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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	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		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 educate physicians. Graduate medical educate
	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,		group of physicians brings to medical 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 subspecial faculty supervision and conditional in serve as role models of excellence, c
	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.		professionalism, and scholarship. The knowledge, patient care skills, and ex- area of practice. Fellowship is an inte- clinical and didactic education that for of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A.	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an	[None]	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient car expertise achieved, fellows develop r
Int.A (Continued)		[None] - (Continued)	infrastructure that promotes collabo

cation

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

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

any fellowship programs advance sts. 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.

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Int.B.	Definition of Subspecialty Musculoskeletal oncology is the component of orthopaedic surgery that is focused on the diagnosis and treatment of children and adults with benign and malignant tumors of bone and connective soft tissues. The field also includes the diagnosis, treatment, and palliative care of patients with metastatic carcinoma of the skeleton. Musculoskeletal oncologists work in concert with experts from musculoskeletal radiology, pathology, medical and pediatric oncology, radiotherapy, and surgery to care for patients with sarcomas of bone and soft tissue.	[None]	Definition of Subspecialty <i>Musculoskeletal oncology is the compon</i> <i>focused on the diagnosis and treatment</i> <i>malignant tumors of bone and connective</i> <i>the diagnosis, treatment, and palliative c</i> <i>carcinoma of the skeleton. Musculoskele</i> <i>experts from musculoskeletal radiology,</i> <i>oncology, radiotherapy, and surgery to c</i> <i>and soft tissue.</i>
Int.C.	Length of Educational Program The educational program in musculoskeletal oncology must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in musculoske length. (Core)
I.	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. 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		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the When the Sponsoring Institution is no most commonly utilized site of clinica
I.A.	primary clinical site.	[None]	primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by 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)

onent of orthopaedic surgery that is nt of children and adults with benign and tive soft tissues. The field also includes e care of patients with metastatic eletal oncologists work in concert with y, pathology, medical and pediatric o care for patients with sarcomas of bone

keletal oncology 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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.1.a)	When orthopaedic residents and fellows are being educated at the same participating site, the residency director and fellowship director must jointly prepare and utilize a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, the roles of the residents and fellows in patient care, and how clinical and educational resources will be shared equitably. (Core)	1.2.a.	When orthopaedic residents and fellows participating site, the residency director prepare and utilize a written agreement between the residency and fellowship p fellowship directors in determining the e fellows, the roles of the residents and fe and educational resources will be share
I.B.1.a).(1)	Both program directors should together closely monitor the relationship between residency and fellowship education. (Detail)	1.2.a.1.	Both program directors should together residency and fellowship education. (De
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of ag and each participating site that gover program and the participating site pr
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (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 clinic at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is acco 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 ar participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
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 in practices that focus on mission-dr and retention of a diverse and inclusi present), fellows, faculty members, s members, and other relevant member
I.D.	Resources	1.8.	Resources The program, in partnership with its 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 the availability of adequate resources
I.D.1.a)	Resources must include:	[None]	

ws are being educated at the same or and fellowship director must jointly nt specifying the educational relationship programs, the roles of the residency and e educational program of residents and fellows in patient care, and how clinical ired equitably. (Core)

er closely monitor the relationship between Detail)

ngreement (PLA) between the program verns the relationship between the providing a required assignment. (Core)

every 10 years. (Core) lesignated institutional official (DIO).

ical learning and working environment

st be one faculty member, designated countable for fellow education for that ram director. (Core)

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

ion

s Sponsoring Institution, must engage driven, ongoing, systematic recruitment usive workforce of residents (if senior administrative GME staff pers of its academic community. (Core)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.1.a).(1)	ambulatory care, inpatient, and laboratory facilities; (Core)	1.8.a.	Resources must include ambulatory care (Core)
I.D.1.a).(2)	specialized pathology and musculoskeletal imaging services; (Core)	1.8.b.	Resources must include specialized path services. (Core)
I.D.1.a).(3)	clinical services in pediatrics, pediatric oncology, nuclear medicine, psychiatry, surgery and its subspecialties, infectious disease, radiation oncology, and medical oncology; and, (Core)	1.8.c.	Resources must include clinical services nuclear medicine, psychiatry, surgery ar radiation oncology, and medical oncolog
I.D.1.a).(4)	access to oncologic nursing, nutrition, dietetic counseling, social services, orthotic/prosthetic services, and physical and occupational rehabilitation. (Core)	1.8.d.	Resources must include access to onco counseling, social services, orthotic/pros occupational rehabilitation. (Core)
I.D.1.b)	There must be a minimum of 300 new patients, per fellow per year, with benign and malignant bone and soft-tissue tumors with an appropriate mix of primary and metastatic lesions to ensure adequate educational experience in musculoskeletal oncology. (Core)	1.8.e.	There must be a minimum of 300 new pa and malignant bone and soft-tissue tunc and metastatic lesions to ensure adequa musculoskeletal oncology. (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 lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in 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 pre advanced practice providers, must no fellows' education. (Core)

are, inpatient, and laboratory facilities.

athology and musculoskeletal imaging

es in pediatrics, pediatric oncology, and its subspecialties, infectious disease, ogy. (Core)

cologic nursing, nutrition, dietetic osthetic services, and physical and

patients, per fellow per year, with benign mors with an appropriate mix of primary uate educational experience in

Sponsoring Institution, must ensure ing environments that promote fellow

)

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

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

opriate to the participating site; and,

sabilities consistent with the re)

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

rsonnel

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

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I.E.1.	Fellows should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines when present. (Core)	1.11.a.	Fellows should maintain a close working and other fellows in orthopaedic surgery (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member a authority and accountability for the o 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 a authority and accountability for the o 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 Graduat (GMEC) must approve a change in pr program director's licensure and clin
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.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 applica must be provided with support adequ based upon its size and configuration
II.A.2.a)	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core) Number of Approved Fellow Positions: 1-2 Minimum Support Required (FTE): 10% Number of Approved Resident Positions: 3-4 Minimum Support Required (FTE): 10% Number of Approved Resident Positions: 5-6 Minimum Support Required (FTE): 20%	2.3.a.	Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direct director and one or more associate (or a Number of Approved Fellow Positions: 1 10% Number of Approved Resident Positions (FTE): 10% Number of Approved Resident Positions (FTE): 20%
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 Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a).(1)	Prior to appointment, the program director must demonstrate:	[None]	
II.A.3.a).(1).(a)	completion of a musculoskeletal oncology fellowship; (Core)	2.4.b.	Prior to appointment, the program direct musculoskeletal oncology fellowship. (C
II.A.3.a).(1).(b)	at least three years of clinical practice experience in musculoskeletal oncology; (Core)	2.4.c.	Prior to appointment, the program direct years of clinical practice experience in n

ing relationship with orthopaedic residents ery and in other disciplines when present.

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

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

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

ctor resides with the Review Committee.

cable, the program's leadership team, quate for administration of the program ion. (Core)

ist be provided with support equal to a low for administration of the program. This ector only or divided between the program r assistant) program directors. (Core)

1-2 | Minimum Support Required (FTE):

ons: 3-4 | Minimum Support Required

ons: 5-6 | Minimum Support Required

ctor:

s subspecialty expertise and view Committee. (Core)

tor

s subspecialty expertise and view Committee. (Core)

ector must demonstrate completion of a (Core)

ector must demonstrate at least three n musculoskeletal oncology. (Core)

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II.A.3.a).(1).(c)	three years as a faculty member in an ACGME-accredited or American Osteopathic Association (AOA)-approved orthopaedic surgery residency or musculoskeletal oncology fellowship program; and, (Core)	2.4.d.	Prior to appointment, the program direct faculty member in an ACGME-accredite (AOA)-approved orthopaedic surgery re fellowship program. (Core)
II.A.3.a).(1).(d)	evidence of periodic updates of knowledge and skills to discharge the roles and responsibilities for teaching, supervision, and formal evaluation of fellows. (Core)	2.4.e.	Prior to appointment, the program direct periodic updates of knowledge and skills responsibilities for teaching, supervision (Core)
	must include current certification in the specialty by the American Board of Orthopaedic Surgery (AOBS) or by the American Osteopathic Board of Orthopaedic Surgery (AOBOS), or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess of for which they are the program direct Orthopaedic Surgery (AOBS) or by the Orthopaedic Surgery (AOBOS), or subs acceptable to the Review Committee.
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the AOA acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program F member board of the American Board of certifying board of the AOA acceptable, offers certification in this subspecialty]
II.A.3.b).(1)	All program directors appointed after the effective date of these requirements must have current ABOS or AOBOS certification in orthopaedic surgery. (Core)	2.4.a.1.	All program directors appointed after the must have current ABOS or AOBOS cer
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role i
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 missi
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.	physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)

ector must demonstrate three years as a ited or American Osteopathic Association residency or musculoskeletal oncology

ector must demonstrate evidence of kills to discharge the roles and on, and formal evaluation of fellows.

s current certification in the specialty ector by the American Board of ne American Osteopathic Board of obspecialty qualifications that are ee. (Core)

n Requirements deem certification by a of Medical Specialties (ABMS) or a e, there is no ABMS or AOA board that

the effective date of these requirements certification in orthopaedic surgery. (Core)

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

e model of professionalism. (Core)

and conduct the program in a fashion mmunity, the mission(s) of the ssion(s) of the program. (Core) ster and maintain a learning ng the fellows in each of the ACGME

faculty members at all participating core faculty members, and must evaluate candidates prior to approval.

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II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learning the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit 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 mistreatment, and provide feedback i appropriate, without fear of intimidati
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 appoint
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,
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide a interview with information related to t specialty board examination(s). (Core

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 < in a confidential manner as ation or retaliation. (Core)

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

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

n a non-competition guarantee or

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

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

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

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	Faculty		
	Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		Faculty Faculty members are a foundational of education – faculty members teach for Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a con- Faculty members experience the priod development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, far graduate medical education system, in and the population.
II.B.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	Faculty members ensure that patients from a specialist in the field. They rea the patients, fellows, community, and provide appropriate levels of supervis Faculty members create an effective professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue faculty their skills. (Core)

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

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

of faculty members with competence to Core)

lels of professionalism. (Core)

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

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

ng fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

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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.	
	have current certification in the specialty by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopaedic Surgery, or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a		Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the specialty by the American Board of American Osteopathic Board of Ortho qualifications judged acceptable to th
II.B.3.b).(1)	member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) acceptable, there is no ABMS or AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program F member board of the ABMS or a certifyin is not ABMS or AOA board that offers ce
II.B.3.b).(1).(a)	Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core)	2.9.b.	Physician faculty members who are orth ABOS or AOBOS certification in orthopa towards achieving such certification. (Co
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member I Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core) Faculty members must complete the annual ACGME Faculty Survey.	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core) Faculty members must complete the
II.B.4.a)	(Core)	2.10.a.	(Core)
II.B.4.b)	There must be at least two core physician faculty members who are orthopaedic surgeons with experience in musculoskeletal oncology, including the program director, who have ABOS or AOBOS certification in orthopaedic surgery, have completed a fellowship in musculoskeletal oncology, and are actively involved in the education and supervision of fellows during the 12 months of accredited education. (Core)		There must be at least two core physicia surgeons with experience in musculoske director, who have ABOS or AOBOS cer completed a fellowship in musculoskelet the education and supervision of fellows education. (Core)
			Program Coordinator
II.C.	Program Coordinator	2.11.	There must be administrative support
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	Program Coordinator There must be administrative support
II.C.1.a)	The program coordinator must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. (Core)	2.11.a.	The program coordinator must be provid minimum of 20 percent FTE for administ

oriate qualifications in their field and ntments. (Core)

oriate qualifications in their field and ntments. (Core)

nbers

hbers must have current certification in d of Orthopaedic Surgery or the hopaedic Surgery, or possess the Review Committee. (Core)

Requirements deem certification by a ying board to the AOA acceptable, there certification in this subspecialty]

thopaedic surgeons must have current paedic surgery or be on a pathway Core)

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

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

e annual ACGME Faculty Survey.

cian faculty members who are orthopaedic keletal oncology, including the program certification in orthopaedic surgery, have letal oncology, and are actively involved in vs during the 12 months of accredited

ort for program coordination. (Core)

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

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Requirement Number		Requirement Number	Requirement
	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p
II.D. III.	administration of the program. (Core) Fellow Appointments	Section 3	administration of the program. (Core) Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	Section 5. Fellow Appointments
ш.А.		[None]	
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
	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		All required clinical education for entr programs must be completed in an AG an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canad
III.A.1.	program located in Canada. (Core)	3.2.	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 fic CanMEDS Milestones evaluations from
, III.A.1.b)	Prior to appointment in the program, fellows should have successfully completed a residency in orthopaedic surgery in a program that satisfies III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fello completed a residency in orthopaedic su (Core)
, III.A.1.c)	Fellow Eligibility Exception The Review Committee for Orthopaedic Surgery will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Orthopaedi 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
	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,		evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations
III.A.1.c).(1).(a)		3.2.b.1.a.	(Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissio (ECFMG) certification. (Core)
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)

Sponsoring Institution, must jointly personnel for the effective e)

ip Programs

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

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

ellows should have successfully surgery in a program that satisfies 3.2.

edic Surgery will allow the following y requirements:

rogram may accept an exceptionally licant who does not satisfy the , but who does meet all of the and 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

		1	[
Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
	Fellow Complement		
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is c and innovation in graduate medical ec 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 wh
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
	Fellows must be provided with protected time to participate in core		Curriculum Organization and Fellow E Experiences Fellows must be provided with protec
IV.A.4.a)	didactic activities. (Core)	4.11.	didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)

oint more fellows than approved by the

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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

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

yond direct patient care; and, (Core)

/ Experiences – Didactic and Clinical

ected time to participate in core

omote patient safety-related goals,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competencies
			Milestones for each subspecialty. The
			subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGM
	Professionalism		
			ACGME Competencies – Professiona
	Fellows must demonstrate a commitment to professionalism and an		Fellows must demonstrate a commitr
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
			ACGME Competencies – Patient Care
	Fellows must be able to provide patient care that is patient- and family-		Fellows must be able to provide patie
	centered, compassionate, equitable, appropriate, and effective for the		centered, compassionate, equitable, a
IV.B.1.b).(1)	treatment of health problems and the promotion of health. (Core) Fellows must demonstrate competence in:	4.4.	treatment of health problems and the
IV.B.1.b).(1).(a)		[None]	Fellows must demonstrate competence
IV.B.1.b).(1).(a).(i)	the management of musculoskeletal oncologic treatment protocols; and, (Core)	44a	oncologic treatment protocols. (Core)
			Fellows must demonstrate competence
IV.B.1.b).(1).(a).(ii)	the ability to make sound clinical decisions. (Core)	4.4.b.	decisions. (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
	Fellows must demonstrate competence in performing operative and non-		Fellows must demonstrate competence
	operative procedures required for the practice of musculoskeletal oncology.		operative procedures required for the pr
IV.B.1.b).(2).(a)	(Core)	4.5.a.	(Core)
IV.B.1.b).(2).(a).(i)	This must include:	[None]	
			This must include management of bony
IV.B.1.b).(2).(a).(i).(a)	management of bony lesions and tumors of the spine and pelvis; (Core)	4.5.a.1.	pelvis. (Core)
IV.B.1.b).(2).(a).(i).(b)	soft tissue resections and reconstruction; (Core)	4.5.a.2.	This must include soft tissue resections
IV.B.1.b).(2).(a).(i).(c)	complex reconstructions and limb salvage; (Core)	4.5.a.3.	This must include complex reconstruction
IV.B.1.b).(2).(a).(i).(d)	surgical management of complications; (Core)	4.5.a.4.	This must include surgical management
IV.B.1.b).(2).(a).(i).(e)	surgical management of metastatic disease; and, (Core)	4.5.a.5.	This must include surgical management
	pediatric oncologic cases involving management of bony lesions and tumors of the spine and pelvis, soft tissue resections, complex reconstructions, and limb		This must include pediatric oncologic ca lesions and tumors of the spine and pelo
IV.B.1.b).(2).(a).(i).(f)	salvage. (Core)	4.5.a.6.	reconstructions, and limb salvage. (Core
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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.

GME Competencies into the curriculum.

nalism

itment to professionalism and an pre)

re

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

ce in the management of musculoskeletal

ce in the ability to make sound clinical

al Skills

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

ce in performing operative and nonpractice of musculoskeletal oncology.

y lesions and tumors of the spine and

and reconstruction. (Core)

tions and limb salvage. (Core)

nt of complications. (Core)

nt of metastatic disease. (Core)

cases involving management of bony elvis, soft tissue resections, complex ore)

Roman Numeral Requirement Number	. Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of:	[None]	
IV.B.1.c).(1).(a)	the indications, risks, and limitations of the commonly performed procedures in musculoskeletal oncology; (Core)	4.6.a.	Fellows must demonstrate competence risks, and limitations of the commonly peoncology. (Core)
IV.B.1.c).(1).(b)	the natural history of musculoskeletal neoplasia, the effectiveness of therapeutic programs, and the role of palliative care and hospice in patient management; (Core)	4.6.b.	Fellows must demonstrate competence of musculoskeletal neoplasia, the effection the role of palliative care and hospice in
IV.B.1.c).(1).(c)	musculoskeletal surgical pathology and diagnostic radiology; (Core)	4.6.c.	Fellows must demonstrate competence surgical pathology and diagnostic radiology
IV.B.1.c).(1).(d)	the indications for and limitations of surgery, radiation therapy, and chemotherapy in the treatment of musculoskeletal neoplasia; (Core)	4.6.d.	Fellows must demonstrate competence and limitations of surgery, radiation thera of musculoskeletal neoplasia. (Core)
IV.B.1.c).(1).(e)	musculoskeletal oncology disorders and conditions, including: (Core)	4.6.e.	Fellows must demonstrate competence oncology disorders and conditions, inclu
IV.B.1.c).(1).(e).(i)	primary malignant bone (primary); (Core)	4.6.e.1.	primary malignant bone (primary); (Core
IV.B.1.c).(1).(e).(ii)	metastatic bone lesion; (Core)	4.6.e.2.	metastatic bone lesion; (Core)
IV.B.1.c).(1).(e).(iii)	benign bone tumor; (Core)	4.6.e.3.	benign bone tumor; (Core)
IV.B.1.c).(1).(e).(iv)	malignant soft tissue tumor; and, (Core)	4.6.e.4.	malignant soft tissue tumor; and, (Core)
IV.B.1.c).(1).(e).(v)	benign soft tissue tumor. (Core)	4.6.e.5.	benign soft tissue tumor. (Core)
IV.B.1.c).(1).(f)	the application of research methods, including the ability to critically analyze research reports and to design and implement clinical or basic research in musculoskeletal oncology. (Core)	4.6.f.	Fellows must demonstrate competence is research methods, including the ability to to design and implement clinical or basic (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of info patients, their families, and health pro

nowledge

lge of established and evolving al, and social-behavioral sciences, as the application of this knowledge to

e in their knowledge of the indications, performed procedures in musculoskeletal

e in their knowledge of the natural history ctiveness of therapeutic programs, and in patient management. (Core)

e in their knowledge of musculoskeletal ology. (Core)

e in their knowledge of the indications for erapy, and chemotherapy in the treatment

e in their knowledge of musculoskeletal cluding: (Core)

re)

e in their knowledge of the application of to critically analyze research reports and sic research in musculoskeletal oncology.

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

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

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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
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	 4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibilitie educational events. (Core) 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protect didactic activities. (Core) 4.12. Curriculum Organization and Fe The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Fellow I The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibiliti educational events. (Core)
IV.C.1.a)	Fellows must continue to provide care for their own post-operative patients until discharge or until the patients' post-operative conditions are stable and the episode of care is concluded. (Core)	4.10.a.	Fellows must continue to provide care for discharge or until the patients' post-oper episode of care is concluded. (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 sub the signs of substance use disorder.
IV.C.2.a)	This must include instruction and experience in multimodal pain treatment, including non-narcotic pain medications and alternative pain reducing modalities. (Core)	4.12.a.	This must include instruction and experient including non-narcotic pain medications modalities. (Core)
IV.C.3.	The program must provide advanced education to ensure that each fellow develops specialty expertise in the field of musculoskeletal oncology. (Core)	4.11.a.	The program must provide advanced ed develops specialty expertise in the field
IV.C.3.a)	The educational program must emphasize a scholarly approach to clinical problem solving, self-directed study, teaching, development of analytic skills and surgical judgment, and research. (Core)		The educational program must emphasize problem solving, self-directed study, tear surgical judgment, and research. (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 riences include an appropriate blend of ities, clinical teaching, and didactic

Fellow Experiences – Didactic and

ected time to participate in core

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

v Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory riences include an appropriate blend of ities, clinical teaching, and didactic

for their own post-operative patients until perative conditions are stable and the

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

erience in multimodal pain treatment, ns and alternative pain reducing

education to ensure that each fellow d of musculoskeletal oncology. (Core)

size a scholarly approach to clinical eaching, development of analytic skills and e)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.4.	The didactic curriculum must include the basic concepts of oncogenesis and molecular oncology, adult and pediatric oncology, immunology, and radiation oncology. (Core)	4.11.b.	The didactic curriculum must include the molecular oncology, adult and pediatric oncology. (Core)
IV.C.4.a)	The program must regularly hold subspecialty conferences with active faculty member and fellow participation, including at least: (Core)	4.11.b.1.	The program must regularly hold subspe member and fellow participation, includir
IV.C.4.a).(1)	one weekly teaching conference; (Detail)	4.11.b.1.a.	one weekly teaching conference; (Detail)
IV.C.4.a).(2)	one monthly morbidity and mortality conference; (Detail)	4.11.b.1.b.	one monthly morbidity and mortality conf
IV.C.4.a).(3)	one monthly journal club in musculoskeletal oncology to include reviews of current literature in medical, pediatric, and radiation oncology; and, (Detail)	4.11.b.1.c.	one monthly journal club in musculoskele current literature in medical, pediatric, an
IV.C.4.a).(4)	one monthly multi-disciplinary tumor conference involving pathologists and radiologists, as well as radiation and medical oncologists. (Core)	4.11.b.1.d.	one monthly multi-disciplinary tumor con radiologists, as well as radiation and me
IV.C.4.a).(4).(a) IV.C.5.	Pediatric oncologists should be included as appropriate. (Detail) Clinical experience must include:	4.11.b.1.d.1. [None]	Pediatric oncologists should be included
IV.C.5.a)	a major role in the continuing care of adult and pediatric patients, to include progressive responsibility for patient assessment, decisions regarding treatment, pre-operative evaluation, operative experience, non-operative management, post-operative management, and rehabilitation; (Core)	4.11.c.	Clinical experience must include a major pediatric patients, to include progressive decisions regarding treatment, pre-opera non-operative management, post-operati (Core)
IV.C.5.b)	managing patients with a wide variety of clinical orthopaedic oncologic problems in both inpatient and outpatient settings; (Core)	4.11.d.	Clinical experience must include managi clinical orthopaedic oncologic problems i (Core)
IV.C.5.c)	continuing responsibility for both acutely- and chronically-ill patients; (Core)	4.11.e.	Clinical experience must include continui chronically-ill patients. (Core)
IV.C.5.d)	performing operative procedures related to benign and malignant bone and soft tissue tumors, metabolic musculoskeletal disease, and complex reconstruction with an oncologic diagnosis; (Core)	4.11.f.	Clinical experience must include perform benign and malignant bone and soft tissu disease, and complex reconstruction with
IV.C.5.e)	providing consultation with faculty member supervision; and, (Core)	4.11.g.	Clinical experience must include providin supervision. (Core)
IV.C.5.f)	clearly-defined teaching responsibilities for fellows, allied health personnel, and residents and medical students if present. (Core)	4.11.h.	Clinical experience must include clearly- fellows, allied health personnel, and resid (Core)
IV.C.5.f).(1)	These teaching experiences must correlate basic biomedical knowledge with the clinical aspects of musculoskeletal oncology. (Core)	4.11.h.1.	These teaching experiences must correlate the clinical aspects of musculoskeletal or
IV.C.6.	Fellows must document their operative experience in a timely manner by reporting all cases in the ACGME Case Log System. (Core)	4.11.i.	Fellows must document their operative e reporting all cases in the ACGME Case I
IV.C.7.	Programs must evaluate fellows within six weeks following entry into the program for expected entry-level skills so that additional training can be provided in a timely manner to address identified deficiencies. (Core)	4.11.j.	Programs must evaluate fellows within si program for expected entry-level skills so provided in a timely manner to address io

ne basic concepts of oncogenesis and c oncology, immunology, and radiation

pecialty conferences with active faculty ding at least: (Core)

ail)

onference; (Detail)

eletal oncology to include reviews of and radiation oncology; and, (Detail)

onference involving pathologists and

nedical oncologists. (Core)

ed as appropriate. (Detail)

or role in the continuing care of adult and ve responsibility for patient assessment, erative evaluation, operative experience, ative management, and rehabilitation.

aging patients with a wide variety of s in both inpatient and outpatient settings.

nuing responsibility for both acutely- and

rming operative procedures related to ssue tumors, metabolic musculoskeletal vith an oncologic diagnosis. (Core)

ding consultation with faculty member

y-defined teaching responsibilities for sidents and medical students if present.

elate basic biomedical knowledge with oncology. (Core)

e experience in a timely manner by e Log System. (Core)

six weeks following entry into the so that additional training can be s identified deficiencies. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	Scholarship		
	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the noods of the community it		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 The ACGME recognizes the diversity programs prepare physicians for a value
IV.D.	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]	scientists, and educators. It is expect will reflect its mission(s) and aims, and serves. For example, some programs activity on quality improvement, population other programs might choose to utilize research as the focus for scholarship
			Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	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.1.b)	The program must provide scheduled and protected time and facilities for research activities by fellows. (Core)	4.13.a.	The program must provide scheduled ar research activities by fellows. (Core)
IV.D.1.b).(1)	Protected time for fellow research activities should be a minimum of two days per month, averaged over the 12-month program. (Detail)	4.13.b.	Protected time for fellow research activit per month, averaged over the 12-month
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Faculty members must demonstrate diss peer-reviewed publications, chapters an
IV.D.2.a)	Faculty members must demonstrate dissemination of scholarly activity through peer-reviewed publications, chapters and/or grant leadership. (Core)	4.14.	Faculty Scholarly Activity Faculty members must demonstrate dise peer-reviewed publications, chapters an
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Fellows must participate in basic and/or (Core)
IV.D.3.a)	Fellows must participate in basic and/or clinical hypothesis-based research. (Core)	4.15.	Fellow Scholarly Activity Fellows must participate in basic and/or (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 nctivities may include discovery, ng.

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

dence of scholarly activities, ims. (Core)

dence of scholarly activities, ims. (Core)

and protected time and facilities for

vities should be a minimum of two days th program. (Detail)

issemination of scholarly activity through and/or grant leadership. (Core)

issemination of scholarly activity through and/or grant leadership. (Core)

or clinical hypothesis-based research.

or clinical hypothesis-based research.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.D.3.b)	Each fellow should demonstrate scholarship during the program through one or more of the following: peer-reviewed publications; abstracts, posters, or presentations at international, national, or regional meetings; publication of book chapters; or lectures or formal presentations (such as grand rounds or case presentations). (Outcome)	4.15.a.	Each fellow should demonstrate scholar more of the following: peer-reviewed put presentations at international, national, of chapters; or lectures or formal presentat presentations). (Outcome)
	Independent Practice		Independent Practice
IV.E.	Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.	[None]	Fellowship programs may assign fello practice of their core specialty during
IV.E.1. V.	If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core) Evaluation	4.16. Section 5	If programs permit their fellows to util it must not exceed 20 percent of their academic year. (Core) Section 5: Evaluation
v. V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durir educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durir educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durir educational assignment. (Core)
V.A.1.a).(1)	This must include review of fellow cases logged in the ACGME Case Log System. (Core)	5.1.f.	Faculty evaluations of a fellow's perform cases logged in the ACGME Case Log S
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) V.A.1.c)	Evaluations must be completed at least every three months. (Core) The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.a.1. 5.1.b.	Evaluations must be completed at lea The program must provide an objectiv the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest

arship during the program through one or publications; abstracts, posters, or , or regional meetings; publication of book ations (such as grand rounds or case

llows to engage in the independent ng their fellowship program.

Itilize the independent practice option, for time per week or 10 weeks of an

aluation

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

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

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

mance must include review of fellow g System. (Core)

the completion of the assignment.

east every three months. (Core)

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

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

cal Competency Committee for its formance and improvement toward

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

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Boquiromon
Requirement Number	Requirement Language	Requirement Number	
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
, ()	The evaluations of a fellow's performance must be accessible for review		The evaluations of a fellow's perform
V.A.1.e)	by the fellow. (Core)	5.1.e.	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)
			Fellow Evaluation: Final Evaluation
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
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 pai maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors nec (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 v the 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 Competend members, at least one of whom is a c be faculty members from the same pr 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 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 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 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)

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

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

t the fellow has demonstrated the ecessary to enter autonomous practice.

with the fellow upon completion of

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 bspecialty-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.

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with the in faculty development related to thei 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 Improvemen The program director must appoint th conduct and document the Annual Pr program'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 Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
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 response 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, inclu 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 ide 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 n and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)		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 Se (Core)

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

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

n, confidential evaluations by the

back on their evaluations at least

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

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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,

ponsibilities must include review of the deprogress toward meeting them.

ponsibilities must include guiding luding development of new goals,

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

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

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

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

Self-Study and submit it to the DIO.

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	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 t environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality 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)	-	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently de 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, an patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechar and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
	Residents, fellows, faculty members, and other clinical staff members		
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

ng Environment

the context of a learning and working blowing principles:

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roviding care for patients

he students, residents, fellows, faculty nealth 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 ute to a culture of safety. (Core)

v-up of safety events, near misses, and panisms for improving patient safety, f any patient safety program. Feedback ptial to developing true competence in stitute sustainable systems-based ty vulnerabilities.

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

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 info safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team men interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementati
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improvem
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 p
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their S communicate, and monitor a structur accountability as it relates to the sup Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requir practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the programs, in partnership with their S communicate, and monitor a structur accountability as it relates to the sup
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 members of the health care team, and patients. (Core)	6.5.a.	This information must be available to members of the health care team, and

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

nembers in real and/or simulated Ifety and quality improvement activities, er activities that include analysis, as ation of actions. (Core)

itizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

s ultimately responsible for the care of in the responsibility and e provision of care. Effective Sponsoring Institutions, define, widely tured chain of responsibility and upervision of all patient care.

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

s ultimately responsible for the care of in the responsibility and e provision of care. Effective Sponsoring Institutions, define, widely tured chain of responsibility and upervision of all patient care.

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

inform each patient of their respective oviding direct patient care. (Core) to fellows, faculty members, other and patients. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
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)		The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as app
•••••••••••••••••••••••••••••••••••••••	Levels of Supervision	0.0.	
VI.A.2.b)	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 physica 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.	Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)		The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Mileste
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)		Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)		Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author

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

ervision while providing for graded ogram must use the following

cally present with the fellow during the on.

cally present with the fellow during the on.

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

ble to provide review of ock provided after care is delivered. rsical presence of a supervising

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

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

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

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

their scope of authority, and the owned the the the the servited to act with conditional the service of the ser

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.		[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
	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 v provide a culture of professionalism t personal responsibility. (Core)
	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe of
	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)

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

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

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

am must include efforts to enhance n the experience of being a physician, nts, providing administrative support, ce and flexibility, and enhancing

o with the Sponsoring Institution, must I that supports patient safety and

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

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

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

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Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremer
	Well-Being		
	Wen-Deing		Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, carin
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and
	requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other		requires that physicians retain the jo own real-life stresses. Self-care and
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and		professionalism; they are also skills
	nurtured in the context of other aspects of fellowship training.		nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at I
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share		same responsibility to address well-l competence. Physicians and all men
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and		clinical learning environment models
	prepares fellows with the skills and attitudes needed to thrive throughout		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	6.13.	The responsibility of the program, in
VI.C.1.	Institution, must include: attention to scheduling, work intensity, and work compression that	0.13.	Institution, must include: attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourag
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunit
VI.C.1.c).(1)	and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	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
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or poten
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	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-s
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
VI.C.1.e)	counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	counseling, and treatment, including 24 hours a day, seven days a week. (
		0.10.6.	There are circumstances in which fel
	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, il
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)

sical well-being are critical in the ing, and resilient physician and require d outside of medicine. Well-being joy in medicine while managing their d responsibility to support other re important components of ls 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)

hemselves and how to seek

-screening. (Core)

ffordable mental health assessment, ng access to urgent and emergent care . (Core)

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

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Requirement Number		Requirement Number	
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure 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 consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.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, ir the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces
	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac
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nd procedures in place to ensure re continuity of patient care. (Core)
ed without fear of negative s or was unable to provide the clinical
and faculty members in recognition of ivation, alertness management, and il)
and faculty members in recognition of ivation, alertness management, and il)
s Sponsoring Institution, must ensure ransportation options for fellows who n home. (Core)
h fellow must be based on PGY level, ty and complexity of patient oport services. (Core)
n environment that maximizes , interprofessional, team-based care in system. (Core)
ignments to optimize transitions in frequency, and structure. (Core)
ignments to optimize transitions in frequency, and structure. (Core)
Sponsoring Institutions, must ensure and-off processes to facilitate both y. (Core)
are competent in communicating with cess. (Outcome)
Sponsoring Institutions, must design

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 find from the first section of the section of
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education (home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effect fellow education. Additional patient ca assigned to a fellow during this time.
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)

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

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

s free of clinical work and education e)

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)

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

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.

ducation must be counted toward the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee will not consider requests for exceptions to the 80-hour weekly limit.	6.24.	The Review Committee will not consider weekly limit.
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.6.a)	Night float may not exceed three months per year. (Detail)	6.26.a.	Night float may not exceed three months
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 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)		At-Home Call Time spent on patient care activities k count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Core
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fell

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

er requests for exceptions to the 80-hour

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

h the ability of the fellow to achieve the onal program, and must not interfere or 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-

hs per year. (Detail)

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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 aty-third-night limitation, but must satisfy n free of clinical work and education, ore)

s by fellows on at-home call must weekly limit. The frequency of 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)