	1.8.a.	Facilities/Participating Sites The program's participating sites must inc including inpatient acute care, long-term c practice settings. (Core)
I.D.1.a).(1)	The program's participating sites must include at least four types of locations, including inpatient acute care, long-term care, home visits, and ambulatory practice settings. (Core)	1.8.a.	Facilities/Participating Sites The program's participating sites must inc including inpatient acute care, long-term c practice settings. (Core)
I.D.1.a).(1).(a)	Hospice visits provided in these locations of care should be provided through a Medicare-certified or Veterans Administration (VA) program. (Detail)	1.8.a.1.	Hospice visits provided in these locations Medicare-certified or Veterans Administration
I.D.1.b)	The program must ensure that fellows have access to a patient population adequate to meet the needs of the fellowship. The population must represent a broad range of diagnoses and palliative care needs, including patients with advanced conditions. (Core)	1.8.b.	Patient Population The program must ensure that fellows hav adequate to meet the needs of the fellows broad range of diagnoses and palliative ca advanced conditions. (Core)
I.D.1.b).(1)	The patient population should include patients of all ages, including the full pediatric age range (neonatal through adolescent/young adult). (Detail)	1.8.b.1.	The patient population should include pati pediatric age range (neonatal through ado
I.D.1.b).(2)	The patient population should include children with chronic conditions and children with palliative care needs who may recover. (Detail)	1.8.b.2.	The patient population should include child child child children with palliative care needs who ma
l.D.1.b).(3)	The patient population should include individuals of diverse socioeconomic and cultural backgrounds. (Detail)	1.8.b.3.	The patient population should include indi cultural backgrounds. (Detail)
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)
l.D.2.b)	for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call; (Core)	1.9.b.	for fellows with proximity appropriate f are assigned in-house call; (Core)
l.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe pati
l.D.2.d)	(Core)	1.9.d.	(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 disab Sponsoring Institution's policy. (Core)
	appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text		appropriate reference material in print of include access to electronic medical lit
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)
l.D.3.		1.10.	
I.D.3. I.E.	capabilities. (Core)	1.10.	capabilities. (Core)Other Learners and Health Care PersonThe presence of other learners and heanot limited to residents from other progadvanced practice providers, must notfellows' education. (Core)

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

nclude at least four types of locations, care, home visits, and ambulatory

nclude at least four types of locations, care, home visits, and ambulatory

ns of care should be provided through a ration (VA) program. (Detail)

ave access to a patient population wship. The population must represent a care needs, including patients with

atients of all ages, including the full dolescent/young adult). (Detail)

nildren with chronic conditions and may recover. (Detail)

dividuals of diverse socioeconomic and

g environments that promote fellow

for safe patient care, if the fellows

on that have refrigeration capabilities, atient care; (Core)

abilities consistent with the

t or electronic format. This must literature databases with full text

onnel

ealth care personnel, including but ograms, subspecialty fellows, and ot negatively impact the appointed

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
II.A.	Program Director	2.1.	Program Director There must be one faculty member app authority and accountability for the ove with all applicable program requiremen
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 app authority and accountability for the ove with all applicable program requiremen
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 prog program director's licensure and clinic
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 applicabl must be provided with support adequa based upon its size and configuration.
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director must and support specified below for administra
	Number of Approved Fellow Positions: <7 Minimum Support Required (FTE): 0.20 Number of Approved Fellow Positions: 7-9 Minimum Support Required (FTE):		Number of Approved Fellow Positions: <7 0.20 Number of Approved Fellow Positions: 7-9
	0.25 Number of Approved Fellow Positions: 10-12 Minimum Support Required (FTE): 0.30		0.25 Number of Approved Fellow Positions: 10 (FTE): 0.30
	Number of Approved Fellow Positions: 13-15 Minimum Support Required (FTE): 0.35 Number of Approved Fellow Positions: 16-18 Minimum Support Required (FTE): 0.40		Number of Approved Fellow Positions: 13- (FTE): 0.35 Number of Approved Fellow Positions: 16- (FTE): 0.40
II.A.2.a)	Number of Approved Fellow Positions: >18 Minimum Support Required (FTE): 0.45	2.3.a.	Number of Approved Fellow Positions: >1 0.45

ppointed as program director with overall program, including compliance ents. (Core)

ppointed as program director with verall program, including compliance ents. (Core)

te Medical Education Committee ogram director and must verify the lical appointment. (Core)

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

st be provided with the dedicated time tration of the program: (Core)

<7 | Minimum Support Required (FTE):</pre>

7-9 | Minimum Support Required (FTE):

10-12 | Minimum Support Required

13-15 | Minimum Support Required

6-18 | Minimum Support Required

>18 | Minimum Support Required (FTE):

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core)		Programs must appoint at least one of the members to be associate program directo must be provided with support equal to a administration of the program as follows:
	Number of Approved Fellow Positions: <7 Minimum Aggregate Support Required (FTE): Refer to PR II.B.4.e) Number of Approved Fellow Positions: 7-9 Minimum Aggregate Support Required (FTE): 0.13 Number of Approved Fellow Positions: 10-12 Minimum Aggregate Support Required (FTE): 0.14 Number of Approved Fellow Positions: 13-15 Minimum Aggregate Support Required (FTE): 0.15 Number of Approved Fellow Positions: 16-18 Minimum Aggregate Support Required (FTE): 0.16 Number of Approved Fellow Positions: >18 Minimum Aggregate Support	2.3.b.	Number of Approved Fellow Positions: <7 Required (FTE): Refer to PR 2.10.e. Number of Approved Fellow Positions: 7-9 Required (FTE): 0.13 Number of Approved Fellow Positions: 10 Required (FTE): 0.14 Number of Approved Fellow Positions: 13 Required (FTE): 0.15 Number of Approved Fellow Positions: 16 Required (FTE): 0.16 Number of Approved Fellow Positions: >1 Poguired (FTE): 0.17
II.A.2.b)	Required (FTE): 0.17	2.3.D.	Required (FTE):0.17Qualifications of the Program Director
II.A.3.	Qualifications of the program director:	2.4.	The program director must possess su qualifications acceptable to the Review
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess su qualifications acceptable to the Review
II.A.3.a).(1)	The program director must have an active clinical practice in hospice and palliative medicine. (Core)	2.4.b.	The program director must have an active palliative medicine. (Core)
II.A.3.a).(2)	The program director must have a record of involvement in education and scholarly activities, which includes mentoring fellows (i.e., guiding fellows in the acquisition of competence in the clinical, teaching, research and advocacy skills pertinent to the discipline), serving as a clinical supervisor in an inpatient or outpatient setting, developing curricula, and/or participating in didactic activities. (Core)	2.4.c.	The program director must have a record scholarly activities, which includes mentor acquisition of competence in the clinical, t pertinent to the discipline), serving as a cl outpatient setting, developing curricula, ar (Core)
II.A.3.a).(3)	The program director must have served a minimum of two years in a clinical practice of hospice and palliative medicine. (Core)	2.4.d.	The program director must have served a practice of hospice and palliative medicine
II.A.3.a).(4)	The program director must have at least two years of documented educational and/or administrative experience in an ACGME-accredited hospice and palliative medicine program. (Core)	2.4.e.	The program director must have at least to and/or administrative experience in an AC medicine program. (Core)
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiology, or Surgery or 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 cu subspecialty for which they are the pro Board of Anesthesiology, Emergency Me Medicine, Obstetrics and Gynecology, Pe Rehabilitation, Psychiatry and Neurology, certifying board of the American Osteo qualifications that are acceptable to the

the subspecialty-certified core faculty ctor(s). The associate program director(s) a dedicated minimum time for s: (Core)

<7 | Minimum Aggregate Support

7-9 | Minimum Aggregate Support

10-12 | Minimum Aggregate Support

13-15 | Minimum Aggregate Support

6-18 | Minimum Aggregate Support

>18 | Minimum Aggregate Support

or

subspecialty expertise and ew Committee. (Core)

or

subspecialty expertise and ew Committee. (Core)

ve clinical practice in hospice and

rd of involvement in education and toring fellows (i.e., guiding fellows in the I, teaching, research and advocacy skills clinical supervisor in an inpatient or and/or participating in didactic activities.

a minimum of two years in a clinical ine. (Core)

t two years of documented educational ACGME-accredited hospice and palliative

current certification in the program director by the American Medicine, Family Medicine, Internal Pediatrics, Physical Medicine and gy, Radiology, or Surgery or by a eopathic Association, or subspecialty the Review Committee. (Core)

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requirement
II.A.4.	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 respon accountability for: administration and c activity; fellow recruitment and selection fellows, and disciplinary action; superv education in the context of patient care
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 mo
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 common 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.	environment conducive to educating th Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	physicians and non-physicians as facu sites, including the designation of core develop and oversee a process to evalu (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 au supervising interactions and/or learning the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit accured and requested by the DIO, GM
II.A.4.a).(7)	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.	which fellows have the opportunity to r and provide feedback in a confidential of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the p Sponsoring Institution's policies and p due process, including when action is t promote, or renew the appointment of a
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the program director must ensure the program of the second program of the sec
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	fellows within 30 days of completion of (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 veri education upon the fellow's request, wi
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	with information related to their eligibili examination(s). (Core)

oonsibility, authority, and d operations; teaching and scholarly tion, evaluation, and promotion of ervision of fellows; and fellow re. (Core)

nodel of professionalism. (Core)

d conduct the program in a fashion munity, the mission(s) of the on(s) of the program. (Core) the fellows in each of the ACGME

culty members at all participating re faculty members, and must aluate candidates prior to approval.

authority to remove fellows from ing environments that do not meet

curate and complete information MEC, and ACGME. (Core)

o raise concerns, report mistreatment, Il manner as appropriate, without fear

e program's compliance with the procedures related to grievances and s taken to suspend or dismiss, not to f a fellow. (Core)

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

a non-competition guarantee or

of or departure from the program.

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

oility for the relevant specialty board

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and		 Faculty Faculty members are a foundational electron – faculty members teach fele Faculty members provide an important and become practice ready, ensuring to quality of care. They are role models for by demonstrating compassion, commination care, professionalism, and a defect of future colleagues. The the opportunity to teach and model excessionally approach to patient care, fac medical education system, improve the population. Faculty members ensure that patients from a specialist in the field. They record the patients, fellows, community, and it provide appropriate levels of supervise Faculty members create an effective legistering to professional manner and attending to provide appropriate develops of supervise professional manner and attending to provide appropriate develops of supervise professional manner and attending to provide appropriate develops of supervise professional manner and attending to provide appropriate develops of supervise professional manner and attending to provide appropriate develops of supervise professional manner and attending to provide appropriate develops of supervise professional manner and attending to provide appropriate develops of supervise professional manner and attending to provide approprise professional manner and provide professional manner provide provide professional manner provide professional provide prov
Ш.В.	<i>themselves.</i> There must be a sufficient number of faculty members with competence to	[None]	themselves. There must be a sufficient number of factors
II.B.1.	instruct and supervise all fellows. (Core)	2.6.	instruct and supervise all fellows. (Cor
II.B.1.a)	At least one faculty member must have expertise administering a hospice and palliative medicine program. (Core)	2.6.a.	At least one faculty member must have expalliative medicine program. (Core)
II.B.1.b)	Because of the nature of hospice and palliative medicine, the physician faculty should include representatives from appropriate medical subspecialties such as cardiology, critical care medicine, geriatric medicine, addiction medicine, and oncology, and from other specialties, such as anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, and surgery. (Detail)	2.6.b.	Because of the nature of hospice and pall should include representatives from appro cardiology, critical care medicine, geriatric oncology, and from other specialties, such medicine, family medicine, internal medic gynecology, pediatrics, physical medicine radiation oncology, and surgery. (Detail)
	Nurses, psychosocial clinicians (social workers or psychologists), and chaplains		Nurses, psychosocial clinicians (social wo
II.B.1.c) II.B.2	must have an active and defined role in teaching fellows. (Core) Faculty members must:	2.6.c. [None]	must have an active and defined role in te
		[]	Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.7.	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 co equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient ti fulfill their supervisory and teaching re
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 fe

element of graduate medical fellows how to care for patients. And bridge allowing fellows to grow of that patients receive the highest for future generations of physicians mitment to excellence in teaching and dedication to lifelong learning. de and joy of fostering the growth and he care they provide is enhanced by exemplary behavior. By employing a aculty members, through the graduate the health of the individual and the

ts receive the level of care expected cognize and respond to the needs of d institution. Faculty members ision to promote patient safety. learning environment by acting in a o the well-being of the fellows and

faculty members with competence to ore)

expertise administering a hospice and

alliative medicine, the physician faculty propriate medical subspecialties such as tric medicine, addiction medicine, and uch as anesthesiology, emergency licine, neurology, obstetrics and ne and rehabilitation, psychiatry,

workers or psychologists), and chaplains teaching fellows. (Core)

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

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

nd maintain an educational | fellows. (Core)

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requirement
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly partic discussions, rounds, journal clubs, and
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue faculty o their skills. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropriat hold appropriate institutional appointm
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 appropriat hold appropriate institutional appointm
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiology, or Surgery or by a certifying board of the American Osteopathic Association, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Member Subspecialty physician faculty member the subspecialty by the American Boar Medicine, Family Medicine, Internal Medic Pediatrics, Physical Medicine and Rehabil Radiology, or Surgery or by a certifying I Association, or possess qualifications Committee. (Core)
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty m certification in their specialty by the ap Medical Specialties (ABMS) member bo Association (AOA) certifying board, or acceptable to the Review Committee. (6
II.B.4.	Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sign supervision of fellows and must devote effort to fellow education and/or admin of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	(Core)	2.10.a.	Faculty members must complete the ar

It Language icipate in organized clinical ind conferences. (Core) y development designed to enhance iate qualifications in their field and tments. (Core) iate qualifications in their field and tments. (Core) bers bers ors must have current certification in ard of Anesthesiology, Emergency dicine, Obstetrics and Gynecology,

abilitation, Psychiatry and Neurology, g board of the American Osteopathic ns judged acceptable to the Review

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

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

annual ACGME Faculty Survey. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	In addition to the program director, programs must have a minimum number of core faculty members certified in hospice and palliative medicine by the American Board of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiology, or Surgery or the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neurology and Psychiatry, or Physical Medicine and Rehabilitation, based on the number of approved fellow positions as follows:. (Core)		In addition to the program director, progra core faculty members certified in hospice American Board of Anesthesiology, Emer Internal Medicine, Obstetrics and Gyneco Rehabilitation, Psychiatry and Neurology, Osteopathic Board of Emergency Medicir Medicine, Neurology and Psychiatry, or P based on the number of approved fellow
II.B.4.b)	Number of Approved Fellow Positions: 1-3 Minimum Number of Certified Core Faculty Members: 1 Number of Approved Fellow Positions: 4-6 Minimum Number of ABMS or AOA Subspecialty Certified Core Faculty Members: 3 Number of Approved Fellow Positions: 7-9 Minimum Number of ABMS or AOA Subspecialty Certified Core Faculty Members: 4 Number of Approved Fellow Positions: 10-12 Minimum Number of ABMS or AOA Subspecialty Certified Core Faculty Members: 6 Number of Approved Fellow Positions: 13-15 Minimum Number of ABMS or AOA Subspecialty Certified Core Faculty Members: 8 Number of Approved Fellow Positions: 16-18 Minimum Number of ABMS or AOA Subspecialty Certified Core Faculty Members: 10 Number of Approved Fellow Positions: 16-18 Minimum Number of ABMS or AOA Subspecialty Certified Core Faculty Members: 10		Number of Approved Fellow Positions: 1- Faculty Members: 1 Number of Approved Fellow Positions: 4- Subspecialty Certified Core Faculty Mem Number of Approved Fellow Positions: 7- Subspecialty Certified Core Faculty Mem Number of Approved Fellow Positions: 10 AOA Subspecialty Certified Core Faculty Number of Approved Fellow Positions: 13 AOA Subspecialty Certified Core Faculty Number of Approved Fellow Positions: 16 AOA Subspecialty Certified Core Faculty Number of Approved Fellow Positions: 16 AOA Subspecialty Certified Core Faculty Number of Approved Fellow Positions: 16 AOA Subspecialty Certified Core Faculty Number of Approved Fellow Positions: 10
II.B.4.c)	The required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to a minimum of 10 percent/FTE for educational and administrative responsibilities that do not involve direct patient care. Support must be provided based on the program size as follows: (Core) Number of Approved Positions: <7 Minimum Aggregate Support Required (FTE): 0.10 Number of Approved Positions: 7-9 Minimum Aggregate Support Required (FTE): 0.15 Number of Approved Positions: 10-12 Minimum Aggregate Support Required (FTE): 0.15 Number of Approved Positions: 13-15 Minimum Aggregate Support Required (FTE): 0.20 Number of Approved Positions: 16-18 Minimum Aggregate Support Required (FTE): 0.20 Number of Approved Positions: 16-18 Minimum Aggregate Support Required (FTE): 0.20	2.10.c.	The required core faculty members, in ag leadership, must be provided with suppor percent/FTE for educational and administ involve direct patient care. Support must l as follows: (Core) Number of Approved Positions: <7 Minir (FTE): 0.10 Number of Approved Positions: 7-9 Mini (FTE): 0.15 Number of Approved Positions: 10-12 M (FTE): 0.15 Number of Approved Positions: 13-15 M (FTE): 0.20 Number of Approved Positions: 16-18 M (FTE): 0.20 Number of Approved Positions: >18 Min (FTE): 0.25
II.C.	Program Coordinator	2.10 .0	Program Coordinator There must be administrative support
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	Program Coordinator There must be administrative support

rams must have a minimum number of the and palliative medicine by the ergency Medicine, Family Medicine, cology, Pediatrics, Physical Medicine and y, Radiology, or Surgery or the American cine, Family Physicians, Internal Physical Medicine and Rehabilitation, w positions as follows:. (Core) 1-3 | Minimum Number of Certified Core 4-6 | Minimum Number of ABMS or AOA mbers: 3

7-9 | Minimum Number of ABMS or AOA nbers: 4

10-12 | Minimum Number of ABMS or y Members: 6

13-15 | Minimum Number of ABMS or y Members: 8

6-18 | Minimum Number of ABMS or y Members: 10

18 | Minimum Number of ABMS or AOA nbers: 12

ggregate and excluding program ort equal to a minimum of 10 strative responsibilities that do not t be provided based on the program size

imum Aggregate Support Required

nimum Aggregate Support Required

Minimum Aggregate Support Required

Minimum Aggregate Support Required

Minimum Aggregate Support Required

nimum Aggregate Support Required

t for program coordination. (Core)

t for program coordination. (Core)

		Reformatted	
Roman Numeral		Requirement	
Requirement Number	Requirement Language	Number	Requirement Language
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)		At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)
	Number of Approved Fellow Positions: 1-3 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0		Number of Approved Fellow Positions: 1-3 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0
	Number of Approved Fellow Positions: 4-6 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.20		Number of Approved Fellow Positions: 4-6 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.20
	Number of Approved Fellow Positions: 7-9 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.38		Number of Approved Fellow Positions: 7-9 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.38
II.C.1.a)	Number of Approved Fellow Positions: 10-12 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.44	2.11.a.	Number of Approved Fellow Positions: 10-12 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.44
	Number of Approved Fellow Positions: 13-15 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.50		Number of Approved Fellow Positions: 13-15 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.50
	Number of Approved Fellow Positions: 16-18 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.56		Number of Approved Fellow Positions: 16-18 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.56
	Number of Approved Fellow Positions: >18 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.62	2.11.a (Continued)	Number of Approved Fellow Positions: >18 Minimum FTE Required for Coordinator Support: 0.30 Additional Aggregate FTE Required for Administration of the Program: 0.62
	Other Program Personnel		
	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective		Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
III.A.1.	All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	All required clinical education for entry programs must be completed in an AC an AOA-approved residency program, International (ACGME-I) Advanced Spe 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 ver level of competence in the required fiel CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the program, fellows must have prerequisite education in a residency program that satisfies III.A.1. as follows: completion of a residency program in child neurology, family medicine, internal medicine, pediatrics, physical medicine and rehabilitation, neurology, or radiation oncology; or, at least three clinical years in residency program that satisfies III.A.1. in anesthesiology, emergency medicine, obstetrics and gynecology, psychiatry, radiology, or surgery. (Core)	3.2.a.1.	Prior to appointment in the program, fellow a residency program that satisfies 3.2. as program in child neurology, family medicin physical medicine and rehabilitation, neuro least three clinical years in residency prog anesthesiology, emergency medicine, obs radiology, or surgery. (Core)
III.A.1.c)	The Review Committees for Family Medicine, Internal Medicine, Pediatrics, and Psychiatry will allow the following exception to the fellowship eligibility requirements:	3.2.b.	The Review Committees for Family Med and Psychiatry will allow the following e requirements:
III.A.1.c).(1)	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.	qualified international graduate applica eligibility requirements listed in 3.2., bu additional qualifications and conditions
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 and the applicant's suitability to enter the p review of the summative evaluations of (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 Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	their performance by the Clinical Comp 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 appoint Review Committee. (Core)

ry into ACGME-accredited fellowship CGME-accredited residency program, a, a program with ACGME becialty Accreditation, or a Royal of Canada (RCPSC)-accredited or ada (CFPC)-accredited residency

erification of each entering fellow's eld using ACGME, ACGME-I, or m the core residency program. (Core)

ows must have prerequisite education in is follows: completion of a residency cine, internal medicine, pediatrics, urology, or radiation oncology; or, at ogram that satisfies 3.2. in bstetrics and gynecology, psychiatry,

edicine, Internal Medicine, Pediatrics, exception to the fellowship eligibility

cant who does not satisfy the but who does meet all of the following ns: (Core)

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

s exceptional qualifications by the

on for Foreign Medical Graduates

npetency Committee within 12 weeks

nt more fellows than approved by the

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requirement
			Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence		The ACGME accreditation system is de
	and innovation in graduate medical education regardless of the		and innovation in graduate medical edu
	organizational affiliation, size, or location of the program.		organizational affiliation, size, or locati
	The educational program must support the development of		The educational program must support
	knowledgeable, skillful physicians who provide compassionate care.		knowledgeable, skillful physicians who
	It is recognized that programs may place different emphasis on research,		It is recognized that programs may place
	leadership, public health, etc. It is expected that the program aims will		leadership, public health, etc. It is expe
	reflect the nuanced program-specific goals for it and its graduates; for		reflect the nuanced program-specific g
	example, it is expected that a program aiming to prepare physician-		example, it is expected that a program
IV.	scientists will have a different curriculum from one focusing on	Section 4	scientists will have a different curriculu
IV.	community health. Educational Components	Section 4	community health.
			Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follow
	a set of program aims consistent with the Sponsoring Institution's		a set of program aims consistent with t
	mission, the needs of the community it serves, and the desired distinctive		mission, the needs of the community it
n <i></i>	capabilities of its graduates, which must be made available to program		capabilities of its graduates, which mus
IV.A.1.	applicants, fellows, and faculty members; (Core)	4.2.a.	applicants, fellows, and faculty membe
	designed to promote progress on a trajectory to autonomous practice in		designed to promote progress on a traj
IV.A.2.	their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	their subspecialty. These must be distr fellows and faculty members; (Core)
IV.A.2.	responsibility for patient management, and graded supervision in their	4.2.0.	responsibility for patient management,
IV.A.3.	subspecialty; (Core)	4.2.c.	subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyon
			Curriculum Organization and Fellow Ex
			Experiences
	Fellows must be provided with protected time to participate in core		Fellows must be provided with protected
IV.A.4.a)	didactic activities. (Core)	4.11.	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 prometools, and techniques. (Core)
		7.2.0.	
			ACGME Competencies
			The Competencies provide a conceptu
			required domains for a trusted physicia
			These Competencies are core to the pr
			the specifics are further defined by eac
			trajectories in each of the Competencie
			Milestones for each subspecialty. The f subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acquir
IV.B.1.	curriculum:	[None]	The program must integrate all ACGME

designed to encourage excellence ducation regardless of the ation of the program.

ort the development of ho provide compassionate care.

lace different emphasis on research, bected that the program aims will goals for it and its graduates; for m aiming to prepare physicianllum from one focusing on

wing educational components:

n the Sponsoring Institution's it serves, and the desired distinctive just be made available to program pers; (Core)

rajectory to autonomous practice in stributed, reviewed, and available to

t, and graded supervision in their

ond direct patient care; and, (Core) Experiences – Didactic and Clinical

cted time to participate in core

mote patient safety-related goals,

tual framework describing the cian to enter autonomous practice. practice of all physicians, although ach subspecialty. The developmental cies are articulated through the e focus in fellowship is on d medical knowledge, as well as hired in residency. ME Competencies into the curriculum.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3.	ACGME Competencies – Professionalis Fellows must demonstrate a commitme adherence to ethical principles. (Core)
IV.B.1.b) 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)	[None] 4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patient centered, compassionate, equitable, ap treatment of health problems and the p
IV.B.1.b).(1).(a)	Fellows must demonstrate competence coordinating, leading, and facilitating key events in patient care, such as family meetings, consultation around goals of care, advance directive completion, conflict resolution, withdrawal of life-sustaining therapies, and palliative sedation, involving other team members as appropriate. (Core)	4.4.a.	Fellows must demonstrate competence co key events in patient care, such as family care, advance directive completion, conflic sustaining therapies, and palliative sedation appropriate. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in providing care to patients and families that reflects unique characteristics of different settings along the palliative care spectrum. (Core)	4.4.b.	Fellows must demonstrate competence in that reflects unique characteristics of differ spectrum. (Core)
IV.B.1.b).(1).(c)	Fellows must demonstrate competence in recognizing signs and symptoms of impending death and appropriately caring for the imminently dying patient and the patient's family members. (Core)	4.4.c.	Fellows must demonstrate competence in impending death and appropriately caring the patient's family members. (Core)
IV.B.1.b).(1).(d)	Fellows must demonstrate basic counseling to the bereaved, and the ability to identify when additional psychosocial referral is required. (Core)	4.4.d.	Fellows must demonstrate basic counselir identify when additional psychosocial refer
IV.B.1.b).(1).(e)	Fellows must demonstrate competence in providing palliative care throughout the continuum of serious illness while addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice. (Core)	4.4.e.	Fellows must demonstrate competence in the continuum of serious illness while add emotional, social, and spiritual needs and to information, and choice. (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 Sk Fellows must be able to perform all me procedures considered essential for the
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in the assessment, interdisciplinary care planning, management, coordination, and follow-up of patients with serious illness. (Core)	4.5.a.	Fellows must demonstrate competence in planning, management, coordination, and illness. (Core)
IV.B.1.b).(2).(a).(i)	Fellows must provide patient- and family-centered care that optimizes quality of life, by anticipating, preventing, and treating suffering. (Core)	4.5.a.1.	Fellows must provide patient- and family-c life, by anticipating, preventing, and treatin
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 Know Fellows must demonstrate knowledge o biomedical, clinical, epidemiological, an including scientific inquiry, as well as t patient care. (Core)

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nent to professionalism and an

nt care that is patient- and familyappropriate, and effective for the promotion of health. (Core)

coordinating, leading, and facilitating y meetings, consultation around goals of flict resolution, withdrawal of lifetion, involving other team members as

in providing care to patients and families ferent settings along the palliative care

in recognizing signs and symptoms of ng for the imminently dying patient and

ling to the bereaved, and the ability to ferral is required. (Core)

in providing palliative care throughout ddressing physical, intellectual, nd facilitating patient autonomy, access

Skills

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

in the assessment, interdisciplinary care nd follow-up of patients with serious

-centered care that optimizes quality of ting suffering. (Core)

wledge

e of established and evolving and social-behavioral sciences, the application of this knowledge to

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.c).(1)	Fellows must demonstrate knowledge of the scientific method of problem solving and evidence-based decision making, and develop a commitment to lifelong learning and an attitude of caring that is derived from humanistic and professional values. (Core)	4.6.a.	Fellows must demonstrate knowledge of t and evidence-based decision making, and learning and an attitude of caring that is d professional values. (Core)
IV.B.1.c).(2)	Fellows must demonstrate knowledge of ethical issues, clinical utilization, and financial outcomes of palliative care. (Core)	4.6.b.	Fellows must demonstrate knowledge of e financial outcomes of palliative care. (Cor
IV.B.1.c).(3)	Fellows must demonstrate knowledge and skills of primary and consultative practice. (Core)	4.6.c.	Fellows must demonstrate knowledge and practice. (Core)
IV.B.1.c).(4)	Fellows must demonstrate knowledge of structural and cultural barriers to the access or utilization of palliative services by individuals or groups of people. (Core)	4.6.d.	Fellows must demonstrate knowledge of s access or utilization of palliative services I (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Base Fellows must demonstrate the ability to of patients, to appraise and assimilate continuously improve patient care base lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersonal Fellows must demonstrate interperson result in the effective exchange of infor patients, their families, and health profe
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-Base Fellows must demonstrate an awarene larger context and system of health car social determinants of health, as well a other resources to provide optimal hea

f the scientific method of problem solving nd develop a commitment to lifelong derived from humanistic and

f ethical issues, clinical utilization, and pre)

nd skills of primary and consultative

f structural and cultural barriers to the s by individuals or groups of people.

sed Learning and Improvement to investigate and evaluate their care e scientific evidence, and to ased on constant self-evaluation and

al and Communication Skills onal and communication skills that formation and collaboration with ofessionals. (Core)

used Practice ness of and responsiveness to the care, including the structural and I as the ability to call effectively on ealth care. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			4.10. Curriculum Organization and Felle Structure The curriculum must be structured to c experiences, the length of the experien These educational experiences include patient care responsibilities, clinical ter events. (Core)
			 4.11. Curriculum Organization and Fello Clinical Experiences Fellows must be provided with protected didactic activities. (Core) 4.12. Curriculum Organization and Fello The process must provide instruction
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	The program must provide instruction a if applicable for the subspecialty, inclue 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)	4.10.	Curriculum Organization and Fellow Ex The curriculum must be structured to o experiences, the length of the experien These educational experiences include patient care responsibilities, clinical tea events. (Core)
IV.C.1.a)	Rotations must be of sufficient length to provide longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)	4.10.a.	Rotations must be of sufficient length to pr faculty members, and meaningful assess
IV.C.1.b)	Rotations must be structured to allow fellows to function as part of an effective interprofessional team that works together toward the shared goals of patient safety and quality improvement. (Core)	4.10.b.	Rotations must be structured to allow fello interprofessional team that works together safety and quality improvement. (Core)
IV.C.1.c)	Schedules must be structured to minimize conflicting inpatient and outpatient responsibilities. (Core)	4.10.c.	Schedules must be structured to minimize responsibilities. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow Ex The program must provide instruction a if applicable for the subspecialty, inclue substance use disorder. (Core)
IV.C.3.	Fellows should have experience in at least one dedicated palliative care/hospice unit. (Detail)	4.11.a.	Fellows should have experience in at leas unit. (Detail)
IV.C.4.	Fellows must spend a minimum of four months or equivalent longitudinal experience in the inpatient setting, which may involve participation on a consultation team or on an inpatient unit, or both. (Core)	4.11.b.	Fellows must spend a minimum of four mo experience in the inpatient setting, which r consultation team or on an inpatient unit, o

llow Experiences – Curriculum

o optimize fellow educational ences, and the supervisory continuity. de an appropriate blend of supervised teaching, and didactic educational

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cted time to participate in core

llow Experiences – Pain Management n and experience in pain management luding recognition of the signs of

Experiences – Curriculum Structure o optimize fellow educational ences, and the supervisory continuity. de an appropriate blend of supervised teaching, and didactic educational

provide longitudinal relationships with sment and feedback. (Core)

llows to function as part of an effective her toward the shared goals of patient

ze conflicting inpatient and outpatient

Experiences – Pain Management n and experience in pain management luding recognition of the signs of

ast one dedicated palliative care/hospice

months or equivalent longitudinal h may involve participation on a t, or both. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement I
IV.C.4.a)	The program must ensure that the inpatient setting provides access to a full range of services usually ascribed to an acute-care general hospital, including availability of diagnostic laboratory and imaging services. (Core)	4.11.b.1.	The program must ensure that the inpatien range of services usually ascribed to an ac availability of diagnostic laboratory and im-
IV.C.4.b)	There must be access to a range of consulting physicians, including those with expertise in interventional pain management. (Core)	4.11.b.2.	There must be access to a range of consu expertise in interventional pain manageme
IV.C.5.	Fellows should have a long-term care experience at a skilled nursing facility, chronic care hospital, or children's rehabilitation center. (Detail)	4.11.c.	Fellows should have a long-term care exp chronic care hospital, or children's rehabili
IV.C.5.a)	Fellows' long-term care experience should comprise a minimum of 25 patient visits or 100 hours and provide access to meaningful care of patients relevant to the identification and management of palliative issues in the long-term care population with serious illness, including awareness of the regulatory environment in which care is provided. (Detail)	4.11.c.1.	Fellows' long-term care experience should visits or 100 hours and provide access to r the identification and management of pallia population with serious illness, including a environment in which care is provided. (De
IV.C.6.	The program must provide fellows a minimum of two months' experience with Medicare-certified hospice(s) or VA hospice care, or with a pediatric palliative care team caring for children with serious illness at home. (Core)	4.11.d.	The program must provide fellows a minim Medicare-certified hospice(s) or VA hospic care team caring for children with serious
IV.C.6.a)	During this experience, the fellow must perform at least 25 hospice home visits through a Medicare-certified hospice. (Core)	4.11.d.1.	During this experience, the fellow must pe through a Medicare-certified hospice. (Cor
IV.C.7.	Fellows must have supervised experience(s) in ambulatory setting(s) providing relevant palliative interventions to patients with serious conditions (Core)	4.11.e.	Fellows must have supervised experience relevant palliative interventions to patients
IV.C.7.(a)	Some of these experiences should be delivered via telehealth. (Detail)	4.11.e.1.	Some of these experiences should be deli
IV.C.7.(b)	The ambulatory experience(s) should include at least 32 half-days or 128 hours. (Detail)	4.11.e.2.	The ambulatory experience(s) should inclu (Detail)
IV.C.7.(c)	Interdisciplinary care of patients must be available in each ambulatory setting. (Detail)	4.11.e.3.	Interdisciplinary care of patients must be a (Detail)
IV.C.8.	Fellow conferences or seminars/workshops in hospice and palliative medicine should be specifically designed to augment clinical experiences. (Detail)	4.11.f.	Fellow conferences or seminars/workshop should be specifically designed to augmer
IV.C.8.a)	Fellows must participate as both learners and teachers in supplemental educational offerings at conferences, communication skill workshops, lecture series, and similar activities. (Core)	4.11.f.1.	Fellows must participate as both learners a educational offerings at conferences, com series, and similar activities. (Core)
IV.C.8.b)	There must be a journal club or other activity that fosters interaction and develops skills in interpreting the medical literature. (Core)	4.11.f.2.	There must be a journal club or other activ develops skills in interpreting the medical l
IV.C.9.	Fellows must spend at least one month or equivalent of elective time in a clinically relevant field. Electives may include addiction medicine, cardiology, ethics consultations, geriatric medicine, HIV clinic, interventional pain management, medical oncology, medical psychiatry, neurology clinics, pediatrics, radiation oncology, pulmonology, or other experiences determined to be appropriate by the program director. (Core)	4.11.g.	Fellows must spend at least one month or clinically relevant field. Electives may inclu ethics consultations, geriatric medicine, HI management, medical oncology, medical p pediatrics, radiation oncology, pulmonolog be appropriate by the program director. (C
IV.C.10.	The program must ensure that fellows see at least 100 new patients over the course of the program. (Core)	4.11.h.	The program must ensure that fellows see course of the program. (Core)
IV.C.11.	Fellows should follow at least 10 patients longitudinally across settings. (Detail)	4.11.i.	Fellows should follow at least 10 patients I

ient setting provides access to a full acute-care general hospital, including maging services. (Core)

sulting physicians, including those with nent. (Core)

perience at a skilled nursing facility, pilitation center. (Detail)

Ild comprise a minimum of 25 patient o meaningful care of patients relevant to lliative issues in the long-term care awareness of the regulatory

Detail)

imum of two months' experience with pice care, or with a pediatric palliative s illness at home. (Core)

perform at least 25 hospice home visits ore)

ce(s) in ambulatory setting(s) providing ts with serious conditions (Core)

elivered via telehealth. (Detail)

clude at least 32 half-days or 128 hours.

e available in each ambulatory setting.

ops in hospice and palliative medicine ent clinical experiences. (Detail)

s and teachers in supplemental mmunication skill workshops, lecture

tivity that fosters interaction and al literature. (Core)

or equivalent of elective time in a clude addiction medicine, cardiology, HIV clinic, interventional pain al psychiatry, neurology clinics, ogy, or other experiences determined to (Core)

ee at least 100 new patients over the

s longitudinally across settings. (Detail)

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science. The scientist who cares for patients. This re- evaluate the literature, appropriately as practice lifelong learning. The program environment that fosters the acquisition participation in scholarly activities as of Program Requirements. Scholarly activ- integration, application, and teaching. The ACGME recognizes the diversity of programs prepare physicians for a vari- scientists, and educators. It is expected will reflect its mission(s) and aims, and serves. For example, some programs in activity on quality improvement, popula- other programs might choose to utilized research as the focus for scholarship.
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate eviden 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 eviden with its mission(s) and aims. (Core)
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Hospice and palliative medicine faculty me involvement in education and scholarly ac
IV.D.2.a)	Hospice and palliative medicine faculty members must have a record of ongoing involvement in education and scholarly activities. (Core)	4.14.	Faculty Scholarly Activity Hospice and palliative medicine faculty me involvement in education and scholarly ac
IV.D.2.a).(1)	This should include mentoring fellows, serving as a clinical supervisor in an inpatient or outpatient setting, developing curricula, and/or participating in didactic activities. (Detail)	4.14.a.	This should include mentoring fellows, ser inpatient or outpatient setting, developing didactic activities. (Detail)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Fellows must complete a scholarly or qua program. (Core)
IV.D.3.a)	Fellows must complete a scholarly or quality improvement project during the program. (Core)	4.15.	Fellow Scholarly Activity Fellows must complete a scholarly or qua program. (Core)
V. V.A.	Evaluation Fellow Evaluation	Section 5 5.1.	Section 5: Evaluation Fellow Evaluation: Feedback and Evalu Faculty members must directly observe feedback on fellow performance during educational assignment. (Core)

A. The physician is a humanistic requires the ability to think critically, assimilate new knowledge, and m and faculty must create an ion of such skills through fellow a defined in the subspecialty-specific tivities may include discovery,

of fellowships and anticipates that ariety of roles, including clinicians, ted that the program's scholarship and the needs of the community it a may concentrate their scholarly ulation health, and/or teaching, while ze more classic forms of biomedical b.

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members must have a record of ongoing activities. (Core)

members must have a record of ongoing activities. (Core)

serving as a clinical supervisor in an ng curricula, and/or participating in

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ve, evaluate, and frequently provide ng each rotation or similar

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Evalu Faculty members must directly observe feedback on fellow performance during educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Evalu Faculty members must directly observe feedback on fellow performance during 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 the (Core)
V.A.1.b).(1)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at least
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 subspecialty (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 mo other professional staff members); and
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 Clinical synthesis of progressive fellow perform 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 designee Competency Committee, must meet wit documented semi-annual evaluation of along the subspecialty-specific Milesto
V.A.1.d).(2)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.d.	The program director or their designee Competency Committee, must develop progress, following institutional policie
V.A.1.e)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.e.	The evaluations of a fellow's performar by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a fin completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a fin 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, a subspecialty-specific Case Logs, must are able to engage in autonomous prac program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become part maintained by the institution, and must fellow in accordance with institutional

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ve, evaluate, and frequently provide ng each rotation or similar

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ast every three months. (Core)

ve performance evaluation based on Ity-specific Milestones, and must:

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

al Competency Committee for its rmance and improvement toward

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

ee, with input from the Clinical op plans for fellows failing to cies and procedures. (Core)

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final evaluation for each fellow upon

, and when applicable the st be used as tools to ensure fellows actice upon completion of the

rt of the fellow's permanent record ist be accessible for review by the al policy. (Core)

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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 neces (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 wi 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 mus 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 Competency members, at least one of whom is a con be faculty members from the same pro- health professionals who have extensiv 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 m 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 m progress on achievement of the subspo
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 m annual evaluations and advise the prog fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to ev performance as it relates to the education (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 ever performance as it relates to the education (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review of teaching abilities, engagement with the in faculty development related to their sperformance, professionalism, and sch
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, c fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedbac annually. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the conduct and document the Annual Pro program's continuous improvement pr
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the conduct and document the Annual Pro program's continuous improvement pr

he fellow has demonstrated the essary to enter autonomous practice.

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cy Committee must include three core faculty member. Members must rogram or other programs, or other sive contact and experience with the

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

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evaluate each faculty member's ational program at least annually.

v of the faculty member's clinical he educational program, participation ir skills as an educator, clinical cholarly activities. (Core) confidential evaluations by the

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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.	Requirement I The Program Evaluation Committee mu program faculty members, at least one 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 respon- program's self-determined goals and p (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 responsion ongoing program improvement, includi 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 respon- current operating environment to identi opportunities, and threats as related to (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 sho prior Annual Program Evaluation(s), ag evaluations of the program, and other r the program. (Core)
	The Program Evaluation Committee must evaluate the program's mission		The Program Evaluation Committee mu
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	and aims, strengths, areas for improver
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includ distributed to and discussed with the m the fellows, and be submitted to the DIC
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self- (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 educati seek and achieve board certification. O the educational program is the ultimate
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encourage take the certifying examination offered of Medical Specialties (ABMS) member Association (AOA) certifying board.
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 r certifying board offer(s) an annual writt years, the program's aggregate pass ra for the first time must be higher than th programs in that subspecialty. (Outcom
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 r certifying board offer(s) a biennial writt the program's aggregate pass rate of th first time must be higher than the botto that subspecialty. (Outcome)

nust be composed of at least two le of whom is a core faculty member,

onsibilities must include review of the progress toward meeting them.

onsibilities must include guiding development of new goals,

onsibilities must include review of the ntify strengths, challenges, to the program's mission and aims.

hould consider the outcomes from aggregate fellow and faculty written r relevant data in its assessment of

nust evaluate the program's mission rement, and threats. (Core)

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

If-Study and submit it to the DIO.

ation is to educate physicians who One measure of the effectiveness of te pass rate.

age all eligible program graduates to ed by the applicable American Board er board or American Osteopathic

S member board and/or AOA itten exam, in the preceding three rate of those taking the examination the bottom fifth percentile of ome)

S member board and/or AOA itten exam, in the preceding six years, those taking the examination for the tom fifth percentile of programs in

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 oral the program's aggregate pass rate of the first time must be higher than the botto 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 oral the program's aggregate pass rate of the first time must be higher than the botto 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 5.0 graduates over the time period specifie an 80 percent pass rate will have met the percentile rank of the program for pass (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 c cohort of board-eligible fellows that gra
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Section 6: The Learning and Working E Fellowship education must occur in the environment that emphasizes the follow
	 Excellence in the safety and quality of care rendered to patients by 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 fellows today •Excellence in the safety and quality of today's fellows in their future practice
	 Excellence in professionalism Appreciation for the privilege of providing care for patients Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team 		 Excellence in professionalism Appreciation for the privilege of provid Commitment to the well-being of the s members, and all members of the healt
VI. VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	Section 6 [None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuous a willingness to transparently deal with has formal mechanisms to assess the its personnel toward safety in order to

S member board and/or AOA al exam, in the preceding three years, those taking the examination for the tom fifth percentile of programs in

S member board and/or AOA al exam, in the preceding six years, those taking the examination for the tom fifth percentile of programs in

5.6. – 5.6.c., any program whose fied in the requirement have achieved this requirement, no matter the ss rate in that subspecialty.

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

Environment

he context of a learning and working lowing principles:

of care rendered to patients by

of care rendered to patients by e

viding care for patients

students, residents, fellows, faculty alth care team

us identification of vulnerabilities and ith them. An effective organization e knowledge, skills, and attitudes of o identify areas for improvement.

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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, and patient safety systems and contribute t
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. Residents, fellows, faculty members, and other clinical staff members	[None]	Patient Safety Events Reporting, investigation, and follow-up unsafe conditions are pivotal mechanis and are essential for the success of an and experiential learning are essential the ability to identify causes and institu changes to ameliorate patient safety vu
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; (Core)	6.2.	Residents, fellows, faculty members, an must know their responsibilities in repo unsafe conditions at the clinical site, in (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, an must be provided with summary inform safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team members interprofessional clinical patient safety such as root cause analyses or other a well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritizir 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 rec benchmarks related to their patient pop
			Supervision and Accountability Although the attending physician is ult the patient, every physician shares in the for their efforts in the provision of care with their Sponsoring Institutions, defin monitor a structured chain of responsit to the supervision of all patient care.
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate in and effective care to patients; ensures skills, knowledge, and attitudes required practice of medicine; and establishes a professional growth.

t Language nd fellows must actively participate in e to a culture of safety. (Core)

up of safety events, near misses, and nisms for improving patient safety, any patient safety program. Feedback al to developing true competence in itute sustainable systems-based vulnerabilities.

and other clinical staff members porting patient safety events and including how to report such events.

and other clinical staff members rmation of their institution's patient

mbers in real and/or simulated ty and quality improvement activities, activities that include analysis, as on of actions. (Core)

zing activities for care improvement efforts.

eceive data on quality metrics and opulations. (Core)

Itimately responsible for the care of a the responsibility and accountability re. Effective programs, in partnership fine, widely communicate, and sibility and accountability as it relates

e medical education provides safe as each fellow's development of the ired to enter the unsupervised as a foundation for continued

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	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 ult the patient, every physician shares in t for their efforts in the provision of care with their Sponsoring Institutions, defi monitor a structured chain of responsi 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 i and effective care to patients; ensures skills, knowledge, and attitudes require practice of medicine; and establishes a 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 info roles in that patient's care when provid
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.a.	This information must be available to fe members of the health care team, and p
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the place for all fellows is based on each fe as well as patient complexity and acuit through a variety of methods, as appro
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 supervis authority and responsibility, the progra classification of supervision.
			Direct Supervision The supervising physician is physically key portions of the patient interaction.
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or patie fellow and the supervising physician is patient care through appropriate teleco
			Direct Supervision The supervising physician is physically key portions of the patient interaction.
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or patie fellow and the supervising physician is patient care through appropriate teleco

Itimately responsible for the care of a the responsibility and accountability re. Effective programs, in partnership fine, widely communicate, and sibility and accountability as it relates

e medical education provides safe s each fellow's development of the ired to enter the unsupervised s a foundation for continued

form each patient of their respective iding direct patient care.

fellows, faculty members, other d patients. (Core)

the appropriate level of supervision in fellow's level of training and ability, iity. Supervision may be exercised ropriate to the situation. (Core)

vision while providing for graded ram must use the following

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Ily present with the fellow during the n.

tient is not physically present with the is concurrently monitoring the communication technology.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			Direct Supervision The supervising physician is physically 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 patie fellow and the supervising physician is patient care through appropriate teleco
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 provid or audio supervision but is immediately guidance and is available to provide ap
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 physica 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 a independence, and a supervisory role i fellow must be assigned by the program (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 ea specific criteria, guided by the Milestor
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 super portions of care to fellows based on the of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress toward of each patient and the skills of the ind
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 circu fellows must communicate with the su
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 fellow appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spo fellows and faculty members concernin responsibilities of physicians, includin to be appropriately rested and fit to pro patients. (Core)

Ily present with the fellow during the n.

tient is not physically present with the is concurrently monitoring the communication technology.

viding physical or concurrent visual ely available to the fellow for appropriate direct supervision.

le to provide review of k provided after care is delivered. ical presence of a supervising

y and responsibility, conditional e in patient care delegated to each ram director and faculty members.

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

ervising physicians must delegate the needs of the patient and the skills

y role to junior fellows and residents rd independence, based on the needs ndividual resident or fellow. (Detail)

cumstances and events in which upervising faculty member(s). (Core)

heir scope of authority, and the v is permitted to act with conditional

st be of sufficient duration to assess ow and to delegate to the fellow the ority and responsibility. (Core)

ponsoring Institutions, must educate ning the professional and ethical ing but not limited to their obligation provide the care required by their

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
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 Spo fellows and faculty members concernin responsibilities of physicians, includin to be appropriately rested and fit to pro 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 program excessive reliance on fellows to fulfill r
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 e including protecting time with patients promoting progressive independence a 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 w provide a culture of professionalism th 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 der personal role in the safety and welfare including the ability to report unsafe co
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 Spe a professional, equitable, respectful, an psychologically safe and that is free fre forms of harassment, mistreatment, ab 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 Spo process for education of fellows and fa behavior and a confidential process for addressing such concerns. (Core)

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

Im must be accomplished without Il non-physician obligations. (Core) Im must ensure manageable patient

am must include efforts to enhance the e experience of being a physician, its, providing administrative support, e and flexibility, and enhancing

with the Sponsoring Institution, must that supports patient safety and

lemonstrate an understanding of their re of patients entrusted to their care, conditions and safety events. (Core)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Well-Being		
	Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require		Well-Being Psychological, emotional, and physica development of the competent, caring, proactive attention to life inside and ou
	proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other		requires that physicians retain the joy of own real-life stresses. Self-care and res
	members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		members of the health care team are in professionalism; they are also skills th nurtured in the context of other aspect
	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share		Fellows and faculty members are at ris Programs, in partnership with their Spo same responsibility to address well-be competence. Physicians and all membe
	responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout		responsibility for the well-being of each clinical learning environment models c prepares fellows with the skills and att
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 pa Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and a 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 encourage well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunity and dental care appointments, includin working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty memb
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burne disorders, suicidal ideation, or potentia assist those who experience these con
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in them 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-scr
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, afford counseling, and treatment, including a 24 hours a day, seven days a week. (Co
	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient		There are circumstances in which fello including but not limited to fatigue, illn medical, parental, or caregiver leave. E appropriate length of absence for fellow
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)

cal well-being are critical in the g, and resilient physician and require outside of medicine. Well-being y in medicine while managing their responsibility to support other important components of that must be modeled, learned, and cts of fellowship training.

isk for burnout and depression. ponsoring Institutions, have the peing as other aspects of resident bers of the health care team share och other. A positive culture in a constructive behaviors, and ttitudes needed to thrive throughout

partnership with the Sponsoring

ty, and work compression that

addressing the safety of fellows and

e optimal fellow and faculty member

ty to attend medical, mental health, ling those scheduled during their

bers in:

nout, depression, and substance use tial for violence, including means to onditions; (Core)

emselves and how to seek appropriate

creening. (Core)

rdable mental health assessment, access to urgent and emergent care Core)

lows may be unable to attend work, Iness, family emergencies, and Each program must allow an lows 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 policies coverage of patient care and ensure co
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented w consequences for the fellow who is or work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and the signs of fatigue and sleep deprivati fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and the signs of fatigue and sleep deprivation 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 Sp adequate sleep facilities and safe trans may be too fatigued to safely return ho
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 fel patient safety, fellow ability, severity an illness/condition, and available support
VI.E.1.a)	The program director must have the authority and responsibility to set appropriate clinical responsibilities (i.e., patient caps) for each fellow. (Core)	6.17.a.	The program director must have the author appropriate clinical responsibilities (i.e., pa
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 en- communication and promotes safe, inte the subspecialty and larger health syste
VI.E.2.a)	Fellows must interact regularly with one or more interdisciplinary teams in the conduct of clinical care. This includes participating in regular team conferences with the interdisciplinary teams in order to coordinate the implementation of recommendations from these teams. (Core)	6.18.a.	Fellows must interact regularly with one or conduct of clinical care. This includes part with the interdisciplinary teams in order to recommendations from these teams. (Core
VI.E.2.a).(1)	The interdisciplinary teams must include physicians, nurses, psychosocial clinicians (such as a social workers or psychologists), and chaplains. (Core)	6.18.a.1.	The interdisciplinary teams must include p clinicians (such as a social workers or psy
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignm patient care, including their safety, freq
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 assignm patient care, including their safety, freq
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 Spo and monitor effective, structured hand- continuity of care and patient safety. (C
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 are team members in the hand-off process.

procedures in place to ensure continuity of patient care. (Core) without fear of negative

r was unable to provide the clinical

nd faculty members in recognition of ation, alertness management, and

nd faculty members in recognition of ation, alertness management, and

Sponsoring Institution, must ensure nsportation options for fellows who nome. (Core)

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

nority and responsibility to set patient caps) for each fellow. (Core)

environment that maximizes nterprofessional, team-based care in stem. (Core)

or more interdisciplinary teams in the articipating in regular team conferences to coordinate the implementation of ore)

physicians, nurses, psychosocial sychologists), and chaplains. (Core)

iments to optimize transitions in equency, and structure. (Core)

iments to optimize transitions in equency, and structure. (Core)

ponsoring Institutions, must ensure d-off processes to facilitate both (Core)

re competent in communicating with is. (Outcome)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement I
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 Spo an effective program structure that is co educational and clinical experience opp opportunities for rest and personal acti
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educati Clinical and educational work hours mu hours per week, averaged over a four-w house clinical and educational activities and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work a Fellows should have eight hours off be 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 a Fellows should have eight hours off bet 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 fre 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 minim clinical work and required education (w home call cannot be assigned on these
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods for hours of continuous scheduled clinical
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods for hours of continuous scheduled clinical
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 may patient safety, such as providing effecti education. Additional patient care respo a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour Exc In rare circumstances, after handing off on their own initiative, may elect to rem the following circumstances: to continu severely ill or unstable patient; to give I a patient or patient's family; or to attend (Detail)

ponsoring Institutions, must design configured to provide fellows with pportunities, as well as reasonable ctivities.

ational Work per Week nust be limited to no more than 80 -week period, inclusive of all inies, clinical work done from home,

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mum of one day in seven free of (when averaged over four weeks). Atse free days. (Core)

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s for fellows must not exceed 24 al assignments. (Core)

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s for fellows must not exceed 24 al assignments. (Core)

ay be used for activities related to ctive transitions of care, and/or fellow sponsibilities must not be assigned to

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off all other responsibilities, a fellow, main or return to the clinical site in nue to provide care to a single e humanistic attention to the needs of and unique educational events.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Poquiromont I
- ·	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.		Requirement L Clinical and Educational Work Hour Exc In rare circumstances, after handing off on their own initiative, may elect to rem the following circumstances: to continu severely ill or unstable patient; to give l a patient or patient's family; or to attend
VI.F.4.a) VI.F.4.b)	(Detail) These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23. 6.23.a.	(Detail) These additional hours of care or educa 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committees will not consider requests for exceptions to the 80-hour		A Review Committee may grant rotation percent or a maximum of 88 clinical and individual programs based on a sound The Review Committees will not consider
VI.F.4.c)		6.24.	limit to the fellows' work week.
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educational with the fellow's fitness for work nor co
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 the goals and objectives of the educational with the fellow's fitness for work nor co
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 ex the ACGME Glossary of Terms) must be 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 contex 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-house third night (when averaged over a four-
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities by toward the 80-hour maximum weekly lin not subject to the every-third-night limit requirement for one day in seven free o 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)	6.28.	At-Home Call Time spent on patient care activities by toward the 80-hour maximum weekly lir not subject to the every-third-night limit requirement for one day in seven free o averaged over four weeks. (Core)

Exceptions off all other responsibilities, a fellow, emain or return to the clinical site in nue to provide care to a single e humanistic attention to the needs of end unique educational events.

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

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

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

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use call no more frequently than every ur-week period). (Core)

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by fellows on at-home call must count limit. The frequency of at-home call is nitation, but must satisfy the of clinical work and education, when

Roman Numeral	Poquiroment Lenguage	Reformatted Requirement	Dominance (
Requirement Number	Requirement Language	Number	Requirement L
	At-home call must not be so frequent or taxing as to preclude rest or		At-home call must not be so frequent or
VI.F.8.a).(1)	reasonable personal time for each fellow. (Core)	6.28.a.	reasonable personal time for each fellow

nt Language t or taxing as to preclude rest or llow. (Core)