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

#### cation

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

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

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

e of procedural techniques that improve stenosis and regurgitation, and treat

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Length of Educational Program		Length of Educational Program
Int.C.	The educational program in interventional cardiology must be 12 months in length. (Core)	4.1.	The educational program in intervention length. (Core)
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. <sup>(Core)</sup>	1.1.	The program must be sponsored by o Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	An interventional cardiology fellowship program must function as an integral part of an ACGME-accredited fellowship program in cardiovascular disease. (Core)	1.2.a.	An interventional cardiology fellowship p part of an ACGME-accredited fellowship (Core)
I.B.1.b)	There must be a collaborative relationship with the program director of the cardiovascular disease program to ensure compliance with the ACGME accreditation requirements. (Core	1.2.b.	There must be a collaborative relationsh cardiovascular disease program to ensu accreditation requirements. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)		There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	The DLA must be reported at least w
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ever The PLA must be approved by the des
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)

ent Language
onal cardiology must be 12 months in
ganization or entity that assumes the ponsibility for a program of graduate the ACGME Institutional Requirements.
not a rotation site for the program, the ical activity for the program is the
one ACGME-accredited Sponsoring
on providing educational experiences ns for fellows.
ponsoring Institution, must designate a
program must function as an integral hip program in cardiovascular disease.
ship with the program director of the sure compliance with the ACGME
greement (PLA) between the program erns the relationship between the providing a required assignment. (Core)
work 10 years (Core)
every 10 years. (Core) lesignated institutional official (DIO).
· · ·

ical learning and working environment

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 l by the program director, who is accou 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 an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.B.5.	The program should ensure that fellows are not unduly burdened by required rotations at geographically distant sites. (Core)	1.6.a.	The program should ensure that fellows rotations at geographically distant sites.
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-driv and retention of a diverse and inclusiv fellows, faculty members, senior admi other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	The program, in partnership with its Sponsoring Institution, must:	[None]	
I.D.1.a).(1)	ensure the program has adequate space available, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space; (Core)	1.8.a	The program, in partnership with its Spor program has adequate space available, examination rooms, computers, visual ar space. (Core)
I.D.1.a).(2)	ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work; (Core)	1.8.b.	The program, in partnership with its Spo appropriate in-person or remote/virtual c telecommunication technology, are avail (Core)

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

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

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

#### on

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.1.a).(3)	provide access to an electronic health record (EHR); and, (Core)	1.8.c.	The program, in partnership with its Spo to an electronic health record (EHR). (C
I.D.1.a).(4)	provide fellows with access to training using simulation to support fellow education and patient safety. (Core)	1.8.d.	The program, in partnership with its Spo fellows with access to training using sim patient safety. (Core)
I.D.1.b)	The following must be present at the primary clinical site:	1.8.e.	The following must be present at the pri
I.D.1.b).(1)	cardiac catheterization laboratories, each equipped with cardiac fluoroscopic equipment, digital imaging, recording devices, a full complement of interventional devices, and resuscitative equipment; and, (Core)	1.8.e.1.	cardiac catheterization laboratories, eac equipment, digital imaging, recording de interventional devices, and resuscitative
I.D.1.b).(1).(a)	The primary laboratory must perform a minimum of 400 interventional procedures per year, and each secondary laboratory must perform a minimum of 200 interventional procedures per year. (Core)	1.8.e.1.a.	The primary laboratory must perform a r procedures per year, and each seconda of 200 interventional procedures per yea
I.D.1.b).(2)	cardiac radionuclide laboratories. (Core)	1.8.e.2.	cardiac radionuclide laboratories; (Core)
I.D.1.b).(3)	a cardiac surgery intensive care unit. (Core)	1.8.e.3.	a cardiac surgery intensive care unit; an
I.D.1.b).(4)	a cardiac intensive care unit. (Core)	1.8.e.4.	a cardiac intensive care unit. (Core)
I.D.1.c)	An active cardiac surgery program should be present at the primary clinical site or a participating site(s). (Core)	1.8.f.	An active cardiac surgery program shou or a participating site(s). (Core)
I.D.1.d)	The program must provide fellows with a patient population representative of both the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. (Core)	1.8.g.	The program must provide fellows with a both the broad spectrum of clinical disor by subspecialists in this area, and of the program. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate are assigned in-house call; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe particular terms of the set of
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core

consoring Institution, must provide access Core)

oonsoring Institution, must provide mulation to support fellow education and

primary clinical site:

ach equipped with cardiac fluoroscopic devices, a full complement of ve equipment; (Core)

a minimum of 400 interventional dary laboratory must perform a minimum ear. (Core)

re)

and, (Core)

ould be present at the primary clinical site

n a patient population representative of orders and medical conditions managed ne community being served by the

Sponsoring Institution, must ensure ing environments that promote fellow

/rest facilities available and accessible ate for safe patient care, if the fellows

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

opriate to the participating site; and,

isabilities consistent with the pre)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requiremen
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and he not limited to residents from other pro advanced practice providers, must no fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicat must be provided with support adequ based upon its size and configuration
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director mus and support specified below for administ
	Number of Approved Fellow Positions: <7   Minimum Support Required (FTE): 0.20		Number of Approved Fellow Positions: < 0.20
	Number of Approved Fellow Positions: 7-9   Minimum Support Required (FTE): 0.25 Number of Approved Fellow Positions: 10-12   Minimum Support Required		Number of Approved Fellow Positions: 7 0.25 Number of Approved Fellow Positions: 1
II.A.2.a)	(FTE): 0.30	2.3.a.	(FTE): 0.30

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

#### rsonnel

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

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

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

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

tor resides with the Review Committee.

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

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

<7 | Minimum Support Required (FTE):

7-9 | Minimum Support Required (FTE):

10-12 | Minimum Support Required

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.2.b)	Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). (Core)	2.3.b.	Programs must appoint at least one of the members to be associate program direct
	The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core)		The associate program director(s) must dedicated minimum time for administrati
	Number of Approved Fellow Positions: <7   Minimum Aggregate Support Required (FTE): Refer to PR II.B.4.c) Number of Approved Fellow Positions: 7-9   Minimum Aggregate Support Required (FTE): 0.13 Number of Approved Fellow Positions: 10-12   Minimum Aggregate Support Required (FTE): 0.14		Number of Approved Fellow Positions: < Required (FTE): Refer to PR 2.10.c. Number of Approved Fellow Positions: 7 Required (FTE): 0.13 Number of Approved Fellow Positions: 1 Required (FTE): 0.14
	Number of Approved Fellow Positions: 13-15   Minimum Aggregate Support Required (FTE): 0.15 Number of Approved Fellow Positions: 16-18   Minimum Aggregate Support Required (FTE): 0.16 Number of Approved Fellow Positions: 19-21   Minimum Aggregate Support Required (FTE): 0.17 Number of Approved Fellow Positions: 22-24   Minimum Aggregate Support		Number of Approved Fellow Positions: 1 Required (FTE): 0.15 Number of Approved Fellow Positions: 1 Required (FTE): 0.16 Number of Approved Fellow Positions: 1 Required (FTE): 0.17 Number of Approved Fellow Positions: 2
II.A.2.c)	Required (FTE): 0.18 Number of Approved Fellow Positions: 25-27   Minimum Aggregate Support Required (FTE): 0.24	2.3.c.	Required (FTE): 0.18 Number of Approved Fellow Positions: 2 Required (FTE): 0.24
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a).(1)	The program director must have at least three years of documented educational and/or administrative experience in an ACGME-accredited internal medicine cardiovascular disease fellowship or interventional cardiology fellowship. (Core)		The program director must have at least and/or administrative experience in an A cardiovascular disease fellowship or inte
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Internal Medicine (ABIM) or by the American Osteopathic Board of Internal Medicine (AOBIM), or subspecialty qualifications that are acceptable to the Review Committee. (Core)	2.4.a.	The program director must possess of subspecialty for which they are the pro- Board of Internal Medicine (ABIM) or by Internal Medicine (AOBIM), or subspect acceptable to the Review Committee.
II.A.3.b).(1)	The Review Committee only accepts current ABIM or AOBIM certification in interventional cardiology. (Core)	2.4.a.1.	The Review Committee only accepts cur interventional cardiology. (Core)

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

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

- <7 | Minimum Aggregate Support
- 7-9 | Minimum Aggregate Support
- 10-12 | Minimum Aggregate Support
- 13-15 | Minimum Aggregate Support
- 16-18 | Minimum Aggregate Support
- 19-21 | Minimum Aggregate Support
- 22-24 | Minimum Aggregate Support
- 25-27 | Minimum Aggregate Support

#### tor:

s subspecialty expertise and view Committee. (Core)

#### tor

s subspecialty expertise and view Committee. (Core)

ast three years of documented educational ACGME-accredited internal medicine nterventional cardiology fellowship. (Core)

s current certification in the program director by the American by the American Osteopathic Board of pecialty qualifications that are ee. (Core)

current ABIM or AOBIM certification in

Roman Numeral Requirement	Demuinement Lenguege	Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	Program Director Responsibilities The program director must have responsibility, authority, and		Program Director Responsibilities The program director must have resp
	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		accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe
II.A.4.	education in the context of patient care. (Core)	2.5.	education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when acti not to promote, or renew the appointr

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

#### model of professionalism. (Core)

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

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

e authority to approve or remove faculty members at all participating core faculty members, and must evaluate candidates prior to approval.

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
ІІ.В.	<ul> <li>Faculty</li> <li>Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.</li> </ul>	[None]	Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a c Faculty members experience the prid development of future colleagues. Th the opportunity to teach and model ex scholarly approach to patient care, fa graduate medical education system, i and the population. Faculty members ensure that patients from a specialist in the field. They reac the patients, fellows, community, and provide appropriate levels of supervis Faculty members create an effective for professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a)	Fellows should have access to faculty members with expertise in congenital heart disease in adults, and in hematology, pharmacology, radiation safety, and research. (Detail)	2.6.a.	Fellows should have access to faculty m heart disease in adults, and in hematolo research. (Detail)
II.B.2	Faculty members must:	[None]	

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

In a non-competition guarantee or

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

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

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

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

of faculty members with competence to Core)

members with expertise in congenital plogy, pharmacology, radiation safety, and

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate c equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly parti discussions, rounds, journal clubs, an
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue faculty their skills. (Core)
II.B.2.g)	encourage and support fellows in scholarly activities. (Core)	2.7.f.	Faculty members must encourage and s (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa American Osteopathic Board of Intern judged acceptable to the Review Com
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, o acceptable to the Review Committee.

els of professionalism. (Core)

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

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

nd maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core) Ity development designed to enhance

support fellows in scholarly activities.

oriate qualifications in their field and ntments. (Core)

riate qualifications in their field and ntments. (Core)

#### nbers

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sig supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)
	In addition to the program director, programs must have the minimum number of core faculty members who are certified in interventional cardiology by the ABIM based on the number of approved fellow positions, as follows: (Core) Number of Approved Positions: 1-3   Minimum Number of ABIM or AOBIM Certified Core Faculty: 1 Number of Approved Positions: 4-6   Minimum Number of ABIM or AOBIM Certified Core Faculty: 3 Number of Approved Positions: 7-9   Minimum Number of ABIM or AOBIM Certified Core Faculty: 4 Number of Approved Positions: 10-12   Minimum Number of ABIM or AOBIM Certified Core Faculty: 6 Number of Approved Positions: 13-15   Minimum Number of ABIM or AOBIM Certified Core Faculty: 8 Number of Approved Positions: 16-18   Minimum Number of ABIM or AOBIM Certified Core Faculty: 10 Number of Approved Positions: 19-21   Minimum Number of ABIM or AOBIM Certified Core Faculty: 12 Number of Approved Positions: 12-24   Minimum Number of ABIM or AOBIM Certified Core Faculty: 12 Number of Approved Positions: 13-24   Minimum Number of ABIM or AOBIM Certified Core Faculty: 10		In addition to the program director, progr core faculty members who are certified in based on the number of approved fellow Number of Approved Positions: 1-3   Min Certified Core Faculty: 1 Number of Approved Positions: 4-6   Min Certified Core Faculty: 3 Number of Approved Positions: 7-9   Min Certified Core Faculty: 4 Number of Approved Positions: 10-12   1 Certified Core Faculty: 6 Number of Approved Positions: 10-12   1 Certified Core Faculty: 8 Number of Approved Positions: 13-15   1 Certified Core Faculty: 8 Number of Approved Positions: 16-18   1 Certified Core Faculty: 10 Number of Approved Positions: 19-21   1 Certified Core Faculty: 12 Number of Approved Positions: 22-24   1 Certified Core Faculty: 14
II.B.4.b)	Number of Approved Positions: 25-27   Minimum Number of ABIM or AOBIM Certified Core Faculty: 16	2.10.b.	Number of Approved Positions: 25-27   I Certified Core Faculty: 16

significant role in the education and /ote a significant portion of their entire ninistration, and must, as a , evaluate, and provide formative

#### e annual ACGME Faculty Survey.

grams must have the minimum number of d in interventional cardiology by the ABIM ow positions, as follows: (Core)

- Minimum Number of ABIM or AOBIM
- Minimum Number of ABIM or AOBIM
- Minimum Number of ABIM or AOBIM
- | Minimum Number of ABIM or AOBIM

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

ust be provided with support equal to an For educational and administrative ct patient care. Support must be provided (Core)

- : 1-3 | Minimum Aggregate Support
- : 4-6 | Minimum Aggregate Support
- 7-9 | Minimum Aggregate Support
- 10-12 | Minimum Aggregate Support
- 13-15 | Minimum Aggregate Support
- 16-18 | Minimum Aggregate Support
- 19-21 | Minimum Aggregate Support
- 22-24 | Minimum Aggregate Support
- 25-27 | Minimum Aggregate Support

### ort for program coordination. (Core)

### ort for program coordination. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)		At a minimum, the program coordinator time and support specified below for ad administrative support must be provided (Core)
II.C.1.a)	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: 7-9   Minimum FTE Required for Coordinator Support: 0.30   Additional Aggregate FTE Required for Administration of the Program: 0.38 Number of Approved Fellow Positions: 10-12   Minimum FTE Required for Coordinator Support: 0.30   Additional Aggregate FTE Required for Administration of the Program: 0.44	2.11.a.	Number of Approved Fellow Positions: 1 Coordinator Support: 0.30   Additional A Administration of the Program: 0 Number of Approved Fellow Positions: 4 Coordinator Support: 0.30   Additional A Administration of the Program: 0.20 Number of Approved Fellow Positions: 7 Coordinator Support: 0.30   Additional A Administration of the Program: 0.38 Number of Approved Fellow Positions: 1 Coordinator Support: 0.30   Additional A Administration of the Program: 0.44
	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 s ensure the availability of necessary p
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core)
III. III.A.	Fellow Appointments Eligibility Criteria	Section 3 [None]	Section 3: Fellow Appointments
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)		Eligibility Requirements – Fellowship All required clinical education for ent programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations fro
III.A.1.b)	Prior to appointment in the fellowship, fellows should have completed a three- year cardiovascular disease program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the fellowship, fe year cardiovascular disease program th (Core)

or must be provided with the dedicated administration of the program. Additional ed based on the program size as follows:

- 1-3 | Minimum FTE Required for Aggregate FTE Required for
- : 4-6 | Minimum FTE Required for Aggregate FTE Required for
- 7-9 | Minimum FTE Required for Aggregate FTE Required for
- : 10-12 | Minimum FTE Required for Aggregate FTE Required for

#### s Sponsoring Institution, must jointly personnel for the effective re)

### ip Programs

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

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

fellows should have completed a threethat satisfies the requirements in 3.2.

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
III.A.1.b).(1)	Fellows who did not complete a cardiovascular disease program that satisfies the requirements in III.A.1. must have completed at least three years of cardiovascular disease education prior to starting the fellowship as well as met all of the criteria in the "Fellow Eligibility Exception" section below. (Core)	3.2.a.2.	Fellows who did not complete a cardiova the requirements in 3.2. must have com cardiovascular disease education prior t all of the criteria in the "Fellow Eligibility
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Internal Medicine will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Internal Me exception to the fellowship eligibility
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate applic eligibility requirements listed in 3.2., to following additional qualifications and
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director ar the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoi Review Committee. (Core)

vascular disease program that satisfies mpleted at least three years of r to starting the fellowship as well as met cy Exception" section below. (Core)

# Nedicine will allow the following y requirements:

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

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

# pint more fellows than approved by the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Educational Program		
			Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pulleadership, public health, etc. It is expression of the nuanced program-specific example, it is expected that a programiscientists will have a different curricul community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objecti designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
	delineation of fellow responsibilities for patient care, progressive		delineation of fellow responsibilities
IV.A.3.	responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
			Curriculum Organization and Fellow
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Experiences Fellows must be provided with protection didactic activities. (Core)
	formal educational activities that promote patient safety-related goals,	120	formal educational activities that pro
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)

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

port the development of who provide compassionate care.

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

### llowing educational components:

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

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

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

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

tected time to participate in core

romote patient safety-related goals,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acquired
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGN
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b) IV.B.1.b).(1)	Patient Care and Procedural Skills 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 patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in the prevention, evaluation, and management of both inpatients and outpatients with:	4.4.a.	Fellows must demonstrate competence management of both inpatients and outp
IV.B.1.b).(1).(a).(i)	acute ischemic syndromes; (Core)	4.4.a.1.	acute ischemic syndromes; (Core)
IV.B.1.b).(1).(a).(ii)	bleeding disorders or complications associated with percutaneous intervention or drugs; (Core)	4.4.a.2.	bleeding disorders or complications asso or drugs; (Core)
IV.B.1.b).(1).(a).(iii)	chronic ischemic heart disease; and, (Core)	4.4.a.3.	chronic ischemic heart disease; and, (Co
IV.B.1.b).(1).(a).(iv)	valvular and structural heart disease. (Core)	4.4.a.4.	valvular and structural heart disease. (C

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

SME Competencies into the curriculum.

nalism itment to professionalism and an pre)

re

tient care that is patient- and familye, appropriate, and effective for the ne promotion of health. (Core)

ce in the prevention, evaluation, and utpatients with:

ssociated with percutaneous intervention

Core)

Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			•
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in the:	[None]	
IV.B.1.b).(1).(b).(i)	care of patients before and after interventional procedures; (Core)	4.4.b	Fellows must demonstrate competence i interventional procedures. (Core)
IV.B.1.b).(1).(b).(ii)	care of patients in the cardiac care unit, emergency department, or other intensive care settings; (Core)	4.4.c.	Fellows must demonstrate competence i care unit, emergency department, or othe
IV.B.1.b).(1).(b).(iii)	outpatient follow-up of patients treated with drugs, interventions, devices, or surgery; (Core)	4.4.d.	Fellows must demonstrate competence i treated with drugs, interventions, devices
IV.B.1.b).(1).(b).(iv)	use and limitations of intra-aortic balloon counterpulsation (IABP) and other hemodynamic and circulatory support devices (as available); (Core)	4.4.e.	Fellows must demonstrate competence i balloon counterpulsation (IABP) and othe devices (as available). (Core)
IV.B.1.b).(1).(b).(v)	use of thrombolytic and antithrombolytic, antiplatelet, and antithrombin agents; and, (Core)	4.4.f.	Fellows must demonstrate competence i antithrombolytic, antiplatelet, and antithro
IV.B.1.b).(1).(b).(vi)	use of vasoactive agents for epicardial and microvascular spasm. (Core)	4.4.g.	Fellows must demonstrate competence i epicardial and microvascular spasm. (Co
IV.B.1.b).(1).(c)	Fellows must demonstrate competence in the management of mechanical complications of percutaneous intervention; (Core)	4.4.h.	Fellows must demonstrate competence i complications of percutaneous interventi
IV.B.1.b).(1).(d)	Fellows must demonstrate competence in the management of patients with vascular access complications, including management of closure device complications and pseudoaneurysm. (Core)	4.4.i.	Fellows must demonstrate competence i vascular access complications, including complications and pseudoaneurysm. (Co
IV.B.1.b).(1).(e)	Fellows must demonstrate competence in the management of patients with major and minor bleeding complications, including retroperitoneal bleeding. (Core)	4.4.j.	Fellows must demonstrate competence i major and minor bleeding complications, (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in the ability to:	[None]	

e in the care of patients before and after

e in the care of patients in the cardiac ther intensive care settings. (Core)

e in the outpatient follow-up of patients ces, or surgery. (Core)

e in the use and limitations of intra-aortic ther hemodynamic and circulatory support

e in the use of thrombolytic and hrombin agents. (Core)

e in the use of vasoactive agents for Core)

e in the management of mechanical ntion. (Core)

e in the management of patients with ng management of closure device Core)

e in the management of patients with ns, including retroperitoneal bleeding.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(2).(a).(i)	perform diagnostic and therapeutic procedures relevant to their specific career paths; (Core)	4.5.a.	Fellows must demonstrate competence therapeutic procedures relevant to their
	treat their patients' conditions with practices that are patient-centered, safe,		Fellows must demonstrate competence conditions with practices that are patien
IV.B.1.b).(2).(a).(ii)	scientifically based, effective, timely, and cost-effective. (Core)	4.5.b	effective, timely, and cost-effective. (Cor
			Fellows must demonstrate competence
	participate in pre-procedural planning, including the indications for the		procedural planning, including the indica
IV.B.1.b).(2).(a).(iii)	procedure and the selection of the appropriate procedure or instruments; (Core)	4.5.c.	selection of the appropriate procedure o
			Fellows must demonstrate competence
IV.B.1.b).(2).(a).(iv)	perform the critical technical manipulations of the procedure; and, (Core)	4.5.d.	technical manipulations of the procedure
IV.B.1.b).(2).(a).(v)	provide post-procedure care. (Core)	4.5.e.	Fellows must demonstrate competence care. (Core)
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in the performance of:	[None]	
11.0.1.0).(2).(0)			Fellows must demonstrate competence
IV.B.1.b).(2).(b).(i)	coronary angiograms; (Core)	4.5.f.	angiograms. (Core)
IV.B.1.b).(2).(b).(ii)	coronary interventions; including: (Core)	4.5.g.	Fellows must demonstrate competence interventions, including: (Core)
	application and use of balloon angioplasty, stents, and other commonly used interventional devices; and, (Detail)	4.5.g.1.	application and use of balloon angioplas interventional devices; and, (Detail)
	femoral and brachial/radial cannulation of normal and abnormally located coronary ostia. (Detail)	4.5.g.2.	femoral and brachial/radial cannulation of coronary ostia. (Detail)
IV.B.1.b).(2).(b).(ii).(c)	Each fellow should perform a minimum of 250 coronary interventions. (Detail)	4.5.g.2.a.	Each fellow should perform a minimum o
IV.B.1.b).(2).(b).(iii)	comprehensive invasive physiology measurement, (e.g., intracoronary pressure measurement and monitoring, and coronary flow reserve); (Core)	4.5.h.	Fellows must demonstrate competence invasive physiology measurement, (e.g., and monitoring, and coronary flow reser
IV.B.1.b).(2).(b).(iv)	hemodynamic measurements; (Core)	4.5.i.	Fellows must demonstrate competence measurements. (Core)
			Fellows must demonstrate competence
IV.B.1.b).(2).(b).(v)	intravascular ultrasound; and, (Core)	4.5.j.	ultrasound. (Core)
IV.B.1.b).(2).(b).(vi)	ventriculography and aortography. (Core)	4.5.k.	Fellows must demonstrate competence and aortography. (Core)
	Medical Knowledge		
IV.B.1.c)	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	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)

e in the ability to perform diagnostic and ir specific career paths. (Core)

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

e in the ability to participate in precations for the procedure and the or instruments. (Core)

ce in the ability to perform the critical ure. (Core)

e in the ability to provide post-procedure

ce in the performance of coronary

e in the performance of coronary

asty, stents, and other commonly used

of normal and abnormally located

of 250 coronary interventions. (Detail)

e in the performance of comprehensive g., intracoronary pressure measurement erve). (Core)

e in the performance of hemodynamic

ce in the performance of intravascular

e in the performance of ventriculography

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.c).(1)	Fellows must demonstrate sufficient knowledge in the following areas:	4.6.a.	Fellows must demonstrate sufficient kno
IV.B.1.c).(1).(a)	the assessment of plaque composition and response to intervention; (Core)	4.6.a.1.	the assessment of plaque composition a
IV.B.1.c).(1).(b)	the clinical importance of complete versus incomplete revascularization in a wide variety of clinical and anatomic situations; (Core)	4.6.a.2.	the clinical importance of complete versu wide variety of clinical and anatomic situ
IV.B.1.c).(1).(c)	clinical utility and limitations of the treatment of valvular and structural heart disease; (Core)	4.6.a.3.	clinical utility and limitations of the treatm disease; (Core)
IV.B.1.c).(1).(d)	detailed coronary anatomy; (Core)	4.6.a.4.	detailed coronary anatomy; (Core)
IV.B.1.c).(1).(e)	pathophysiology of restenosis; (Core)	4.6.a.5.	pathophysiology of restenosis; (Core)
IV.B.1.c).(1).(f)	physiology of coronary flow and detection of flow-limiting conditions; (Core)	4.6.a.6.	physiology of coronary flow and detection
IV.B.1.c).(1).(g)	radiation physics, biology, and safety related to the use of x-ray imaging equipment; (Core)	4.6.a.7.	radiation physics, biology, and safety rela equipment; (Core)
IV.B.1.c).(1).(h)	the role of emergency coronary bypass surgery in the management of complications of percutaneous intervention; (Core)	4.6.a.8.	the role of emergency coronary bypass s complications of percutaneous interventi
IV.B.1.c).(1).(i)	the role and limitations of established and emerging therapies for treatment of restenosis; (Core)	4.6.a.9.	the role and limitations of established an restenosis; (Core)
IV.B.1.c).(1).(j)	the role of platelets and the clotting cascade in response to vascular injury; (Core)	4.6.a.10.	the role of platelets and the clotting casc (Core)
IV.B.1.c).(1).(k)	the role of randomized clinical trials and registry experiences in clinical decision making; (Core)	4.6.a.11.	the role of randomized clinical trials and making; (Core)
IV.B.1.c).(1).(I)	strengths and limitations of both noninvasive and invasive coronary evaluation during the recovery phase after acute myocardial infarction; (Core)	4.6.a.12.	strengths and limitations of both noninva during the recovery phase after acute my
IV.B.1.c).(1).(m)	short- and long-term strengths and limitations of differing percutaneous approaches for a wide variety of anatomic situations related to cardiovascular disease; (Core)	4.6.a.13.	short- and long-term strengths and limita approaches for a wide variety of anatom disease; (Core)
IV.B.1.c).(1).(n)	strengths and weaknesses of mechanical versus lytic approaches for patients with acute myocardial infarction; and, (Core)	4.6.a.14.	strengths and weaknesses of mechanica with acute myocardial infarction; and, (C
IV.B.1.c).(1).(o)	the use of pharmacologic agents appropriate in the post-intervention management of patients. (Core)	4.6.a.15.	the use of pharmacologic agents approp management of patients. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)

nowledge in the following areas:

and response to intervention; (Core)

sus incomplete revascularization in a tuations; (Core)

tment of valvular and structural heart

ion of flow-limiting conditions; (Core) elated to the use of x-ray imaging

s surgery in the management of ntion; (Core)

and emerging therapies for treatment of

scade in response to vascular injury;

d registry experiences in clinical decision

vasive and invasive coronary evaluation myocardial infarction; (Core)

itations of differing percutaneous mic situations related to cardiovascular

cal versus lytic approaches for patients (Core)

priate in the post-intervention

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	- Requiremen
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of inf patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Ba Fellows must demonstrate an awaren larger context and system of health c social determinants of health, as well other resources to provide optimal he
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t events. (Core)
			<ul> <li>4.11. Curriculum Organization and Fe Clinical Experiences</li> <li>Fellows must be provided with protect didactic activities. (Core)</li> <li>4.12. Curriculum Organization and Fe The program must provide instruction management if applicable for the sub</li> </ul>
IV.C. IV.C.1.	Curriculum Organization and Fellow Experiences 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 4.12. 4.10.	the signs of substance use disorder. Curriculum Organization and Fellow B The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Rotations must be of sufficient length to provide longitudinal relationships with faculty members to allow for meaningful assessment and feedback. (Core)	4.10.a.	Rotations must be of sufficient length to faculty members to allow for meaningful

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

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

Fellow Experiences – Curriculum

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

Fellow Experiences – Didactic and

ected time to participate in core

Fellow Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of r. (Core)

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

to provide longitudinal relationships with full assessment and feedback. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Rotations must be structured to allow fellows to function as part of an effective interprofessional team that works together towards the shared goals of patient	4.40 h	Rotations must be structured to allow fel interprofessional team that works togeth
IV.C.1.b)	safety and quality improvement. (Core)	4.10.b.	safety and quality improvement. (Core)
IV.C.1.c)	Schedules must be structured to minimize conflicting inpatient and outpatient responsibilities. (Core)	4.10.c.	Schedules must be structured to minimiz responsibilities. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow E The program must provide instruction management if applicable for the subs the signs of substance use disorder.
IV.C.3.	All 12 months of the educational program must include clinical experiences and appropriate protected time for research. (Core)	4.11.a.	All 12 months of the educational program and appropriate protected time for resea
IV.C.4.	Fellows must attend an outpatient clinic to provide follow-up care for patients. (Core)	4.11.b.	Fellows must attend an outpatient clinic t (Core)
IV.C.4.a)	Each fellow must see four to eight patients per week, including patients being evaluated before or after interventional procedures. (Core)	4.11.b.1.	Each fellow must see four to eight patier evaluated before or after interventional p
IV.C.4.b)	Fellows' follow-up clinic experience should not solely consist of evaluating patients post-procedure for complications. (Core)	4.11.b.2.	Fellows' follow-up clinic experience shou patients post-procedure for complication
IV.C.4.c)	Fellows should see at least 25 percent of patients on whom they perform interventions in follow-up. No more than 50 percent, on average, of these patients should be contacted by telephone in follow-up. (Detail)	4.11.b.3.	Fellows should see at least 25 percent o interventions in follow-up. No more than patients should be contacted by telephor
IV.C.5.	The educational program must provide fellows with individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competence development in the foundational educational experiences of the subspecialty. (Core)	4.11.c.	The educational program must provide for experiences to allow them to participate practice or to further skill/competence de educational experiences of the subspeci
IV.C.6.	Required Didactic Experience	4.11.d.	Required Didactic Experience The educational program must include d knowledge content in the subspecialty a
IV.C.6.a)	The educational program must include didactic instruction based on the core knowledge content in the subspecialty area. (Core)	4.11.d.	Required Didactic Experience The educational program must include d knowledge content in the subspecialty a

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

nize conflicting inpatient and outpatient

# v Experiences – Pain Management on and experience in pain Ibspecialty, including recognition of r. (Core)

am must include clinical experiences earch. (Core)

c to provide follow-up care for patients.

ents per week, including patients being I procedures. (Core)

ould not solely consist of evaluating ons. (Core)

t of patients on whom they perform an 50 percent, on average, of these none in follow-up. (Detail)

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

didactic instruction based on the core area. (Core)

didactic instruction based on the core area. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.6.a).(1)	The program must ensure that fellows have an opportunity to review all content from conferences that they could not attend. (Core)	4.11.d.1.	The program must ensure that fellows h from conferences that they could not att
IV.C.6.a).(2)	Fellows must have a sufficient number of didactic sessions to ensure fellow- fellow and fellow-faculty interaction. (Core)	4.11.d.2.	Fellows must have a sufficient number of fellow and fellow-faculty interaction. (Co
IV.C.7.	Fellows must receive instruction in practice management relevant to the subspecialty. (Detail)	4.11.e.	Fellows must receive instruction in pract subspecialty. (Detail)
IV.C.8.	Direct supervision of procedures performed by each fellow must occur until proficiency has been acquired and documented by the program director. (Core)	4.11.f.	Direct supervision of procedures perform proficiency has been acquired and docu
IV.C.9.	Faculty members must teach and supervise the fellows in the performance and interpretation of procedures, which must be documented in each fellow's record, including indications, outcomes, diagnoses, and supervisor(s). (Core)	4.11.g.	Faculty members must teach and super interpretation of procedures, which must including indications, outcomes, diagnos
	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly activities integration, application, and teaching
IV.D.	The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.2.	Faculty Scholarly Activity	4.14.	<b>Faculty Scholarly Activity</b> The faculty must establish and maintain scholarship with an active research com

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

r of didactic sessions to ensure fellow-Core)

ctice management relevant to the

rmed by each fellow must occur until cumented by the program director. (Core)

ervise the fellows in the performance and ust be documented in each fellow's record, noses, and supervisor(s). (Core)

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

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

dence of scholarly activities, aims. (Core)

dence of scholarly activities, ims. (Core)

in an environment of inquiry and pomponent. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Faculty Scholarly Activity
IV.D.2.a)	The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)	4.14.	The faculty must establish and maintain scholarship with an active research com
IV.D.2.a).(1)	The faculty members must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)	4.14.a.	The faculty members must regularly part rounds, journal clubs, and conferences.
IV.D.2.a).(2)	At least 50 percent of the core faculty members who are certified in interventional cardiology by the ABIM or the AOBIM (see Program Requirements II.B.4.c)-d)) must annually engage in a variety of scholarly activities from among the following: faculty participation in grand rounds; posters; workshops; quality improvement presentations; podium presentations; grant leadership; non-peer-reviewed print/electronic resources; articles or publications; book chapters; textbooks; webinars; service on professional committee; or serving as a journal reviewer, journal editorial board member, or editor. (Core)	4.14.b.	At least 50 percent of the core faculty me interventional cardiology by the ABIM or Requirements 2.10.cd.) must annually activities from among the following: facul posters; workshops; quality improvemen grant leadership; non-peer-reviewed prin publications; book chapters; textbooks; v committee; or serving as a journal review editor. (Core)
			Fellow Scholarly Activity
IV.D.3.	Fellow Scholarly Activity	4.15.	While in the program, all fellows must en scholarly activities: participation in grand improvement presentations, podium pres reviewed print/electronic resources, artic textbooks, webinars, service on profession reviewer, journal editorial board member
14.0.0.		10.	
			Fellow Scholarly Activity
IV.D.3.a)	While in the program, all fellows must engage in at least one of the following scholarly activities: participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor. (Outcome)	4.15.	While in the program, all fellows must en scholarly activities: participation in grand improvement presentations, podium pres reviewed print/electronic resources, artic textbooks, webinars, service on profession reviewer, journal editorial board member
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observing feedback on fellow performance during educational assignment. (Core)

n an environment of inquiry and mponent. (Core)

articipate in organized clinical discussions, s. (Detail)

members who are certified in or the AOBIM (see Program y engage in a variety of scholarly culty participation in grand rounds; ent presentations; podium presentations; rint/electronic resources; articles or ; webinars; service on professional ewer, journal editorial board member, or

engage in at least one of the following nd rounds, posters, workshops, quality resentations, grant leadership, non-peerticles or publications, book chapters, sional committees, or serving as a journal er, or editor. (Outcome)

engage in at least one of the following nd rounds, posters, workshops, quality resentations, grant leadership, non-peerticles or publications, book chapters, sional committees, or serving as a journal er, or editor. (Outcome)

#### /aluation

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Number		Requirement Number	Kequitemen
			Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durit educational assignment. (Core)
V.A.1.a).(1)	Assessment of procedural competence should include a formal evaluation process and not be based solely on a minimum number of procedures performed. (Core)	5.1.f.	Assessment of procedural competence s process and not be based solely on a m performed. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at lea
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objection the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty i other professional staff members); ar
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designer Competency Committee, must meet w documented semi-annual evaluation along the subspecialty-specific Miles
V.A.1.d).(2)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.d.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.e.	The evaluations of a fellow's perform by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)

valuation serve, evaluate, and frequently provide iring each rotation or similar

#### Evaluation serve, evaluate, and frequently provide uring each rotation or similar

e should include a formal evaluation minimum number of procedures

the completion of the assignment.

# east every three months. (Core)

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

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

cal Competency Committee for its formance and improvement toward

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

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

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

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

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

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

e must review all fellow evaluations at

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical		teaching abilities, engagement with the infaculty development related to their
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Proprogram's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Proprogram's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee m program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improv

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

, confidential evaluations by the

back on their evaluations at least

# ent

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

#### ent

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

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

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

oonsibilities must include guiding luding development of new goals,

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed to and discussed with the the fellows, and be submitted to the D
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima The program director should encoura
V.C.3.	take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	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 certifying board offer(s) an annual wri years, the program's aggregate pass i for the first time must be higher than to programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than t programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the bott that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)

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

elf-Study and submit it to the DIO.

cation is to educate physicians who n. One measure of the effectiveness of nate pass rate.

rage all eligible program graduates to red by the applicable American Board ber board or American Osteopathic

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in s graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in the environment that emphasizes the follow
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, ar patient safety systems and contribute

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

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

g Environment

the context of a learning and working lowing principles:

of care rendered to patients by

/ of care rendered to patients by ce

oviding care for patients

ne students, residents, fellows, faculty ealth care team

ous identification of vulnerabilities deal with them. An effective ns to assess the knowledge, skills, and afety in order to identify areas for

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	Patient Safety Events		Detient Cofety Events
	Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety,		Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan
	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 equade and institute quetoinable systems based		and are essential for the success of a and experiential learning are essentia
VI.A.1.a).(2)	the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	the ability to identify causes and insti changes to ameliorate patient safety
	Residents, fellows, faculty members, and other clinical staff members	[]	
VI.A.1.a).(2).(a)	must:	[None]	
	know their responsibilities in reporting patient safety events and unsafe		Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site,
VI.A.1.a).(2).(a).(i)	conditions at the clinical site, including how to report such events; (Core)	6.2.	(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, must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mer interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation
	Quality Metrics		·····
VI.A.1.a).(3)	Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
		[]	
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient po
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe
			Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes
VI.A.2.	Supervision and Accountability	[None]	professional growth.

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

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

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

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

tizing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the supe
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other	6.5.a.	This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teled
vi.~.2.0J.(1)		v.r.	Direct Supervision The supervising physician is physical 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 pat the fellow and the supervising physic patient care through appropriate teleo

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

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

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

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

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

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

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

cally present with the fellow during the on.

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

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

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

ty and responsibility, conditional le in patient care delegated to each gram director and faculty members.

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core)
VI.B.1. VI.B.2.	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) The learning objectives of the program must:	6.12. [None]	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.D.2.			
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfar including the ability to report unsafe o
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)

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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Poguizement Lenguege	Reformatted	Densin
Number	Requirement Language	Requirement Number	Requiremen
	Well-Being		
	Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and		Well-Being Psychological, emotional, and physic development of the competent, carin proactive attention to life inside and requires that physicians retain the jo own real-life stresses. Self-care and i members of the health care team are professionalism; they are also skills
	nurtured in the context of other aspects of fellowship training.		nurtured in the context of other aspec
	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout		Fellows and faculty members are at r Programs, in partnership with their S same responsibility to address well-k competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a
VI.C.	their careers.	[None]	their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that 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 opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (0
		0.10.0.	- nouis a day, seven days a week. (

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

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

mbers in:

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

nemselves and how to seek

screening. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fello including but not limited to fatigue, illo medical, parental, or caregiver leave. appropriate length of absence for fello care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and proverage of patient care and ensure c
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented v consequences for the fellow who is of work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.2.a)	The program must provide educational experiences that allow fellows to interact with and learn from other health care professionals, such as physicians in other specialties, advanced practice providers, nurses, social workers, physical therapists, case managers, language interpreters, and dieticians, to achieve effective, interdisciplinary, and interprofessional team-based care. (Core)	6.18.a.	The program must provide educational e with and learn from other health care pro specialties, advanced practice providers, therapists, case managers, language inte effective, interdisciplinary, and interprofe

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

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

or was unable to provide the clinical

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

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

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

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

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

I experiences that allow fellows to interact professionals, such as physicians in other rs, nurses, social workers, physical nterpreters, and dieticians, to achieve ofessional team-based care. (Core)

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

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

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

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

are competent in communicating with ess. (Outcome)

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

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

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

free of clinical work and educatione)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Poquiromon
Number			Requiremen
			Maximum Clinical Work and Educatio
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Clinical and educational work periods hours of continuous scheduled clinic
	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		Up to four hours of additional time ma patient safety, such as providing effect
	fellow education. Additional patient care responsibilities must not be		fellow education. Additional patient ca
VI.F.3.a).(1)	assigned to a fellow during this time. (Core)	6.22.a.	assigned to a fellow during this time.
			Clinical and Educational Work Hour E
			In rare circumstances, after handing c
			on their own initiative, may elect to re the following circumstances: to contin
			severely ill or unstable patient; to give
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	of a patient or patient's family; or to a (Detail)
VI.F.4.		0.23.	
			Clinical and Educational Work Hour E
	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		In rare circumstances, after handing on their own initiative, may elect to re
	the following circumstances: to continue to provide care to a single		the following circumstances: to contin
	severely ill or unstable patient; to give humanistic attention to the needs		severely ill or unstable patient; to give
VI.F.4.a)	of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	of a patient or patient's family; or to a (Detail)
	These additional hours of care or education must be counted toward the	0.00	These additional hours of care or edu
VI.F.4.b)	80-hour weekly limit. (Detail)	6.23.a.	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		A Review Committee may grant rotation percent or a maximum of 88 clinical and
	individual programs based on a sound educational rationale.		individual programs based on a sound
	The Review Committee for Internal Medicine will not consider requests for		The Review Committee for Internal Medi
VI.F.4.c)	exceptions to the 80-hour limit to the fellows' work week.	6.24.	exceptions to the 80-hour limit to the fello
			Moonlighting
			Moonlighting must not interfere with t
VI.F.5.	Moonlighting	6.25.	goals and objectives of the education with the fellow's fitness for work nor o
vi.i .J.	Imooningitung	0.20.	

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

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

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

#### Exceptions

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

fucation must be counted toward the

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

edicine will not consider requests for ellows' work week.

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven f when 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 b count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven f when averaged over four weeks. (Core
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fell

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

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

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

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

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

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

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