Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
Int.A.	Definition of Graduate Medical Education Graduate medical education is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. Graduate medical education transforms medical students into physician scholars who care for the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many years later.	[None]	Definition of Graduate Medical Education Graduate medical education is the crucia between medical school and autonomous of the continuum of medical education th patient care under the supervision of fact serve as role models of excellence, comp professionalism, and scholarship. Graduate medical education transforms r who care for the patient, patient's family, integrate new knowledge into practice; an physicians to serve the public. Practice p medical education persist many years lat
Int.A. (Continued)	Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation 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.		Graduate medical education has as a cor responsibility for patient care. The care of faculty supervision and conditional indep the knowledge, skills, attitudes, judgmen practice. Graduate medical education dev excellence in delivery of safe, equitable, a the populations they serve. Graduate med a diverse group of physicians brings to n inclusive and psychologically safe learning Graduate medical education occurs in cli foundation for practice-based and lifelon development of the physician, begun in n faculty modeling of the effacement of sel that emphasizes joy in curiosity, problem This transformation is often physically, e and occurs in a variety of clinical learning medical education and the well-being of p members, students, and all members of t

on

cial step of professional development bus clinical practice. It is in this vital phase that residents learn to provide optimal aculty members who not only instruct, but mpassion, cultural sensitivity,

s medical students into physician scholars ly, and a diverse community; create and and educate future generations of e patterns established during graduate later.

ore tenet the graded authority and e of patients is undertaken with appropriate lependence, allowing residents to attain ent, and empathy required for autonomous levelops physicians who focus on e, affordable, quality care; and the health of nedical education values the strength that o medical care, and the importance of ning environments.

clinical settings that establish the ong learning. The professional on medical school, continues through self-interest in a humanistic environment em-solving, academic rigor, and discovery. , emotionally, and intellectually demanding ing environments committed to graduate of patients, residents, fellows, faculty f the health care team.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
		Number	Kequiterilei
	Definition of Specialty Neurological surgery is a medical discipline and surgical specialty that provides care for adult and pediatric patients in the treatment of pain or pathological processes that may modify the function or activity of the central nervous system (e.g., brain, hypophysis, and spinal cord), the peripheral nervous system, (e.g., cranial, spinal, and peripheral nerves), the autonomic nervous system, and the supporting structures of these systems (e.g., meninges, skull and skull base, and vertebral column) and their vascular supply (e.g., intracranial, extracranial, and spinal vasculature).		Definition of Specialty Neurological surgery is a medical discip care for adult and pediatric patients in the processes that may modify the function (e.g., brain, hypophysis, and spinal cord cranial, spinal, and peripheral nerves), the supporting structures of these systems and vertebral column) and their vasculat and spinal vasculature).
Int.B.	Treatment encompasses non-operative management (including prevention, diagnosis, image interpretation, and neurocritical intensive care and rehabilitation) and operative management (including image interpretation, endovascular surgery, functional and restorative surgery, stereotactic radiosurgery, and spinal fusion and instrumentation).	[None]	Treatment encompasses non-operative diagnosis, image interpretation, and new rehabilitation) and operative manageme endovascular surgery, functional and re radiosurgery, and spinal fusion and inst
Int.C.	Length of Educational Program The educational program in neurological surgery must be 84 months in length. (Core)	4.1.	Length of Program The educational program in neurologica (Core)
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education, consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the		Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp medical education, consistent with the Requirements. When the Sponsoring Institution is m
I.A.	most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	most commonly utilized site of clinic primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by
I.A.1.	Institution.	1.1.	Institution.
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for residents.	[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 Sp primary clinical site. (Core)
I.B.1.a)	Residents from ACGME-accredited programs in anesthesiology, diagnostic radiology, internal medicine, neurology, pediatrics, and surgery should be available at the primary clinical site in significant numbers. (Core)	1.2.a.	Residents from ACGME-accredited pro- radiology, internal medicine, neurology, available at the primary clinical site in si

cipline and surgical specialty that provides in the treatment of pain or pathological on or activity of the central nervous system ord), the peripheral nervous system, (e.g.,), the autonomic nervous system, and the os (e.g., meninges, skull and skull base, ular supply (e.g., intracranial, extracranial,

ve management (including prevention, neurocritical intensive care and ment (including image interpretation, restorative surgery, stereotactic nstrumentation).

cal surgery must be 84 months in length.

rganization or entity that assumes the sponsibility for a program of graduate the ACGME Institutional

not a rotation site for the program, the ical activity for the program is the

one ACGME-accredited Sponsoring

ion providing educational experiences ons for residents.

ponsoring Institution, must designate a

rograms in anesthesiology, diagnostic y, pediatrics, and surgery should be significant numbers. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	To request an exception, programs must submit a plan for how the intent of the		To request an exception, programs mus
I.B.1.a).(1)		1.2.a.1.	requirement will be met. (Core)
I.B.2. I.B.2.a)	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) The PLA must:	1.3. [None]	There must be a program letter of age and each participating site that gover program and the participating site pro
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
			The PLA must be approved by the de
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a).	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director as the site di resident education at that site, in coll (Core)
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, 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 residents, of one month full tin the ACGME's Accreditation Data Sys
I.B.4.a)	The addition or deletion of any participating site, as well as any change in rotations at an existing participating site, must be approved by the Review Committee prior to assigning any residents to that site. (Core)	1.6.a.	The addition or deletion of any participa rotations at an existing participating site Committee prior to assigning any reside
I.B.4.b)	The program director must ensure peer interaction and regular attendance of residents at joint conferences and other activities regardless of the location of their assigned rotations. (Core)	1.6.b.	The program director must ensure peer residents at joint conferences and other their assigned rotations. (Core)
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, fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retention The program, in partnership with its s in practices that focus on mission-dr and retention of a diverse and inclusi present), faculty members, senior ad other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its s the availability of adequate resources
I.D.1.		1.8.	Resources The program, in partnership with its the availability of adequate resources
I.D.1.a)	Inpatient facilities must be available and must include: (Core)	1.8.a.	Inpatient facilities must be available. (Co
I.D.1.a).(1)		1.8.a.1.	Inpatient facilities must include a neurol microsurgical capabilities. (Core)
I.D.1.a).(2)	an intensive care unit specifically for the care of neurological surgery patients; (Core)	1.8.a.2.	Inpatient facilities must include an intens neurological surgery patients. (Core)

ust submit a plan for how the intent of the

agreement (PLA) between the program /erns the relationship between the providing a required assignment. (Core)

every 10 years. (Core)

designated institutional official (DIO).

ical learning and working environment

st be one faculty member, designated director, who is accountable for ollaboration with the program director.

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

bating site, as well as any change in te, must be approved by the Review dents to that site. (Core)

er interaction and regular attendance of her activities regardless of the location of

ion

s Sponsoring Institution, must engage driven, ongoing, systematic recruitment usive workforce of residents, fellows (if administrative GME staff members, and emic community. (Core)

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

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

ological surgery operating room with

ensive care unit specifically for the care of

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.1.a).(3)	a neuroangiography suite with extracranial and intracranial interventional capabilities; (Core)	1.8.a.3.	Inpatient facilities must include a neuroa intracranial interventional capabilities. (C
I.D.1.a).(4)	access to a stereotactic radiosurgery facility; and, (Core)	1.8.a.4.	Inpatient facilities must include access to (Core)
I.D.1.a).(5)	a unit designated for the care of neurological surgery patients. (Core)	1.8.a.5.	Inpatient facilities must include a unit de surgery patients. (Core)
I.D.1.b) I.D.1.c)	There must be outpatient facilities, and clinic and office space for educating residents in the regular pre-operative evaluation and post-operative follow-up for cases for which residents have responsibility. (Core) There must be space and support personnel for research. (Detail)	1.8.b. 1.8.c.	There must be outpatient facilities, and or residents in the regular pre-operative evo cases for which residents have responsi There must be space and support perso
I.D.1.d)	There should be clinical services available for the education of residents in anesthesiology, critical care, emergency medicine, endocrinology, ophthalmology, orthopaedics, otolaryngology, pathology, and psychiatry. (Detail)	1.8.d.	There should be clinical services availab anesthesiology, critical care, emergency ophthalmology, orthopaedics, otolaryngo
I.D.1.e)	There must be cases distributed among cranial, extracranial, spinal, peripheral nerve, and endovascular surgical procedures to include all of those areas related to required outcomes for patient care and medical knowledge. (Core)	1.8.e.	There must be cases distributed among nerve, and endovascular surgical proced related to required outcomes for patient
I.D.1.e).(1)	There must be a total of at least 500 major neurological surgery procedures at the primary clinical site per year for each resident completing the program. (Core)	1.8.e.1.	There must be a total of at least 500 may the primary clinical site per year for each (Core)
I.D.1.e).(2)	Each hospital participating in the program must have at least 100 major neurological surgery procedures per year distributed appropriately among the spectrum of clinical areas that are the focus for rotations at each site. (Core)	1.8.e.2.	Each hospital participating in the program neurological surgery procedures per year spectrum of clinical areas that are the fo
I.D.1.f)	Programs must notify the Review Committee when they sponsor or participate in any clinical fellowship taking place within sites participating in the program. (Core)	1.8.f.	Programs must notify the Review Comm in any clinical fellowship taking place wit (Core)
I.D.1.f).(1)	Notification must occur before the commencement of such education. (Core)	1.8.f.1.	Notification must occur before the comm
I.D.1.f).(2)	Documentation must be provided describing the fellowship's relationship to and impact on the residency. (Core)	1.8.f.2.	Documentation must be provided descril impact on the residency. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working resident 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 residents with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for residents with proximity appropria
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 approproved (Core)
I.D.2.e)	accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents with d Sponsoring Institution's policy. (Core

oangiography suite with extracranial and (Core)

to a stereotactic radiosurgery facility.

designated for the care of neurological

d clinic and office space for educating evaluation and post-operative follow-up for nsibility. (Core)

sonnel for research. (Detail)

able for the education of residents in cy medicine, endocrinology, gology, pathology, and psychiatry. (Detail)

ng cranial, extracranial, spinal, peripheral edures to include all of those areas nt care and medical knowledge. (Core) najor neurological surgery procedures at

ich resident completing the program.

ram must have at least 100 major ear distributed appropriately among the focus for rotations at each site. (Core)

nmittee when they sponsor or participate within sites participating in the program.

mencement of such education. (Core) cribing the fellowship's relationship to and

Sponsoring Institution, must ensure ng environments that promote

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/rest facilities available and accessible riate for safe patient care; (Core) tion that have refrigeration capabilities,

patient care; (Core)

opriate to the participating site; and,

disabilities consistent with the re)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.3.	Residents must have ready access to specialty-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.	Residents must have ready access to appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E. II.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. (Core) Personnel	1.11. Section 2	Other Learners and Health Care Person The presence of other learners and o but not limited to residents from othe and advanced practice providers, mu appointed residents' education. (Core Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member and authority and accountability for the o with all applicable program requirement
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 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 GMEC n director and must verify the program appointment. (Core)
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.1.b)	The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)	2.3.	The program must demonstrate reten length of time adequate to maintain c stability. (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)	2.4.	The program director and, as applica must be provided with support adequ based upon its size and configuration

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

rsonnel

other health care personnel, including, her programs, subspecialty fellows, nust not negatively impact the pre)

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

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

must approve a change in program m director's licensure and clinical

tor resides with the Review Committee.

ention of the program director for a continuity of leadership and program

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)		At a minimum, the program director must and support specified below for adminis support for program leadership must be additional support may be for the progra program director and one or more assoc (Core)
II.A.2.a)	Number of Approved Resident Positions: 1-7 Minimum Support Required (FTE) for the Program Director: 20% Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: n/a Number of Approved Resident Positions: 8-14 Minimum Support Required (FTE) for the Program Director: 20% Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 10% Number of Approved Resident Positions: 15-20 Minimum Support Required (FTE) for the Program Director: 20% Minimum Additional Support Required (FTE) for the Program Director: 20% Minimum Additional Support Required (FTE) for the Program Director: 20% Minimum Additional Support Required (FTE) for the Program Leadership in Aggregate: 15% Number of Approved Resident Positions: 21 or more Minimum Support Required (FTE) for the Program Director: 20% Minimum Additional Support Required (FTE) for Program Leadership in Aggregate: 20%		Number of Approved Resident Positions (FTE) for the Program Director: 20% M (FTE) for Program Leadership in Aggree Number of Approved Resident Positions (FTE) for the Program Director: 20% M (FTE) for Program Leadership in Aggree Number of Approved Resident Positions (FTE) for the Program Director: 20% M (FTE) for the Program Director: 20% M (FTE) for Program Leadership in Aggree Number of Approved Resident Positions Required (FTE) for the Program Director Required (FTE) for Program Leadership
II.A.3.	Qualifications of the program director:	2.5.	Qualifications of the Program Director The program director must possess years of documented educational an qualifications acceptable to the Revi
II.A.3.a)	must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)	2.5.	Qualifications of the Program Director The program director must possess years of documented educational and qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the specialty for which they are the program director by the American Board of Neurological Surgery (ABNS) or by the American Osteopathic Board of Surgery (AOBS) in neurological surgery, or specialty qualifications that are acceptable to the Review Committee; and, (Core)	2.5.a.	The program director must possess of for which they are the program direct Neurological Surgery (ABNS) or by the Surgery (AOBS) in neurological surgery acceptable to the Review Committee.
II.A.3.c)	must include ongoing clinical activity. (Core)	2.5.b.	The program director must demonstr
II.A.3.d)	must include ongoing scholarly activity, including contributions to the peer- reviewed literature; and, (Core)	2.5.c.	The program director must demonstrate contributions to the peer-reviewed litera
II.A.3.e)	must include demonstrated ability as a faculty leader within the department and as a resident mentor. (Core)	2.5.d.	The program director must demonstrate department and as a resident mentor. (

nust be provided with the dedicated time histration of the program. Additional be provided as specified below. This gram director only or divided among the sociate (or assistant) program directors.

ons: 1-7 | Minimum Support Required | Minimum Additional Support Required regate: n/a

ons: 8-14 | Minimum Support Required | Minimum Additional Support Required regate: 10%

ons: 15-20 | Minimum Support Required | Minimum Additional Support Required regate: 15%

ons: 21 or more | Minimum Support ctor: 20% | Minimum Additional Support nip in Aggregate: 20%

ctor

s specialty expertise and at least three nd/or administrative experience, or /iew Committee. (Core)

ctor

s specialty expertise and at least three nd/or administrative experience, or /iew Committee. (Core)

s current certification in the specialty ector by the American Board of he American Osteopathic Board of ery, or specialty qualifications that are ee. (Core)

strate ongoing clinical activity. (Core)

te ongoing scholarly activity, including rature. (Core)

te ability as a faculty leader within the (Core)

Requirement Number		Reformatted Requirement	
- Roman Numerals	Requirement Language	Number	Requiremer
	Program Director Responsibilities		
			Program Director Responsibilities
	The program director must have responsibility, authority, and		The program director must have resp
	accountability for: administration and operations; teaching and scholarly		accountability for: administration and
	activity; resident recruitment and selection, evaluation, and promotion of		activity; resident recruitment and sele
	residents, and disciplinary action; supervision of residents; and resident		residents, and disciplinary action; su
II.A.4.		2.6.	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)	2.6.a.	The program director must be a role
l	design and conduct the program in a fashion consistent with the needs of		The program director must design an
	the community, the mission(s) of the Sponsoring Institution, and the		consistent with the needs of the com
II.A.4.a).(2)	mission(s) of the program; (Core)	2.6.b.	Sponsoring Institution, and the missi
l			The program director must administe
	administer and maintain a learning environment conducive to educating		environment conducive to educating
II.A.4.a).(3)	the residents in each of the ACGME Competency domains; (Core)	2.6.c.	Competency domains. (Core)
			The program director must have the a
	have the authority to approve or remove physicians and non-physicians as		physicians and non-physicians as fac
	faculty members at all participating sites, including the designation of		sites, including the designation of co
	core faculty members, and must develop and oversee a process to		develop and oversee a process to eva
II.A.4.a).(4)	evaluate candidates prior to approval; (Core)	2.6.d.	(Core)
	have the authority to remove residents from supervising interactions		The program director must have the a
	and/or learning environments that do not meet the standards of the		supervising interactions and/or learn
II.A.4.a).(5)		2.6.e.	the standards of the program. (Core)
	submit accurate and complete information required and requested by the		The program director must submit ac
II.A.4.a).(6)	DIO, GMEC, and ACGME; (Core)	2.6.f.	required and requested by the DIO, G
	provide a learning and working environment in which residents have the		The program director must provide a
	opportunity to raise concerns, report mistreatment, and provide feedback		which residents have the opportunity
	in a confidential manner as appropriate, without fear of intimidation or		mistreatment, and provide feedback i
II.A.4.a).(7)	retaliation; (Core)	2.6.g.	appropriate, without fear of intimidati
	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure th
	policies and procedures related to grievances and due process, including		Sponsoring Institution's policies and
	when action is taken to suspend or dismiss, or not to promote or renew		and due process, including when act
II.A.4.a).(8)	the appointment of a resident; (Core)	2.6.h.	not to promote or renew the appointment
			The program director must ensure th
	ensure the program's compliance with the Sponsoring Institution's		Sponsoring Institution's policies and
II.A.4.a).(9)		2.6.i.	discrimination. (Core)
	Residents must not be required to sign a non-competition guarantee or		Residents must not be required to sig
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
			The program director must document
	document verification of education for all residents within 30 days of		residents within 30 days of completion
II.A.4.a).(10)	completion of or departure from the program; and, (Core)	2.6.j.	(Core)
	provide verification of an individual resident's education upon the		The program director must provide v
II.A.4.a).(11)	resident's request, within 30 days; and (Core)	2.6.k.	education upon the resident's reques

ent Language

sponsibility, authority, and nd operations; teaching and scholarly election, evaluation, and promotion of supervision of residents; and resident care. (Core)

e model of professionalism. (Core) and conduct the program in a fashion ommunity, the mission(s) of the ssion(s) of the program. (Core)

ster and maintain a learning ng the residents in each of the ACGME

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

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

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

e a learning and working environment in ity to raise concerns, report k in a confidential manner as ation or retaliation. (Core)

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

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

sign a non-competition guarantee or

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

e verification of an individual resident's lest, within 30 days. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requireme
II.A.4.a).(12)	provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s).	2.6.1.	The program director must provide a interview with information related to relevant specialty board examination
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow		Faculty Faculty members are a foundational education – faculty members teach r Faculty members provide an importa
	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.		and become practice-ready, ensuring quality of care. They are role models by demonstrating compassion, com patient care, professionalism, and a Faculty members experience the price development of future colleagues. The the opportunity to teach and model es scholarly approach to patient care, fa graduate medical education system, 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, residents, 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 residents and themselves.	[None]	Faculty members ensure that patient from a specialist in the field. They re the patients, residents, community, a provide appropriate levels of superv Faculty members create an effective professional manner and attending t themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all residents. (Core)		There must be a sufficient number o instruct and supervise all residents.
II.B.1.a)	The physician faculty members at each participating site must be certified, or on a pathway to certification, and be of sufficient number to educate, supervise, and evaluate residents in clinical and other activities to ensure progressive development in the Milestones targeted by the rotations that take place at their respective sites. (Core)	2.7.a.	The physician faculty members at each a pathway to certification, and be of suf and evaluate residents in clinical and of development in the Milestones targeted respective sites. (Core)
II.B.2.	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty Responsibilities Faculty members must be role mode
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.8.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate residents, including devoting sufficien fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating residents; (Core)	2.8.c.	Faculty members must administer ar environment conducive to educating

ent Language applicants who are offered an to the applicant's eligibility for t

to the applicant's eligibility for the on(s). (Core)

al element of graduate medical in residents how to care for patients. In residents how to care for patients. In this patients receive the highest and the patients receive the highest and the patients receive the highest als for future generations of physicians mmitment to excellence in teaching and a dedication to lifelong learning. I de and joy of fostering the growth and The care they provide is enhanced by al exemplary behavior. By employing a faculty members, through the

n, improve the health of the individual

Ints receive the level of care expected recognize and respond to the needs of and institution. Faculty members rvision to promote patient safety. We learning environment by acting in a to the well-being of the residents and

of faculty members with competence to s. (Core)

ch participating site must be certified, or on ufficient number to educate, supervise, other activities to ensure progressive ed by the rotations that take place at their

dels of professionalism. (Core)

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

te a strong interest in the education of cient time to the educational program to ng responsibilities. (Core) and maintain an educational ng residents. (Core)

Requirement Number		Reformatted Requirement	
- Roman Numerals	Requirement Language regularly participate in organized clinical discussions, rounds, journal	Number	Requiremen Faculty members must regularly parti
II.B.2.e)	clubs, and conferences; and, (Core)	2.8.d.	discussions, rounds, journal clubs, a
	pursue faculty development designed to enhance their skills at least	2.0.0.	Faculty members must pursue faculty
II.B.2.f)	annually: (Core)	2.8.e.	their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating h (Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their reside
	in patient care based on their practice-based learning and improvement		in patient care based on their practice
II.B.2.f).(4)	efforts. (Detail)	2.8.e.4.	efforts. (Detail)
II.B.2.g)	assist in maintaining documentation of their participation in faculty development activities; and, (Core)	2.8.f.	Faculty members must assist in maintair in faculty development activities. (Core)
II.D.2.9)	have major clinical responsibilities at that site if they serve as the program's site	2.0.1.	Faculty members must have major clinic
II.B.2.h)	director there. (Core)	2.8.g.	serve as the program's site director there
1.0.2.11)		2.0.g.	Faculty Qualifications
II.B.3.	Faculty Qualifications	2.9.	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)	2.9.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
	Physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the specialty by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery in neurological surgery, or possess qualifications judged acceptable to the Review Committee. (Core)	2.10.	Physician faculty members must have by the American Board of Neurologica Osteopathic Board of Surgery in neuro qualifications judged acceptable to th
II.B.3.b).(1).(a)	Any faculty member appointed as a site director must be certified in the specialty by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery. (Core)	2.10.a.	Any faculty member appointed as a site specialty by the American Board of Neu Osteopathic Board of Surgery. (Core)
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)	2.11.	Core Faculty Core faculty members must have a si- supervision of residents and must de entire effort to resident education and component of their activities, teach, e feedback to residents. (Core)
	Core faculty members must complete the annual ACGME Faculty Survey.		Core faculty members must complete
II.B.4.a)	(Core)	2.11.a.	(Core)
II.B.4.b)	There must be a minimum of three core ABNS- and/or AOBS-certified neurological surgeons located at the primary clinical site and predominantly engaged in clinical activity there. (Core)	2.11.b.	There must be a minimum of three core neurological surgeons located at the prin engaged in clinical activity there. (Core)
II.B.4.c)	There must be additional core physician faculty members who are certified in neurological surgery by the ABNS and/or the AOBS and who demonstrate a commitment to the education, supervision, and evaluation of residents in clinical and other activities to ensure progressive development in all of the Milestones. (Core)	2.11.c.	There must be additional core physician neurological surgery by the ABNS and/o commitment to the education, supervisio and other activities to ensure progressiv (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

I)

health inequities, and patient safety;

dents' well-being; and, (Detail) ice-based learning and improvement

aining documentation of their participation

nical responsibilities at that site if they ere. (Core)

priate qualifications in their field and ntments. (Core)

oriate qualifications in their field and ntments. (Core)

tve current certification in the specialty cal Surgery or the American prological surgery, or possess the Review Committee. (Core)

te director must be certified in the eurological Surgery or the American

significant role in the education and devote a significant portion of their nd/or administration, and must, as a , evaluate, and provide formative

ete the annual ACGME Faculty Survey.

re ABNS- and/or AOBS-certified primary clinical site and predominantly e)

an faculty members who are certified in I/or the AOBS and who demonstrate a sion, and evaluation of residents in clinical sive development in all of the Milestones.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
	At a minimum, each required core faculty member, excluding program		At a minimum, each required core facul
	leadership, must be provided with support equal to a dedicated minimum of 5		leadership, must be provided with supp
	percent FTE for educational and administrative responsibilities that do not		percent FTE for educational and admin
II.B.4.d)	involve direct patient care. (Core)	2.11.d.	involve direct patient care. (Core)
,			Program Coordinator
II.C.	Program Coordinator	2.12.	There must be a program coordinato
			Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.12.	There must be a program coordinato
	The program coordinator must be provided with dedicated time and		The program coordinator must be pro
	support adequate for administration of the program based upon its size		support adequate for administration
II.C.2.	and configuration. (Core)	2.12.a.	and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. (Core)		At a minimum, the program coordinator time and support specified below for ad
	Number of Approved Resident Positions: 1-7 Minimum FTE: 50%		Number of Approved Resident Position
	Number of Approved Resident Positions: 8-14 Minimum FTE: 70%		Number of Approved Resident Positions
	Number of Approved Resident Positions: 15-20 Minimum FTE: 80%		Number of Approved Resident Position
II.C.2.a)	Number of Approved Resident Positions: 21 or more Minimum FTE: 100%	2.12.b.	Number of Approved Resident Positions
· · · ·	Other Program Personnel		
			Other Program Personnel
	The program, in partnership with its Sponsoring Institution, must jointly		The program, in partnership with its
	ensure the availability of necessary personnel for the effective		ensure the availability of necessary p
II.D.	administration of the program. (Core)	2.13.	administration of the program. (Core
	Resident Appointments	Section 3	Section 3: Resident Appointments
			Eligibility Requirements
			An applicant must meet one of the fo
II.A.	Eligibility Requirements	3.2.	for appointment to an ACGME-accree
			Eligibility Requirements
	An applicant must meet one of the following qualifications to be eligible		An applicant must meet one of the fo
III.A.1.	for appointment to an ACGME-accredited program: (Core)	3.2.	for appointment to an ACGME-accree
	graduation from a medical school in the United States, accredited by the		graduation from a medical school in
	Liaison Committee on Medical Education (LCME) or graduation from a		Liaison Committee on Medical Educa
	college of osteopathic medicine in the United States, accredited by the		college of osteopathic medicine in th
	American Osteopathic Association Commission on Osteopathic College		American Osteopathic Association C
III.A.1.a)	Accreditation (AOACOCA); or, (Core)	3.2.a.	Accreditation (AOACOCA); or, (Core)
			graduation from a medical school ou meeting one of the following additior
			 holding a currently valid certificate
			Foreign Medical Graduates (ECFMG)
			holding a full and unrestricted licen
	graduation from a medical school outside of the United States, and		States licensing jurisdiction in which
III.A.1.b)	meeting one of the following additional qualifications: (Core)	3.2.b.	located. (Core)

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culty member, excluding program oport equal to a dedicated minimum of 5 inistrative responsibilities that do not

tor. (Core)

tor. (Core)

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

or must be provided with the dedicated administration of the program. (Core)

ons: 1-7 | Minimum FTE: 50% ons: 8-14 | Minimum FTE: 70% ons: 15-20 | Minimum FTE: 80% ons: 21 or more | Minimum FTE: 100%

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

following qualifications to be eligible redited program: (Core)

following qualifications to be eligible redited program: (Core)

in the United States, accredited by the cation (LCME) or graduation from a the United States, accredited by the Commission on Osteopathic College re)

outside of the United States, and onal qualifications: (Core)

e from the Educational Commission for G) prior to appointment; or, (Core)

ense to practice medicine in the United ch the ACGME-accredited program is

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
			graduation from a medical school ou meeting one of the following addition
			 holding a currently valid certificate Foreign Medical Graduates (ECFMG)
III.A.1.b).(1)	holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)	3.2.b.	 holding a full and unrestricted licen States licensing jurisdiction in which located. (Core)
			graduation from a medical school ou meeting one of the following addition
			 holding a currently valid certificate Foreign Medical Graduates (ECFMG)
III.A.1.b).(2)	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)	3.2.b.	 holding a full and unrestricted licen States licensing jurisdiction in which located. (Core)
III.A.2.	All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. (Core)	3.3.	All prerequisite post-graduate clinica or transfer into ACGME-accredited re completed in ACGME-accredited resi residency programs, Royal College o (RCPSC)-accredited or College of Far accredited residency programs locate programs with ACGME International Accreditation. (Core)
III.A.2.a)	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)	3.3.a.	Residency programs must receive ve competency in the required clinical fi ACGME-I Milestones evaluations from matriculation. (Core)
III.B.	Resident Complement The program director must not appoint more residents than approved by the Review Committee. (Core)	3.4.	Resident Complement The program director must not appoi the Review Committee. (Core)
III.C.	Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)	3.5.	Resident Transfers The program must obtain verification and a summative competency-based acceptance of a transferring resident matriculation. (Core)
III.C.1.	The Review Committee for Neurological Surgery does not allow transfer into an ACGME-accredited neurological surgery program from a RCPSC-accredited program at the PGY-2 level or above. (Core)	3.5.a.	The Review Committee for Neurological ACGME-accredited neurological surger program at the PGY-2 level or above. (0
III.C.2.	Prior to matriculating a resident to fill a vacancy at the PGY-2 level and above, the program must obtain Review Committee approval. (Core)	3.5.b.	Prior to matriculating a resident to fill a v the program must obtain Review Comm

outside of the United States, and onal qualifications: (Core)

e from the Educational Commission for G) prior to appointment; or, (Core)

ense to practice medicine in the United ch the ACGME-accredited program is

outside of the United States, and onal qualifications: (Core)

e from the Educational Commission for G) prior to appointment; or, (Core)

ense to practice medicine in the United ch the ACGME-accredited program is

cal education required for initial entry residency programs must be esidency programs, AOA-approved e of Physicians and Surgeons of Canada Family Physicians of Canada (CFPC)ated in Canada, or in residency al (ACGME-I) Advanced Specialty

verification of each resident's level of I field using ACGME, CanMEDS, or om the prior training program upon

oint more residents than approved by

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

cal Surgery does not allow transfer into an ery program from a RCPSC-accredited (Core)

a vacancy at the PGY-2 level and above, mittee approval. (Core)

Requirement Number		Reformatted Requirement	
- Roman Numerals	Requirement Language	Number	Requiremen
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
IV.	It is recognized 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 programs may place 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.
IV.A.	Educational Components 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, residents, 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, residents, and faculty me
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr These must be distributed, reviewed, faculty members; (Core)
IV.A.3. IV.A.4.	delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision; (Core) a broad range of structured didactic activities; and, (Core)	4.2.c. 4.2.d.	delineation of resident responsibilitie responsibility for patient managemen a broad range of structured didactic a
IV.A.4.a)	Residents must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Resider Experiences Residents must be provided with pro- didactic activities. (Core)
, IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)
IV D		[Nore]	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 Competence
IV.B.	ACGME Competencies	[None]	Milestones for each specialty.

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

port the development of who provide compassionate care.

e 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 embers; (Core)

tives for each educational experience trajectory to autonomous practice. d, and available to residents and

ies for patient care, progressive ent, and graded supervision; (Core) c activities; and, (Core)

ent Experiences – Didactic and Clinical

rotected time to participate in core

omote patient safety-related goals,

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGI
	Professionalism Residents must demonstrate a commitment to professionalism and an		ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	Residents must demonstrate compet
			ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Corr
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate compet
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect for
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and auton
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core) respect and responsiveness to diverse patient populations, including but	4.3.e.	accountability to patients, society, an respect and responsiveness to diver
	not limited to diversity in gender, age, culture, race, religion, disabilities,		not limited to diversity in gender, age
IV.B.1.a).(1).(f)	national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	national origin, socioeconomic statu
IV.B.1.a).(1).(g)	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)	4.3.g.	ability to recognize and develop a pla professional well-being; and, (Core)
	appropriately disclosing and addressing conflict or duality of interest.		appropriately disclosing and address
IV.B.1.a).(1).(h)	(Core)	4.3.h.	(Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Residents must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Residents must be able to provide pa centered, compassionate, equitable, treatment of health problems and the
IV.B.1.b).(1).(a)	Residents must demonstrate sensitivity to their patients' pain and emotional states. (Core)	4.4.a.	Residents must demonstrate sensitivity states. (Core)
	Residents must demonstrate the ability to discuss death honestly, sensitively,		Residents must demonstrate the ability
IV.B.1.b).(1).(b)	patiently, and compassionately. (Core)	4.4.b.	patiently, and compassionately. (Core)
IV.B.1.b).(1).(c)	Residents must demonstrate competence in:	[None]	
IV.B.1.b).(1).(c).(i)	assessing post-operative recovery, recognizing and treating complications, communicating with referring physicians, and developing the physician-patient relationship; (Core)	4.4.c.	Residents must demonstrate competen recognizing and treating complications, physicians, and developing the physicia
IV.B.1.b).(1).(c).(ii)	analyzing patient outcomes; and, (Core)	4.4.d.	Residents must demonstrate competen
IV.B.1.b).(1).(c).(iii)	providing health care services aimed at preventing health problems and maintaining health, including opioid use disorder in the management of acute and chronic pain. (Core)	4.4.e.	Residents must demonstrate competen aimed at preventing health problems an use disorder in the management of acu

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GME Competencies into the curriculum.

nalism nmitment to professionalism and an ore)

petence in:

nalism nmitment to professionalism and an ore)

petence in:

for others; (Core)

nat supersedes self-interest; (Core)

onomy; (Core) and the profession; (Core)

erse patient populations, including but ge, culture, race, religion, disabilities, tus, and sexual orientation; (Core) plan for one's own personal and

essing conflict or duality of interest.

are

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

ity to their patients' pain and emotional

ty to discuss death honestly, sensitively,

ence in assessing post-operative recovery, s, communicating with referring cian-patient relationship. (Core)

ence in analyzing patient outcomes. (Core)

ence in providing health care services and maintaining health, including opioid cute and chronic pain. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
			ACGME Competencies – Procedural
	Residents must be able to perform all medical, diagnostic, and surgical		perform all medical, diagnostic, and
IV.B.1.b).(2)	procedures considered essential for the area of practice. (Core)	4.5.	essential for the area of practice. (Co
IV.B.1.b).(2).(a)	Residents must demonstrate competence in:	[None]	
			Residents must demonstrate competend
IV.B.1.b).(2).(a).(i)	gathering essential patient information in a timely manner; (Core)	4.5.a.	information in a timely manner. (Core)
			Residents must demonstrate competend
IV.B.1.b).(2).(a).(ii)	synthesizing and properly utilizing acquired patient data; (Core)	4.5.b.	acquired patient data. (Core)
	generating a differential diagnosis and properly sequencing critical actions for		Residents must demonstrate competen
(1) (D (1 h) (2) (a) (iii)	patient care, including managing complications and morbidity and mortality;	4 5 0	and properly sequencing critical actions
IV.B.1.b).(2).(a).(iii)	(Core)	4.5.c.	complications and morbidity and mortali
IV = 1 + (2) + (3) + (3)	generating and implementing an effective management plan: (Core)	4.5.d.	Residents must demonstrate competendeffective management plan. (Core)
IV.B.1.b).(2).(a).(iv)	generating and implementing an effective management plan; (Core)	4.J.U.	Residents must demonstrate competen
IV.B.1.b).(2).(a).(v)	prioritizing and stabilizing multiple patients simultaneously; (Core)	4.5.e.	patients simultaneously. (Core)
1V.D.1.0).(2).(4).(V)		4.0.0.	
			Residents must demonstrate competen
IV.B.1.b).(2).(a).(vi)	performing neurosurgical operative procedures, including: (Core)	4.5.f.	procedures, including adult cranial proc
			Residents must demonstrate competen
IV.B.1.b).(2).(a).(vi).(a)	adult cranial procedures, to include: (Core)	4.5.f.	procedures, including adult cranial proc
	craniotomy for brain tumors, such as intra-axial, extra-axial, skull base, and		craniotomy for brain tumors, such as int
(i)	trephination for biopsy of cranial or intracranial tumors; (Core)	4.5.f.1.	trephination for biopsy of cranial or intra
(ii)	craniotomy and EEA for sellar/parasellar tumors; (Core)	4.5.f.2.	craniotomy and EEA for sellar/parasella
	craniotomy/craniectomy/ cranioplasty for trauma and non-tumor conditions;		craniotomy/craniectomy/ cranioplasty fo
(iii)	(Core)	4.5.f.3.	(Core)
	open procedures for vascular lesions, including aneurysm, vascular		open procedures for vascular lesions, in
(iv)	malformation, ischemia, and extracranial cerebrovascular; (Core)	4.5.f.4.	malformation, ischemia, and extracrania
IV.B.1.b).(2).(a).(vi).(a).	endovascular procedures for vascular lesions, including aneurysm, vascular		endovascular procedures for vascular le
(v)	malformation, ischemia, and tumor; (Core)	4.5.f.5.	malformation, ischemia, and tumor; (Co
(vi)	CSF diversion and intraventricular surgery; (Core)	4.5.f.6.	CSF diversion and intraventricular surge
	procedures for cranial/extracranial treatment of pain, including craniotomy,	4 5 5 7	procedures for cranial/extracranial treat
(vii) (viii)	stereotaxy, and rhizotomy; (Core) cranial/extracranial procedures for functional disorders; and, (Core)	4.5.f.7. 4.5.f.8.	stereotaxy, and rhizotomy; (Core) cranial/extracranial procedures for funct
()	crama/extracramar procedures for functional disorders, and, (Core)	4.3.1.0.	
IV.B.1.b).(2).(a).(vi).(a). (ix)	cranial/extracranial procedures for epilepsy (adult and pediatric patients). (Core)	15f0	cranial/extracranial procedures for epile
		4.0.1.0.	Residents must demonstrate competence
IV.B.1.b).(2).(a).(vi).(b)	adult spinal procedures, to include: (Core)	4.5.g.	procedures, including adult spinal proce
	anterior cervical approaches for spinal conditions (e.g., tumor, non-tumor, and		anterior cervical approaches for spinal of
(i)		4.5.g.1.	trauma); (Core)
	posterior cervical approaches for spinal conditions (e.g., tumor, non-tumor, and		posterior cervical approaches for spinal
(ii)		4.5.g.2.	trauma); (Core)
	thoracic/lumbar instrumentation and fusion for spinal conditions (e.g., tumor,		thoracic/lumbar instrumentation and fus
(iii)	non-tumor, and trauma); (Core)	4.5.g.3.	non-tumor, and trauma); (Core)
IV.B.1.b).(2).(a).(vi).(b).	lumbar laminectomy/laminotomy for spinal conditions (e.g., tumor, non-tumor,		lumbar laminectomy/laminotomy for spir
(iv)	and trauma); and, (Core)	4.5.g.4.	and trauma); and, (Core)
(v)	procedures for spinal conditions (stimulation, lesion, pump, other). (Core)	4.5.g.5.	procedures for spinal conditions (stimula

ent Language

al Skills: Residents must be able to d surgical procedures considered Core)

ence in gathering essential patient

ence in synthesizing and properly utilizing

ence in generating a differential diagnosis ns for patient care, including managing ality. (Core)

ence in generating and implementing an

ence in prioritizing and stabilizing multiple

ence in performing neurosurgical operative ocedures, to include: (Core)

ence in performing neurosurgical operative ocedures, to include: (Core)

intra-axial, extra-axial, skull base, and

tracranial tumors; (Core)

llar tumors; (Core)

for trauma and non-tumor conditions;

, including aneurysm, vascular nial cerebrovascular; (Core)

r lesions, including aneurysm, vascular Core)

rgery; (Core)

atment of pain, including craniotomy,

nctional disorders; and, (Core)

ilepsy (adult and pediatric patients). (Core) ence in performing neurosurgical operative cedures, to include: (Core)

l conditions (e.g., tumor, non-tumor, and

al conditions (e.g., tumor, non-tumor, and

usion for spinal conditions (e.g., tumor,

pinal conditions (e.g., tumor, non-tumor,

ulation, lesion, pump, other). (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
$I \setminus R = 1 + (2) (2) (2) (2) (2)$	paripharal parva proceduras: (Cara)	4.5.h.	Residents must demonstrate competen procedures, including peripheral nerve
IV.D.I.D).(2).(a).(VI).(C)	peripheral nerve procedures; (Core)	4.5.11.	
IV.B.1.b).(2).(a).(vi).(d)	radiosurgery: (Core)	4.5.i.	Residents must demonstrate competen- procedures, including radiosurgery. (Co
1V.D.1.D).(Z).(d).(VI).(d)		4.0.1.	Residents must demonstrate competence
IV.B.1.b).(2).(a).(vi).(e)	peripheral device management; (Core)	4.5.j.	procedures, including peripheral device
			Residents must demonstrate competent
IV.B.1.b).(2).(a).(vi).(f)	critical care procedures, to include: (Core)	4.5.k.	procedures, including critical care proce
i)	airway management; (Core)	4.5.k.1.	airway management; (Core)
ii)	angiography; (Core)	4.5.k.2.	angiography; (Core)
iii)	arterial line placement. (Core)	4.5.k.3.	arterial line placement. (Core)
iv)	CVP line placement; (Core)	4.5.k.4.	CVP line placement; (Core)
v)	external ventricular drain/ transdural monitor placement; (Core)	4.5.k.5.	external ventricular drain/ transdural mo
vi)	lumbar/other puncture/drain placement; and, (Core)	4.5.k.6.	lumbar/other puncture/drain placement;
vii)	percutaneous tap of CSF space/reservoir. (Core)	4.5.k.7.	percutaneous tap of CSF space/reserve
			Residents must demonstrate competend
IV.B.1.b).(2).(a).(vi).(g)	pediatric procedures, to include: (Core)	4.5.I.	procedures, including pediatric procedu
(i)	procedures for brain tumor; (Core)	4.5.I.1.	procedures for brain tumor; (Core)
(ii)	procedures for cranial trauma and non-tumor conditions; (Core)	4.5.1.2.	procedures for cranial trauma and non-t
(iii)	CSF diversion and intraventricular surgery; and, (Core)	4.5.1.3.	CSF diversion and intraventricular surge
IV.B.1.b).(2).(a).(vi).(g).	spinal procedures for conditions, such as dysraphism, tethered cord, spinal		spinal procedures for conditions, such a
(iv)	tumors, spinal deformity, and trauma. (Core	4.5.1.4.	tumors, spinal deformity, and trauma. (C
			Residents must demonstrate competen
IV.B.1.b).(2).(a).(vi).(h)	intradural microdissection. (Core)	4.5.m.	procedures, including intradural microdi
	Medical Knowledge		
IV.B.1.c)	Residents 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 Residents must demonstrate knowled biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
,			Residents must demonstrate competend
IV.B.1.c).(1)	Residents must demonstrate competence in their knowledge of: (Core)	4.6.a.	emergencies. (Core)
			Residents must demonstrate competend
IV.B.1.c).(1).(a)	neurosurgical emergencies; (Core)	4.6.a.	emergencies. (Core)
IV.B.1.c).(1).(b)	treating neurosurgical conditions, including: (Core)	4.6.b.	Residents must demonstrate competend neurosurgical conditions, to include: (Co
IV.B.1.c).(1).(b).(i)	cerebrovascular disorders; (Core)	4.6.b.1.	cerebrovascular disorders; (Core)
IV.B.1.c).(1).(b).(ii)	functional neurosurgery; (Core)	4.6.b.2.	functional neurosurgery; (Core)
IV.B.1.c).(1).(b).(iii)	neurocritical care; (Core)	4.6.b.3.	neurocritical care; (Core)
IV.B.1.c).(1).(b).(iv)	neuro-oncology; (Core)	4.6.b.4.	neuro-oncology; (Core)
IV.B.1.c).(1).(b).(v)	pain; (Core)	4.6.b.5.	pain; (Core)
IV.B.1.c).(1).(b).(vi)	pediatric neurological surgery; (Core)	4.6.b.6.	pediatric neurological surgery; (Core)
/ \ / \ / \ / \ / \ / \ / \ / \ / \ / \		4.6.b.7.	peripheral nerve disorders; (Core)
IV.B.1.c).(1).(b).(vii)	peripheral nerve disorders; (Core)	4.0.0.7.	
IV.B.1.c).(1).(b).(vii) IV.B.1.c).(1).(b).(viii)	spinal disorders; and, (Core)	4.6.b.8.	spinal disorders; and, (Core)

ence in performing neurosurgical operative re procedures. (Core)

ence in performing neurosurgical operative Core)

ence in performing neurosurgical operative ce management. (Core)

ence in performing neurosurgical operative ocedures, to include: (Core)

monitor placement; (Core)

nt; and, (Core)

voir. (Core)

ence in performing neurosurgical operative dures, to include: (Core)

n-tumor conditions; (Core)

rgery; and, (Core)

n as dysraphism, tethered cord, spinal (Core

ence in performing neurosurgical operative odissection. (Core)

nowledge

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

ence in their knowledge of neurosurgical

ence in their knowledge of neurosurgical

ence in their knowledge of treating Core)

Requirement Number - Roman Numerals	r Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.c).(1).(c)	different medical practice models and delivery systems and how to best utilize them to care for an individual patient; and, (Core)	4.6.c.	Residents must demonstrate competene practice models and delivery systems and individual patient. (Core)
IV.B.1.c).(1).(d)	study design and statistical methods. (Core)	4.6.d.	Residents must demonstrate competend and statistical methods. (Core)
IV.B.1.c).(2)	All residents tracking towards ABNS certification must pass the ABNS primary examination before completing the program. (Core)	4.6.e.	All residents tracking towards ABNS cere examination before completing the prog
IV.B.1.d)	Practice-based Learning and Improvement Residents 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 lographics (Core)	4.7	ACGME Competencies – Practice-Bas Residents must demonstrate the abil care of patients, to appraise and assi continuously improve patient care ba
IV.B.1.d) IV.B.1.d).(1)	lifelong learning; (Core) Residents must demonstrate competence in:	4.7. [None]	lifelong learning. (Core)
IV.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)	4.7.a.	Residents must demonstrate compet deficiencies, and limits in one's know
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	Residents must demonstrate compet improvement goals. (Core)
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	Residents must demonstrate compet appropriate learning activities. (Core)
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	Residents must demonstrate compet practice using quality improvement n reducing health care disparities, and of practice improvement. (Core)
IV.B.1.d).(1).(e)	incorporating feedback and formative evaluation into daily practice; and, (Core)	4.7.e.	Residents must demonstrate compet formative evaluation into daily practic
IV.B.1.d).(1).(f)	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems; and, (Core)	4.7.f.	Residents must demonstrate compet assimilating evidence from scientific health problems. (Core)
IV.B.1.d).(1).(g)	incorporating evidence-based principles into their clinical practice. (Core)	4.7.g.	Residents must demonstrate competend principles into their clinical practice. (Co
IV.B.1.e)	Interpersonal and Communication Skills Residents 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 – Interperson Residents must demonstrate interper result in the effective exchange of inf patients, their families, and health pro
IV.B.1.e).(1)	Residents must demonstrate competence in	[None]	
IV.B.1.e).(1).(a)	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient; (Core)	4.8.a.	Residents must demonstrate compet with patients and patients' families, a of socioeconomic circumstances, cu capabilities, learning to engage interp provide appropriate care to each pati
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Residents must demonstrate compet with physicians, other health profess (Core)

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ence in their knowledge of different medical and how to best utilize them to care for an

ence in their knowledge of study design

certification must pass the ABNS primary ogram. (Core)

Based Learning and Improvement bility to investigate and evaluate their ssimilate scientific evidence, and to based on constant self-evaluation and

betence in identifying strengths, owledge and expertise. (Core) betence in setting learning and

petence in identifying and performing re)

etence in systematically analyzing t methods, including activities aimed at nd implementing changes with the goal

etence in incorporating feedback and ctice. (Core)

etence in locating, appraising, and fic studies related to their patients'

ence in incorporating evidence-based Core)

onal and Communication Skills personal and communication skills that information and collaboration with professionals. (Core)

betence in communicating effectively , as appropriate, across a broad range cultural backgrounds, and language erpretive services as required to atient. ^(Core)

etence in communicating effectively ssionals, and health-related agencies.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Residents must demonstrate competent member or leader of a health care teater of a health care teater teate
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Residents must demonstrate compet families, students, other residents, a
IV.B.1.e).(1).(d).(i)	This experience should include the education of undergraduate medical students. (Detail)	4.8.d.1.	This experience should include the edu students. (Detail)
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate compet to other physicians and health profes
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Residents must demonstrate compet timely, and legible health care record
IV.B.1.e).(1).(g)	demonstrating effective listening and non-verbal communication skills; (Core)	4.8.h.	Residents must demonstrate competend and non-verbal communication skills. (C
IV.B.1.e).(1).(h)	demonstrating an effective therapeutic relationship with patients and their families, with respect for diversity and cultural, ethnic, spiritual, emotional, and age-specific differences; (Core)	4.8.i.	Residents must demonstrate competend therapeutic relationship with patients an and cultural, ethnic, spiritual, emotional,
IV.B.1.e).(1).(i)	demonstrating effective written communication skills; and, (Core)	4.8.j.	Residents must demonstrate competend communication skills. (Core)
IV.B.1.e).(1).(j)	involving patients in medical decisions. (Core)	4.8.k.	Residents must demonstrate competend decisions. (Core)
IV.B.1.e).(2)	Residents must learn to communicate with patients and patients' families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. (Core)	4.8.g.	Residents must learn to communicat to partner with them to assess their of appropriate, end-of-life goals. (Core)
IV.B.1.f). IV.B.1.f).(1)	Systems-based Practice Residents 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) Residents must demonstrate competence in:	4.9. [None]	ACGME Competencies - Systems-Bas Residents must demonstrate an awar larger context and system of health c social determinants of health, as well other resources to provide optimal he
IV.B.1.f).(1).(a)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Residents must demonstrate compet health care delivery settings and syst specialty. ^(Core)
IV.B.1.f).(1).(b)	coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; (Core)	4.9.b.	Residents must demonstrate compet across the health care continuum and specialty. ^(Core)
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate compet care and optimal patient care system
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Residents must demonstrate compet system errors and implementing pote

etence in working effectively as a eam or other professional group. (Core)

etence in educating patients, patients' and other health professionals. (Core) ucation of undergraduate medical

etence in acting in a consultative role essionals. (Core)

etence in maintaining comprehensive, rds, if applicable. (Core)

ence in demonstrating effective listening (Core)

nce in demonstrating an effective and their families, with respect for diversity al, and age-specific differences. (Core) nce in demonstrating effective written

nce in involving patients in medical

ate with patients and patients' families r care goals, including, when

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

etence in working effectively in various stems relevant to their clinical

etence in coordinating patient care nd beyond as relevant to their clinical

etence in advocating for quality patient ms. (Core)

etence in participating in identifying otential systems solutions. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;(Core)	4.9.e.	Residents must demonstrate compet of value, equity, cost awareness, deli analysis in patient and/or population-
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate compet finances and its impact on individual
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate compet that promote patient safety and discl simulated). (Detail)
IV.B.1.f).(1).(h)	accessing, appropriately utilizing, and evaluating the effectiveness of the resources, providers, and systems necessary to provide optimal neurosurgical	4.9.i.	Residents must demonstrate competend and evaluating the effectiveness of the r necessary to provide optimal neurosurg
IV.B.1.f).(2)	Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals. (Core)	4.9.h.	Residents must learn to advocate for system to achieve the patient's and p including, when appropriate, end-of-l
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	 4.10. Curriculum Organization and Restructure The curriculum must be structured to experiences, the length of the experience These educational experiences inclue patient care responsibilities, clinical tevents. (Core) 4.11. Curriculum Organization and Resclinical Experiences Residents must be provided with prodidactic activities. (Core) 4.12. Curriculum Organization and Resclination and Resc
	The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised		Curriculum Organization and Resider Structure The curriculum must be structured to experiences, the length of the experie These educational experiences include
IV.C.1.	patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	patient care responsibilities, clinical tevents. (Core)
IV.C.1.a)	The number of participating sites for required rotations should be limited to no more than five health care facilities. (Core)	4.10.a.	The number of participating sites for req more than five health care facilities. (Co
IV.C.1.a).(1)	Participating sites should be located within one hour's travel time from the primary clinical site so as not to fragment residents' educational experience.	4.10.a.1.	Participating sites should be located with primary clinical site so as not to fragmer (Core)

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etence in incorporating considerations elivery and payment, and risk-benefit on-based care as appropriate. (Core)

etence in understanding health care al patients' health decisions. (Core) etence in using tools and techniques closure of patient safety events (real or

ence in accessing, appropriately utilizing, e resources, providers, and systems irgical care. (Core)

or patients within the health care I patient's family's care goals, f-life goals. (Core)

Resident Experiences – Curriculum

to optimize resident educational eriences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational

Resident Experiences – Didactic and

rotected time to participate in core

Resident Experiences – Pain

ion and experience in pain pecialty, including recognition of the Core)

lent Experiences – Curriculum

to optimize resident educational eriences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational

required rotations should be limited to no Core)

within one hour's travel time from the nent residents' educational experience.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.1.a).(2)	To request an exception for requirements related to either the number of sites or sites with a travel time of greater than one hour from the primary clinical site, programs must submit a plan for how the intent of the requirement(s) will be met. (Core)	4.10.a.2.	To request an exception for requiremen sites with a travel time of greater than o programs must submit a plan for how th met. (Core)
IV.C.1.b)	Core (non-elective) rotations during PGY-3-7 at the primary clinical site and at all participating sites must be at least three months in duration. (Core)	4.10.b.	Core (non-elective) rotations during PG all participating sites must be at least th
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Resider The program must provide instructio management if applicable for the spe signs of substance use disorder. (Co
IV.C.3.	The year of fundamental skills (PGY-1) must be organized so that residents participate in clinical and didactic activities to: (Core)	[None]	
IV.C.3.a)	develop the knowledge, attitudes, and skills needed to formulate principles and assess, plan, and initiate treatment of patients with surgical and medical problems; (Outcome)‡	4.11.a.	The year of fundamental skills (PGY-1) participate in clinical and didactic activiti and skills needed to formulate principles of patients with surgical and medical pro
IV.C.3.b)	be involved in the care of patients with surgical and medical emergencies, multiple organ system trauma, and nervous system injuries and diseases; (Core)	4.11.b.	The year of fundamental skills (PGY-1) participate in clinical and didactic activiti with surgical and medical emergencies, nervous system injuries and diseases. (
IV.C.3.c)	gain experience in the care of critically-ill surgical and medical patients; (Core)	4.11.c.	The year of fundamental skills (PGY-1) participate in clinical and didactic activiti critically-ill surgical and medical patients
IV.C.3.d)	participate in the pre-, intra-, and post-operative care of surgical patients; and, (Core)	4.11.d.	The year of fundamental skills (PGY-1) participate in clinical and didactic activiti post-operative care of surgical patients.
I.A.1.a)	develop basic surgical skills and an understanding of surgical anesthesia, including anesthetic risks and the management of intra-operative anesthetic complications. (Outcome)	4.11.e.	The year of fundamental skills (PGY-1) participate in clinical and didactic activiti an understanding of surgical anesthesia management of intra-operative anesthet
IV.C.4.	The program must provide 54 months of clinical neurological surgery education at the primary clinical site or at an approved participating site. A minimum of 21 months of neurological surgery education must occur at the primary clinical site. (Core)	4.11.f.	The program must provide 54 months of at the primary clinical site or at an appro- months of neurological surgery education (Core)
IV.C.4.a)	This must include a minimum of six months of structured education in general patient care and minimum of 42 months of operative neurological surgery. (Core)	4.11.f.1.	This must include a minimum of six mor patient care and minimum of 42 months (Core)
IV.C.4.b)	During the first 18 months of education residents must have at least three months of basic clinical neuroscience education and at least three months of critical care education applicable to the neurosurgical patient. (Core)	4.11.f.2.	During the first 18 months of education r months of basic clinical neuroscience ed critical care education applicable to the r

ents related to either the number of sites or one hour from the primary clinical site, the intent of the requirement(s) will be

GY-3-7 at the primary clinical site and at three months in duration. (Core)

ent Experiences – Pain Management: ion and experience in pain pecialty, including recognition of the core)

) must be organized so that residents rities to develop the knowledge, attitudes, es and assess, plan, and initiate treatment problems. (Outcome)‡

) must be organized so that residents rities to be involved in the care of patients s, multiple organ system trauma, and (Core)

) must be organized so that residents rities to gain experience in the care of hts. (Core)

) must be organized so that residents rities to participate in the pre-, intra-, and s. (Core)

) must be organized so that residents rities to develop basic surgical skills and sia, including anesthetic risks and the retic complications. (Outcome)

of clinical neurological surgery education roved participating site. A minimum of 21 tion must occur at the primary clinical site.

onths of structured education in general ns of operative neurological surgery.

n residents must have at least three education and at least three months of e neurosurgical patient. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.4.b).(1)	When a combination of rotations in various specialties (including rotations in neurology; additional rotations in neurological surgery critical care beyond the required three months of neurological surgery critical care; rotations in related specialties, such as neuropathology, medical neuro-oncology, neurorehabilitation, neuro-ophthalmology, or neuroradiology; or composite rotations such as concurrent rotations in neuropathology and neuro-ophthalmology) is used to fulfill the requirement for three months of clinical neuroscience, each rotation must be at least one month in duration. (Core)	4.11.f.2.a.	When a combination of rotations in varianeurology; additional rotations in neurol required three months of neurological s specialties, such as neuropathology, me neurorehabilitation, neuro-ophthalmology rotations such as concurrent rotations in ophthalmology) is used to fulfill the required neuroscience, each rotation must be at
IV.C.4.c)	Residents must spend a 12-month period of time as chief resident on the neurological surgery clinical service at the primary clinical site or at an approved		Residents must spend a 12-month perior neurological surgery clinical service at t participating site. (Core
IV.C.4.c).(1)	The chief resident must have major or primary responsibility for patient management with faculty member supervision. (Core)	4.11.f.3.a.	The chief resident must have major or p management with faculty member supe
IV.C.4.c).(2)	The chief resident must have administrative responsibility as designated by the program director. (Core)	4.11.f.3.b.	The chief resident must have administra program director. (Core)
IV.C.4.c).(3)	The chief resident should have semi-autonomous responsibility for groups of patients as part of a team led by an attending physician. (Detail)	4.11.f.3.c.	The chief resident should have semi-au patients as part of a team led by an atte
IV.C.4.c).(4)	The specific portion of the clinical education that constitutes the 12 months of chief residency must be specifically designated as the chief residency experience. (Core)	4.11.f.3.d.	The specific portion of the clinical educa chief residency must be specifically des experience. (Core)
IV.C.4.d)	The remaining months of the program must be used for elective clinical education and/or research. (Core)	4.11.f.4.	The remaining months of the program n education and/or research. (Core)
IV.C.4.d).(1)	All permanent electives and any electives requiring the addition of a new participating site must receive prior approval by the Review Committee. (Core)	4.11.f.4.a.	All permanent electives and any elective participating site must receive prior app
IV.C.5.	Didactic sessions must include teaching conferences, rounds, and other educational activities in which both the neurological surgery faculty members and residents participate. (Core)	4.11.g.	Didactic sessions must include teaching educational activities in which both the and residents participate. (Core)
IV.C.5.a)	A majority of faculty members and residents must attend these sessions. (Core)	4.11.g.1.	A majority of faculty members and resid
IV.C.5.b)	A conference attendance record for both residents and faculty members must be maintained. (Core)	4.11.g.2.	A conference attendance record for both be maintained. (Core)
IV.C.6.	Topics should include basic sciences, neuropathology, radiation oncology and basic physics as it relates to tumors of the central nervous system and the late effects of radiation on the central nervous system, and neuroradiology, as well as topics related to all required patient care and medical knowledge outcomes. (Core)	4.11.h.	Topics should include basic sciences, n basic physics as it relates to tumors of t effects of radiation on the central nervou as topics related to all required patient o (Core)
	Additional topics should be agreed upon by individual residents and the program		Additional topics should be agreed upor
IV.C.6.a)		4.11.h.1.	director. (Detail)
IV.C.7.	Resident experiences must include: participating in the management (including critical care) and surgical care of adult and pediatric patients, which must include the full spectrum of	[None]	Resident experiences must include part critical care) and surgical care of adult a
IV.C.7.a)	neurosurgical disorders; (Core) evaluating patients referred for elective surgery in an outpatient environment;	4.11.i.	include the full spectrum of neurosurgic Resident experiences must include eval
IV.C.7.b)	(Core)	4.11.j.	surgery in an outpatient environment. (C

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arious specialties (including rotations in rological surgery critical care beyond the surgery critical care; rotations in related medical neuro-oncology,

ogy, or neuroradiology; or composite in neuropathology and neuroquirement for three months of clinical

at least one month in duration. (Core)

riod of time as chief resident on the t the primary clinical site or at an approved

primary responsibility for patient pervision. (Core)

trative responsibility as designated by the

autonomous responsibility for groups of ttending physician. (Detail)

cation that constitutes the 12 months of esignated as the chief residency

must be used for elective clinical

ives requiring the addition of a new proval by the Review Committee. (Core)

ng conferences, rounds, and other e neurological surgery faculty members

idents must attend these sessions. (Core) oth residents and faculty members must

neuropathology, radiation oncology and f the central nervous system and the late rous system, and neuroradiology, as well t care and medical knowledge outcomes.

oon by individual residents and the program

articipating in the management (including t and pediatric patients, which must jical disorders. (Core)

valuating patients referred for elective (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
IV.C.7.b).(1)	This experience must include obtaining a complete history, conducting an examination, ordering (if necessary) and interpreting diagnostic studies, and arriving independently at a diagnosis and plan of management. (Core)	4.11.j.1.	This experience must include obtaining examination, ordering (if necessary) and arriving independently at a diagnosis ar
IV.C.7.c)	making pre-operative decisions and participating in procedures, including surgical, endovascular, interventional, and radiological procedures; (Core)	4.11.k.	Resident experiences must include mal participating in procedures, including su radiological procedures. (Core)
IV.C.7.c).(1)	Each resident must record, in the ACGME Case Log System, the number and type of each procedure he or she performs as either assistant resident surgeon, senior resident surgeon, or lead resident surgeon. (Core)	4.11.k.1.	Each resident must record, in the ACGI type of each procedure he or she perfor senior resident surgeon, or lead resider
IV.C.7.c).(2)	Resident participation in and responsibility for procedures must increase progressively throughout residency. (Core)	4.11.k.2.	Resident participation in and responsibi progressively throughout residency. (Co
IV.C.7.d)	post-surgical care and follow-up evaluation of patients; and, (Core)	4.11.l.	Resident experiences must include posion of patients. (Core)
	clinical experience in neuroradiology, endovascular surgical neuroradiology, and	4.11.m.	Resident experiences must include clini endovascular surgical neuroradiology, a for neurological surgery residents. (Core
IV.C.7.e).(1)	Such experience should take place under the direction of qualified neuroradiologists and preferably endovascular neurosurgeons or neurologists, and neuropathologists. (Detail)	4.11.m.1.	Such experience should take place und neuroradiologists and preferably endova and neuropathologists. (Detail)
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities. S discovery, integration, application, a The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop other programs might choose to utili research as the focus for scholarship
			Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evid with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)

ent Language

ng a complete history, conducting an and interpreting diagnostic studies, and and plan of management. (Core)

aking pre-operative decisions and surgical, endovascular, interventional, and

GME Case Log System, the number and forms as either assistant resident surgeon, ent surgeon. (Core)

ibility for procedures must increase Core)

ost-surgical care and follow-up evaluation

inical experience in neuroradiology, , and neuropathology designed specifically ore)

nder the direction of qualified ovascular neurosurgeons or neurologists,

ce. The physician is a humanistic his requires the ability to think critically, ly assimilate new knowledge, and gram and faculty must create an sition of such skills through resident . Scholarly activities may include and teaching.

ity of residencies and anticipates that variety of roles, including clinicians, ected that the program's scholarship and the needs of the community it ms may concentrate their scholarly opulation health, and/or teaching, while tilize more classic forms of biomedical hip.

idence of scholarly activities consistent

idence of scholarly activities consistent

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.1.b)	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)	4.13.a.	The program, in partnership with its a adequate resources to facilitate resid scholarly activities. (Core)
IV.D.1.b).(1)	Resources must be sufficient to ensure that faculty members are regularly involved in scholarly activity that is disseminated through peer-reviewed publication. (Core)	4.13.a.1.	Resources must be sufficient to ensure to involved in scholarly activity that is disse publication. (Core)
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance residents scholarly approach to evidence-base
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
IV.D.2.	Faculty Scholarly Activity	4.14.	 Research in basic science, educatio or population health Peer-reviewed grants Quality improvement and/or patient : Systematic reviews, meta-analyses, textbooks, or case reports Creation of curricula, evaluation too electronic educational materials Contribution to professional commit editorial boards Innovations in education
	 Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards 		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of • Research in basic science, educatio or population health • Peer-reviewed grants • Quality improvement and/or patient • Systematic reviews, meta-analyses, textbooks, or case reports • Creation of curricula, evaluation too electronic educational materials • Contribution to professional commit editorial boards
IV.D.2.a)	Innovations in education	4.14.	Innovations in education

s Sponsoring Institution, must allocate ident and faculty involvement in

e that faculty members are regularly seminated through peer-reviewed

ts' knowledge and practice of the sed patient care. (Core)

grams must demonstrate of the following domains: (Core)

ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

grams must demonstrate of the following domains: (Core)

ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

Requirement Number - Roman Numerals		Reformatted Requirement	Demuinemen
- Roman Numerais	Requirement Language	Number	Requiremer
			The program must demonstrate disse and external to the program by the fo
			 faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
	The program must demonstrate dissemination of scholarly activity within		(
IV.D.2.b)	and external to the program by the following methods:	4.14.a.	peer-reviewed publication. (Outcon
			The program must demonstrate disse and external to the program by the fo
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;		 faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servio serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(1)	(Outcome)	4.14.a.	 peer-reviewed publication. (Outcon
			The program must demonstrate disse and external to the program by the fo
			 faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servio serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	 peer-reviewed publication. (Outcom
IV.D.3.	Resident Scholarly Activity	4.15.	Resident Scholarly Activity Residents must participate in schola
IV.D.3.a)	Residents must participate in scholarship. (Core)	4.15.	Resident Scholarly Activity Residents must participate in schola
IV.D.3.a).(1)	Residents must participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. (Core)	4.15.a.	Residents must participate in the develo evaluate research findings, and develop professional responsibility. (Core)
	All residents must be regularly involved in scholarly activity that is disseminated through peer- or non-peer-reviewed publications, chapters, abstracts, or	4.15 h	All residents must be regularly involved through peer- or non-peer-reviewed put
IV.D.3.a).(2)	presentations. (Core)	4.15.b.	presentations. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation

ssemination of scholarly activity within following methods:

nds, posters, workshops, quality m presentations, grant leadership, nonources, articles or publications, book vice on professional committees, or nal editorial board member, or editor;

ome)

ssemination of scholarly activity within following methods:

nds, posters, workshops, quality m presentations, grant leadership, nonources, articles or publications, book vice on professional committees, or nal editorial board member, or editor;

ome)

ssemination of scholarly activity within following methods:

nds, posters, workshops, quality m presentations, grant leadership, nonources, articles or publications, book vice on professional committees, or nal editorial board member, or editor;

ome)

larship. (Core)

larship. (Core)

elopment of new knowledge, learn to lop habits of inquiry as a continuing

ed in scholarly activity that is disseminated publications, chapters, abstracts, or

Requirement Number		Reformatted Requirement	
- Roman Numerals	Requirement Language	Number	Requiremen
V.A.	Resident Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than th must be documented at least every th
V.A.1.b).(2)	Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences, such as co clinical responsibilities, must be eval and at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objecti the Competencies and the specialty-s
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.	The program must use multiple evalue patients, self, and other professional
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	The program must provide that inform Committee for its synthesis of progree improvement toward unsupervised p
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 resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designer Competency Committee, must meet we their documented semi-annual evaluate progress along the specialty-specific
V.A.1.d).(2)	assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist individualized learning plans to capita areas for growth. (Core)
V.A.1.d).(3)	develop plans for residents failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designer Competency Committee, must developrogress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (Core)		At least annually, there must be a sur that includes their readiness to progr applicable. (Core)

Evaluation erve, evaluate, and frequently provide during each rotation or similar

Evaluation

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

Evaluation

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

the completion of the assignment.

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

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

ctive performance evaluation based on /-specific Milestones. ^(Core)

luators (e.g., faculty members, peers, al staff members). (Core)

rmation to the Clinical Competency ressive resident performance and practice. (Core)

nee, with input from the Clinical t with and review with each resident uation of performance, including ic Milestones. (Core)

nee, with input from the Clinical st residents in developing italize on their strengths and identify

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.1.e).(1)	At least semiannually, the program director must review the ACGME Case Log data with each resident to ensure the balanced progress of each resident towards achieving experience with a variety and complexity of neurological surgery procedures. (Core)	5.1.f.1.	At least semiannually, the program direct data with each resident to ensure the ba towards achieving experience with a var surgery procedures. (Core)
V.A.1.f).	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a resident's perfore by the resident. (Core)
V.A.2.	Final Evaluation	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co
V.A.2.a).(1) V.A.2.a).(2)	The specialty-specific Milestones, and when applicable the specialty- specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. (Core) The final evaluation must:	5.2.a. [None]	The specialty-specific Milestones, an specific Case Logs, must be used as engage in autonomous practice upon
V.A.2.a).(2).(a)	become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu resident in accordance with institutio
V.A.2.a).(2).(b)	verify that the resident 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 resident upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared we 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 me director. (Core)
V.A.3.a)	At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)	5.3.a.	At a minimum, the Clinical Competen members of the program faculty, at le member. (Core)
V.A.3.a).(1)	Additional 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 residents. (Core)	5.3.b.	Additional members must be faculty of other programs, or other health profe and experience with the program's re
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	The Clinical Competency Committee at least semi-annually. (Core)
V.A.3.b).(2)	determine each resident's progress on achievement of the specialty- specific Milestones; and, (Core)	5.3.d.	The Clinical Competency Committee progress on achievement of the spec
V.A.3.b).(3)	meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress. (Core)	5.3.e.	The Clinical Competency Committee semi-annual evaluations and advise t resident's progress. (Core)

rector must review the ACGME Case Log balanced progress of each resident variety and complexity of neurological

formance must be accessible for review

on

a final evaluation for each resident Core)

on

a final evaluation for each resident core)

and when applicable the specialtyis tools to ensure residents are able to on completion of the program. (Core)

eart of the resident's permanent record nust be accessible for review by the ional policy; (Core)

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

with the resident upon completion of

must be appointed by the program

ency Committee must include three least one of whom is a core faculty

y members from the same program or fessionals who have extensive contact residents. (Core)

e must review all resident evaluations

e must determine each resident's ecialty-specific Milestones. (Core) e must meet prior to the residents' e the program director regarding each

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
			Faculty Evaluation
			The program must have a process to
			performance as it relates to the educ
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to
	performance as it relates to the educational program at least annually.		performance as it relates to the education
V.B.1.	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with t
	in faculty development related to their skills as an educator, clinical		in faculty development related to thei
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and se
	This evaluation must include written, anonymous, and confidential		This evaluation must include written,
V.B.1.b)	evaluations by the residents. (Core)	5.4.b.	evaluations by the residents. (Core)
	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedb
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational eva
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development pl
			Program Evaluation and Improvemen
			The program director must appoint the
			conduct and document the Annual P
V.C.	Program Evaluation and Improvement	5.5.	program's continuous improvement
			Program Evaluation and Improvemen
	The program director must appoint the Program Evaluation Committee to		The program director must appoint th
	conduct and document the Annual Program Evaluation as part of the		conduct and document the Annual Pi
V.C.1.	•	5.5.	program's continuous improvement
	The Program Evaluation Committee must be composed of at least two		The Program Evaluation Committee r
	program faculty members, at least one of whom is a core faculty member,		program faculty members, at least on
V.C.1.a)		5.5.a.	and at least one resident. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
	review of the program's self-determined goals and progress toward		Program Evaluation Committee response
V.C.1.b).(1)	meeting them; (Core)	5.5.b.	program's self-determined goals and
			Program Evaluation Committee respo
	guiding ongoing program improvement, including development of new		ongoing program improvement, inclu
V.C.1.b).(2)	goals, based upon outcomes; and, (Core)	5.5.c.	based upon outcomes. (Core)
			Program Evaluation Committee respo
l	review of the current operating environment to identify strengths,		current operating environment to ide
	challenges, opportunities, and threats as related to the program's mission		opportunities, and threats as related
V.C.1.b).(3)	and aims. (Core)	5.5.d.	(Core)
	The Program Evaluation Committee should consider the outcomes from		The Program Evaluation Committee s
l	prior Annual Program Evaluation(s), aggregate resident and faculty written		prior Annual Program Evaluation(s),
	evaluations of the program, and other relevant data in its assessment of		evaluations of the program, and othe
		5.5.e.	the program. (Core)

to evaluate each faculty member's ucational program at least annually.

to evaluate each faculty member's ucational program at least annually.

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

en, anonymous, and confidential

back on their evaluations at least

evaluations should be incorporated into plans. (Core)

ent

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

ent

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

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

ponsibilities must include review of the nd progress toward meeting them. ^(Core)

ponsibilities must include guiding cluding development of new goals,

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

e should consider the outcomes from , aggregate resident and faculty written her relevant data in its assessment of

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
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 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 residents and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, incl distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must complete a Self-S
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic	[blowe]	Board Certification One goal of ACGME-accredited educ seek and achieve board certification. the educational program is the ultima The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) memb
V.C.3. V.C.3.a)	Association (AOA) certifying board. For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	[None] 5.6.	Association (AOA) certifying board. Board Certification For specialties in which the ABMS m board offer(s) an annual written exan program's aggregate pass rate of the time must be higher than the bottom specialty. (Outcome)
V.C.3.b)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)		For specialties in which the ABMS m board offer(s) a biennial written exan program's aggregate pass rate of the time must be higher than the bottom specialty. ^(Outcome)
V.C.3.c)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.b.	For specialties in which the ABMS m board offer(s) an annual oral exam, in program's aggregate pass rate of the time must be higher than the bottom specialty. ^(Outcome)
V.C.3.d)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.c.	For specialties in which the ABMS m board offer(s) a biennial oral exam, in program's aggregate pass rate of the time must be higher than the bottom specialty. ^(Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty. (Outcome)	5.6.d.	For each of the exams referenced in graduates over the time period speci an 80 percent pass rate will have me percentile rank of the program for pa
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible residents that

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

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

-Study and submit it to the DIO. (Core)

ucation is to educate physicians who on. One measure of the effectiveness of mate pass rate.

urage all eligible program graduates to ered by the applicable American Board nber board or American Osteopathic

member board and/or AOA certifying am, in the preceding three years, the hose taking the examination for the first m fifth percentile of programs in that

member board and/or AOA certifying am, in the preceding six years, the hose taking the examination for the first m fifth percentile of programs in that

member board and/or AOA certifying , in the preceding three years, the hose taking the examination for the first m fifth percentile of programs in that

member board and/or AOA certifying in the preceding six years, the hose taking the examination for the first m fifth percentile of programs in that

n 5.6.a.-c., any program whose ecified in the requirement have achieved net this requirement, no matter the pass rate in that specialty. ^(Outcome)

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environm
	Residency education must occur in the context of a learning and working environment that emphasizes the following principles:		Residency education must occur in t environment that emphasizes the fol
	• Excellence in the safety and quality of care rendered to patients by residents today		 Excellence in the safety and quality residents today
	• Excellence in the safety and quality of care rendered to patients by today's residents in their future practice		• Excellence in the safety and quality today's residents in their future prac
	• Excellence in professionalism		• Excellence in professionalism
	 Appreciation for the privilege of caring for patients 		• Appreciation for the privilege of car
	• Commitment to the well-being of the students, residents, faculty		• Commitment to the well-being of th
VI	members, and all members of the health care team	Section 6	members, and all members of the he
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)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuo 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, a patient safety systems and contribut
	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		Patient Safety Events Reporting, investigation, and follow- unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities.	[None]	changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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the students, residents, faculty health care team

uous identification of vulnerabilities deal with them. An effective ms 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)

w-up of safety events, near misses, and hanisms for improving patient safety, of any patient safety program. Feedback ntial to developing true competence in hstitute sustainable systems-based ty vulnerabilities.

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

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VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. ^(Core)
VI.A.1.a).(2).(b)	Residents 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.	Residents must participate as team m interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Residents and faculty members must benchmarks related to their patient pe
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a)	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 in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.

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

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

tizing activities for care improvement ment efforts.

st receive data on quality metrics and populations. (Core)

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

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

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the place for all residents is based on each ability, as well as patient complexity a exercised through a variety of method (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate resident supe authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient interac
VI.A.2.b).(1).(a)	the supervising physician is physically present with the resident during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient interac
VI.A.2.b).(1).(a).(i)	PGY-1 residents must initially be supervised directly, only as described in VI.A.2.b).(1).(a). (Core)	6.7.a.	PGY-1 residents must initially be super the above definition. (Core)
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 resident 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 resident must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role resident must be assigned by the pro (Core)
VI.A.2.d).(1)	The program director must evaluate each resident'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 Milester

st inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

st inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

t the appropriate level of supervision in each resident's level of training and y and acuity. Supervision may be ods, as appropriate to the situation.

pervision while providing for graded ogram must use the following

cally present with the resident during action.

cally present with the resident during action.

pervised directly, only as described in

oviding physical or concurrent visual ately available to the resident 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 rogram director and faculty members.

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

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VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core)	6.9.b.	Faculty members functioning as supe portions of care to residents based or skills of each resident. (Core)
VI.A.2.d).(3)	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Senior residents or fellows should service residents in recognition of their progrest the needs of each patient and the skil (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ residents must communicate with the (Core)
VI.A.2.e).(1)	Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)	6.10.a.	Each resident must know the limits of circumstances under which the reside conditional independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each resid the appropriate level of patient care a
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp residents and faculty members conce responsibilities of physicians, includin to be appropriately rested and fit to pr patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate residents 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 Sp residents and faculty members conce responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on residents to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on residents to full
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each resident 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 resident finds in physician, including protecting time we administrative support, promoting pro- flexibility, and enhancing professiona
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 of provide a culture of professionalism to personal responsibility. (Core)

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

serve in a supervisory role to junior gress toward independence, based on kills of the individual resident or fellow.

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

of their scope of authority, and the ident is permitted to act with ne)

ust be of sufficient duration to assess sident and to delegate to the resident authority and responsibility. (Core)

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

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

ram must be accomplished without fulfill non-physician obligations. ^(Core)

am must ensure manageable patient

am must include efforts to enhance s in the experience of being a with patients, providing progressive independence and nal relationships. (Core)

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

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VI.B.4.	Residents 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.	Residents and faculty members must their personal role in the safety and v care, including the ability to report ur (Core)
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free f forms of harassment, mistreatment, a residents, faculty, and staff. (Core)
	Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and		Programs, in partnership with their S process for education of residents ar behavior and a confidential process f
VI.B.6.	addressing such concerns. (Core)	6.12.g.	addressing such concerns. (Core)
	 Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training. Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive 		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills to nurtured in the context of other aspect Residents and faculty members are a Programs, in partnership with their S same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares residents with the skills and
VI.C.	throughout their careers.	[None]	throughout their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts resident well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)	6.13.b.	evaluating workplace safety data and and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal resident and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage member well-being; and, (Core)
VI.C.1.c).(1)	Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Residents must be given the opportu and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents and faculty me

st demonstrate an understanding of welfare of patients entrusted to their unsafe conditions and safety events.

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

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

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

at risk for burnout and depression. Sponsoring Institutions, have the being as other aspects of resident mbers of the health care team share each other. A positive culture in a Is constructive behaviors, and nd attitudes needed to thrive

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of residents

ge optimal resident and faculty

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

members in:

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VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care		providing access to confidential, affo counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (0
VI.C.2.	There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. (Core)		There are circumstances in which res including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for res care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. (Core)		These policies must be implemented consequences for the resident who is work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all residents of the signs of fatigue and sleep depr fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all residents 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 residents of the signs of fatigue and sleep depr 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 residents who may be too fatigued to safely return home. (Core)		The program, in partnership with its s adequate sleep facilities and safe trai 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 resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services. (Core)		Clinical Responsibilities The clinical responsibilities for each patient safety, resident ability, severif illness/condition, and available suppo
VI.E.1.a)	Neurological surgery residents must practice across a diversity of care settings with varying degrees of primary patient responsibility that include first call cross-coverage on the floors and interactions with a primary intensivist, pediatric, or hospitalist service. (Core)	6.17.a.	Neurological surgery residents must pra with varying degrees of primary patient i coverage on the floors and interactions hospitalist service. (Core)
VI.E.1.b)	Peri-operative inpatient care must be further balanced with resident participation in the operating room. Program directors must consider the following when assigning patient loads: (Core)	6.17.b.	Peri-operative inpatient care must be fur in the operating room. Program directors assigning patient loads: (Core)
VI.E.1.b).(1)	adequate coverage and provision of patient care; (Core)	6.17.b.1.	adequate coverage and provision of pat

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

hemselves and how to seek

screening. (Core)

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

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

d procedures in place to ensure e continuity of patient care. (Core)

d without fear of negative is or was unable to provide the clinical

ts and faculty members in recognition privation, alertness management, and il)

ts and faculty members in recognition privation, alertness management, and il)

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

h resident must be based on PGY level, rity and complexity of patient port services. (Core)

ractice across a diversity of care settings it responsibility that include first call crosss with a primary intensivist, pediatric, or

further balanced with resident participation ors must consider the following when

atient care; (Core)

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VI.E.1.b).(2)	sufficient inpatient clinical responsibility to allow resident progression along clinical care milestones; and, (Core)	6.17.b.2.	sufficient inpatient clinical responsibility clinical care milestones; and, (Core)
VI.E.1.b).(3)	meaningful insulation of operative experiences from inpatient care to allow technical progress and facilitate resident development of organizational and triage skills. (Core)	6.17.b.3.	meaningful insulation of operative expent technical progress and facilitate residen triage skills. (Core)
VI.E.2.	Teamwork Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. (Core)	6.18.	Teamwork Residents must care for patients in a communication and promotes safe, in the specialty and larger health syster
VI.E.2.a)	As members of the interprofessional health care team, residents must have key roles in diagnostic work-up, operative procedures, treatment decisions, measurement of treatment outcomes, and the communication and coordination of these activities with program faculty members and referring sources. (Core)	6.18.a.	As members of the interprofessional here roles in diagnostic work-up, operative pro- measurement of treatment outcomes, a of these activities with program faculty r
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fr
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, fr
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 S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that residents are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that residents with team members in the hand-off p
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents 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 S an effective program structure that is educational and clinical experience of opportunities for rest and personal a
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 Educ Clinical and educational work hours hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Worl Residents should have eight hours o and education periods. (Detail)
VI.F.2.a)	Residents should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Worl Residents should have eight hours o and education periods. (Detail)
VI.F.2.b)	Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Residents must have at least 14 hour after 24 hours of in-house call. (Core

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ty to allow resident progression along

periences from inpatient care to allow ent development of organizational and

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

nealth care team, residents must have key procedures, treatment decisions, and the communication and coordination y members and referring sources. (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)

nts are competent in communicating process. (Outcome)

r Sponsoring Institutions, must design t is configured to provide residents with e opportunities, as well as reasonable l activities.

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

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ours free of clinical work and education re)

Requirement Number - Roman Numerals		Reformatted Requirement Number	Demuinemen
- Roman Numerais	Requirement Language	Number	Requiremen
	Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-		Residents must be scheduled for a m clinical work and required education
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	home call cannot be assigned on the
			Maximum Clinical Work and Educatio
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Clinical and educational work periods hours of continuous scheduled clinic
			Maximum Clinical Work and Educatio
	Clinical and educational work periods for residents must not exceed 24		Clinical and educational work period
VI.F.3.a)	hours of continuous scheduled clinical assignments. (Core)	6.22.	hours of continuous scheduled clinic
	Up to four hours of additional time may be used for activities related to		Up to four hours of additional time m
	patient safety, such as providing effective transitions of care, and/or		patient safety, such as providing effe
VI.F.3.a).(1)	resident education. Additional patient care responsibilities must not be assigned to a resident during this time. (Core)	6.22.a.	resident education. Additional patien assigned to a resident during this tim
		0.22.0.	Clinical and Educational Work Hour B
			In rare circumstances, after handing
			resident, on their own initiative, may
			clinical site in the following circumst a single severely ill or unstable patie
			needs of a patient or patient's family;
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	events. (Detail)
			Clinical and Educational Work Hour E
	In rare circumstances, after handing off all other responsibilities, a		In rare circumstances, after handing
	resident, on their own initiative, may elect to remain or return to the		resident, on their own initiative, may
	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		clinical site in the following circumst a single severely ill or unstable patie
	needs of a patient or patient's family; or to attend unique educational		needs of a patient or patient's family;
VI.F.4.a)		6.23.	events. (Detail)
	These additional hours of care or education must be counted toward the		These additional hours of care or edu
VI.F.4.b)		6.23.a.	80-hour weekly limit. (Detail)
l	A Review Committee may grant rotation-specific exceptions for up to 10		A Review Committee may grant rotat
VI.F.4.c)	percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.	6.24.	percent or a maximum of 88 clinical a individual programs based on a sour
•	In preparing a request for an exception, the program director must follow	V.27.	In preparing a request for an exception
	the clinical and educational work hour exception policy from the ACGME		the clinical and educational work hou
VI.F.4.c).(1)		6.24.a.	Manual of Policies and Procedures. (
	The Deview Committee will consider requests for a slinical and advecting to the		The Deview Committee will consider an
VI.F.4.c).(2)	The Review Committee will consider requests for a clinical and educational work hour exception only for residents at the PGY-2 level and above. (Core)	6.24.b.	The Review Committee will consider rec hour exception only for residents at the
viii .7.0 <i>j</i> .(2)	Programs submitting a first-time exception request must have a site visit prior to		Programs submitting a first-time exception
VI.F.4.c).(3)		6.24.c.	consideration by the Review Committee
			Moonlighting
			Moonlighting must not interfere with
			the goals and objectives of the education
	Moonlighting	6.25	interfere with the resident's fitness for
VI.F.5.	Moonlighting	6.25.	safety. (Core)

ent Language

minimum of one day in seven free of on (when averaged over four weeks). Athese free days. (Core)

tion Period Length

ods for residents must not exceed 24 nical assignments. (Core)

tion Period Length

ods for residents must not exceed 24 nical assignments. (Core)

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

^r Exceptions

g off all other responsibilities, a ay elect to remain or return to the stances: to continue to provide care to ient; to give humanistic attention to the ly; or to attend unique educational

^r Exceptions

g off all other responsibilities, a ay elect to remain or return to the stances: to continue to provide care to ient; to give humanistic attention to the ly; or to attend unique educational

ducation must be counted toward the

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

otion, the program director must follow our exception policy from the ACGME . (Detail)

requests for a clinical and educational work ne PGY-2 level and above. (Core)

ption request must have a site visit prior to ee. (Core)

th the ability of the resident to achieve icational program, and must not for work nor compromise patient

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.5.a)	Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.b)	Time spent by residents 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 residents in internal ar in the ACGME Glossary of Terms) mu maximum weekly limit. (Core)
VI.F.5.c)	PGY-1 residents are not permitted to moonlight. (Core)	6.25.b.	PGY-1 residents are not permitted to
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 should be limited to four months per year, and must not exceed six months per year. (Detail)	6.26.a.	Night float should be limited to four mont months per year. (Detail)
VI.F.7.	Maximum In-House On-Call Frequency Residents 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 Frequenc Residents must be scheduled for in-h every third night (when averaged over
VI.F.8.		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. (Cor
VI.F.8.a)	Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each res

h the ability of the resident to achieve cational program, and must not for work nor compromise patient

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

o moonlight. (Core)

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

onths per year, and must not exceed six

ncy

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

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

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

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