Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
Roman Numerals	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	Requirement Number	Definition of Graduate Medical E Graduate medical education is t development between medical s practice. It is in this vital phase education that residents learn to the supervision of faculty memb as role models of excellence, co professionalism, and scholarsh Graduate medical education tran physician scholars who care for
	diverse community; create and integrate new knowledge into		diverse community; create and i
	practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical		practice; and educate future gen public. Practice patterns establi
Int.A.	education persist many years later.	[None]	education persist many years la
	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		and responsibility for patient can with appropriate faculty supervis allowing residents to attain the H judgment, and empathy required medical education develops phy delivery of safe, equitable, afford the populations they serve. Grad strength that a diverse group of and the importance of inclusive environments. Graduate medical education occ the foundation for practice-base professional development of the continues through faculty mode in a humanistic environment that
	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		problem-solving, academic rigor is often physically, emotionally, occurs in a variety of clinical lea graduate medical education and fellows, faculty members, stude
Int.A. (Continued)	members of the health care team.	[None] - (Continued)	care team.
Int D	Definition of Specialty Nuclear medicine is the medical specialty that uses the Tracer Principle, most often with radiopharmaceuticals, to evaluate molecular, metabolic, physiologic and pathologic conditions of the body for the purposes of diagnosis, therapy, and response	[Nono]	Definition of Specialty Nuclear medicine is the medical sp most often with radiopharmaceutic physiologic and pathologic condition
Int.B.	diagnosis, therapy, and research.	[None]	diagnosis, therapy, and research.

Education

the crucial step of professional school and autonomous clinical of the continuum of medical to provide optimal patient care under obers who not only instruct, but serve compassion, cultural sensitivity, hip.

ansforms medical students into or the patient, patient's family, and a d integrate new knowledge into enerations of physicians to serve the blished during graduate medical later.

as as a core tenet the graded authority care. The care of patients is undertaken vision and conditional independence, e knowledge, skills, attitudes, red for autonomous practice. Graduate hysicians who focus on excellence in ordable, quality care; and the health of raduate medical education values the of physicians brings to medical care, re and psychologically safe learning

ccurs in clinical settings that establish sed and lifelong learning. The he physician, begun in medical school, deling of the effacement of self-interest hat emphasizes joy in curiosity, or, and discovery. This transformation y, and intellectually demanding and earning environments committed to ad the well-being of patients, residents, lents, and all members of the health

specialty that uses the Tracer Principle, ticals, to evaluate molecular, metabolic, tions of the body for the purposes of

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
	Length of Educational Program		Length of Educational Program
	The educational program in nuclear medicine must be 36 months in		The educational program in nuclea
Int.C.	length. (Core)	4.1.	(Core)
l.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		
			Sponsoring Institution
	The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of		The Sponsoring Institution is the the ultimate financial and acade
	graduate medical education, consistent with the ACGME		graduate medical education, cor
	Institutional Requirements.		Requirements.
	When the Sponsoring Institution is not a rotation site for the		When the Sponsoring Institution
	program, the most commonly utilized site of clinical activity for the		program, the most commonly ut
I.A.	program is the primary clinical site.	[None]	program is the primary clinical s
1 4 4	The program must be sponsored by one ACGME-accredited		The program must be sponsored
I.A.1.	Sponsoring Institution.	1.1.	Sponsoring Institution.
	Participating Sites		Participating Sites
	A participating site is an organization providing educational		Participating Sites A participating site is an organiz
I.B.	experiences or educational assignments/rotations for residents.	[None]	experiences or educational assignment
	The program, with approval of its Sponsoring Institution, must		The program, with approval of it
I.B.1.	designate a primary clinical site. (Core)	1.2.	designate a primary clinical site.
I.B.1.a)	The program must be based at the primary clinical site. (Core)	1.2.a.	The program must be based at the
	A program using multiple sites must ensure a unified educational		A program using multiple sites mus
I.B.1.a).(1)	experience for the residents. (Core)	1.2.a.1.	experience for the residents. (Core
	Each participating site must offer significant educational opportunities to	1.0.1	Each participating site must offer s
I.B.1.b)	the overall program. (Core)	1.2.b.	the overall program. (Core)
	Programs should avoid affiliations with sites at such distances from the		Programs should avoid affiliations
	primary clinical site as to make resident attendance at rounds and conferences impractical, unless there is a comparable educational		primary clinical site as to make res conferences impractical, unless the
I.B.1.c)	experience at a participating site. (Core)	1.2.c.	experience at a participating site. (
	There must be a program letter of agreement (PLA) between the		There must be a program letter of
	program and each participating site that governs the relationship		program and each participating
	between the program and the participating site providing a required		between the program and the pa
I.B.2.	assignment. (Core)	1.3.	assignment. (Core)
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at lea
			The PLA must be approved by the
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(DIO). (Core)
	The program must monitor the clinical learning and working		The program must monitor the c
I.B.3.	environment at all participating sites. (Core)	1.4.	environment at all participating
	At each participating site there must be one faculty member,		At each participating site there r
	designated by the program director as the site director, who is		designated by the program direct
I B 3 a)	accountable for resident education at that site, in collaboration with	1.5.	accountable for resident education the program director (Core)
I.B.3.a).	the program director. (Core)	1.3.	the program director. (Core)

ear medicine must be 36 months in length.

the organization or entity that assumes lemic responsibility for a program of onsistent with the ACGME Institutional

on is not a rotation site for the utilized site of clinical activity for the I site.

ed by one ACGME-accredited

nization providing educational signments/rotations for residents.

its Sponsoring Institution, must e. (Core)

ne primary clinical site. (Core)

ust ensure a unified educational re)

significant educational opportunities to

as with sites at such distances from the esident attendance at rounds and there is a comparable educational (Core)

r of agreement (PLA) between the g site that governs the relationship participating site providing a required

east every 10 years. ^(Core) the designated institutional official

e clinical learning and working g sites. (Core)

e must be one faculty member, ector as the site director, who is ation at that site, in collaboration with

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement Language
.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)		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)
.С.	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 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)
I.D.	Resources	1.8.	Resources The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education.	1.8.	Resources The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)
l.D.1.a)	There must be a volume and variety of patients to ensure that residents gain experience in the full range of nuclear medicine/molecular imaging procedures and interpretations. (Core)	1.8.a.	There must be a volume and variety of patients to ensure that residents gain experience in the full range of nuclear medicine/molecular imaging procedures and interpretations. (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 Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for:
l.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/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration	1.9.c.	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)
l.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropriate to the participating site; and, (Core)
l.D.2.e)	accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)
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 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)
	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		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
I.E.		1.11.	negatively impact the appointed residents' education. (Core)
II.		Section 2	Section 2: Personnel

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
II.A.	Program Director	2.1.	Program Director There must be one faculty mem with authority and accountabilit compliance with all applicable p
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 mem with authority and accountabilit compliance with all applicable p
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 GM program director and must verif and clinical 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 di Committee. (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 a length of time adequate to main program stability. (Core)
II.A.1.b).(1)	The program director should serve in this position for a minimum of five years. (Detail)	2.3.a.	The program director should serve years. (Detail)
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 ap team, must be provided with sup the program based upon its size
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director time and support specified below f
II.A.2.a)	Number of Approved Resident Positions: 1-6 Minimum FTE: 0.15 Number of Approved Resident Positions: 7-12 Minimum FTE: 0.20	2.4.a.	Number of Approved Resident Pos Number of Approved Resident Pos
II.A.3.	Qualifications of the program director:	2.5.	Qualifications of the Program Di The program director must poss three years of documented educ experience, or qualifications acc (Core)
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 Di The program director must poss three years of documented educ experience, or qualifications acc (Core)
II.A.3.b)	must include current certification in the specialty for which they are the program director by the American Board of Nuclear Medicine or by the American Osteopathic Board of Nuclear Medicine, or specialty qualifications that are acceptable to the Review Committee; and, (Core)	2.5.a.	The program director must poss specialty for which they are the Board of Nuclear Medicine or by Nuclear Medicine, or specialty qu Review Committee. ^(Core)
II.A.3.b).(1)	Other acceptable qualifications are certification by the American Board of Radiology with subspecialty certification in Nuclear Radiology. (Core)	2.5.a.1.	Other acceptable qualifications are Radiology with subspecialty certific
II.A.3.b).(2)	The program director should actively participate in Maintenance of Certification. (Core)	2.5.a.2.	The program director should active Certification. (Core)

mber appointed as program director lity for the overall program, including program requirements. (Core)

mber appointed as program director lity for the overall program, including program requirements. (Core)

GMEC must approve a change in rify the program director's licensure re)

director resides with the Review

te retention of the program director for naintain continuity of leadership and

ve in this position for a minimum of five

applicable, the program's leadership support adequate for administration of ize and configuration. (Core)

ctor must be provided with the dedicated v for administration of the program: (Core)

Positions: 1-6 | Minimum FTE: 0.15 Positions: 7-12 | Minimum FTE: 0.20

Director

ssess specialty expertise and at least ucational and/or administrative acceptable to the Review Committee.

Director

ssess specialty expertise and at least ucational and/or administrative acceptable to the Review Committee.

essess current certification in the ne program director by the American by the American Osteopathic Board of qualifications that are acceptable to the

are certification by the American Board of ification in Nuclear Radiology. (Core)

ively participate in Maintenance of

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiren
II.A.3.c)	must include ongoing clinical activity. (Core)	2.5.b.	The program director must dem (Core)
II.A.3.d)	must include being an authorized user for 10CFR 35.190, 290, and 390, including 392, 394, and 396. (Core)	2.5.c.	Program director qualifications mu 10CFR 35.190, 290, and 390, inclu
II.A.3.e)	must include full-time appointment. (Core)	2.5.d.	Program director qualifications mu
II.A.3.f)	must include broad knowledge of, experience with, and commitment to general nuclear medicine/molecular imaging. (Core)	2.5.e.	Program director qualifications mu experience with, and commitment imaging. (Core)
	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care.		Program Director Responsibilitie The program director must have accountability for: administratio scholarly activity; resident recru promotion of residents, and disc residents; and resident educatio
II.A.4.	(Core)	2.6.	(Core)
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
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.6.b.	The program director must design fashion consistent with the need the Sponsoring Institution, and
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must adm environment conducive to educe ACGME Competency domains. (
II.A.4.a).(4)	have the authority to approve or remove physicians and non- physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.6.d.	The program director must have physicians and non-physicians sites, including the designation develop and oversee a process approval. (Core)
II.A.4.a).(5)	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.e.	The program director must have from supervising interactions an not meet the standards of the pr
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.6.f.	The program director must subr required and requested by the D
II.A.4.a).(7)	provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.6.g.	The program director must prov environment in which residents concerns, report mistreatment, a manner as appropriate, without (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a resident; (Core)	2.6.h.	The program director must ensu Sponsoring Institution's policies grievances and due process, inc suspend or dismiss, or not to pr resident. (Core)
	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination;		The program director must ensu Sponsoring Institution's policies
II.A.4.a).(9)	(Core)	2.6.i.	non-discrimination. (Core)

ement Language monstrate ongoing clinical activity.

nust include being an authorized user for cluding 392, 394, and 396. (Core) nust include full-time appointment. (Core)

nust include broad knowledge of, nt to general nuclear medicine/molecular

ities

ve responsibility, authority, and tion and operations; teaching and cruitment and selection, evaluation, and isciplinary action; supervision of tion in the context of patient care.

a role model of professionalism. (Core)

sign and conduct the program in a eeds of the community, the mission(s) of d the mission(s) of the program. (Core) minister and maintain a learning ucating the residents in each of the

s. (Core) ve the authority to approve or remove

is as faculty members at all participating on of core faculty members, and must is to evaluate candidates prior to

ve the authority to remove residents and/or learning environments that do program. (Core)

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

ovide a learning and working ts have the opportunity to raise t, and provide feedback in a confidential ut fear of intimidation or retaliation.

sure the program's compliance with the ies and procedures related to including when action is taken to promote or renew the appointment of a

sure the program's compliance with the ies and procedures on employment and

Requirement Number - Roman Numerals	Paguiromont Languago	Reformatted Requirement Number	Doguiron
Roman Numerais	Requirement Language	Requirement Number	Requirem
II.A.4.a).(9).(a)	Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Residents must not be required or restrictive covenant. (Core)
			The program director must docu
	document verification of education for all residents within 30 days of		residents within 30 days of com
II.A.4.a).(10)	completion of or departure from the program; and, (Core)	2.6.j.	program. (Core)
			The program director must prov
	provide verification of an individual resident's education upon the		resident's education upon the re
I.A.4.a).(11)	resident's request, within 30 days; and (Core)	2.6.k.	(Core)
	provide applicants who are offered an interview with information		The program director must prov
	related to the applicant's eligibility for the relevant specialty board		interview with information relate
II.A.4.a).(12)	examination(s). (Core)	2.6.1.	relevant specialty board examin
	Faculty		Faculty
	Faculty members are a foundational element of graduate medical		Faculty members are a foundati
	education – faculty members teach residents how to care for		education – faculty members te
	patients. Faculty members provide an important bridge allowing		patients. Faculty members prov
	residents to grow and become practice-ready, ensuring that patients		residents to grow and become p
	receive the highest quality of care. They are role models for future		receive the highest quality of ca
	generations of physicians by demonstrating compassion,		generations of physicians by de
	commitment to excellence in teaching and patient care,		commitment to excellence in tea
	professionalism, and a dedication to lifelong learning. Faculty		professionalism, and a dedication
	members experience the pride and joy of fostering the growth and		members experience the pride a
	development of future colleagues. The care they provide is		development of future colleague
	enhanced by the opportunity to teach and model exemplary		by the opportunity to teach and
	behavior. By employing a scholarly approach to patient care, faculty		employing a scholarly approach
	members, through the graduate medical education system, improve		through the graduate medical e
	the health of the individual and the population.		of the individual and the popula
	Faculty members ensure that patients receive the level of care		Faculty members ensure that pa
	expected from a specialist in the field. They recognize and respond		expected from a specialist in the
	to the needs of the patients, residents, community, and institution.		to the needs of the patients, res
	Faculty members provide appropriate levels of supervision to		Faculty members provide appro
	promote patient safety. Faculty members create an effective learning		promote patient safety. Faculty
	environment by acting in a professional manner and attending to the		environment by acting in a prof
II.B.	well-being of the residents and themselves.	[None]	well-being of the residents and
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all residents. (Core)	2.7.	There must be a sufficient numb
п.в.т. II.В.2.	Faculty members must:	[None]	competence to instruct and sup
			Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty members must be role r
			Faculty members must demons
	demonstrate commitment to the delivery of safe, equitable, high-		safe, equitable, high-quality, cos
II.B.2.b)	quality, cost-effective, patient-centered care; (Core)	2.8.a.	(Core)
			Faculty members must demons
	demonstrate a strong interest in the education of residents,		of residents, including devoting
	including devoting sufficient time to the educational program to		program to fulfill their supervise
II.B.2.c)	fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	(Core)
	administer and maintain an educational environment conducive to		Faculty members must administ
II.B.2.d)	educating residents; (Core)	2.8.c.	environment conducive to educ

ement Language

ed to sign a non-competition guarantee

cument verification of education for all mpletion of or departure from the

ovide verification of an individual resident's request, within 30 days.

ovide applicants who are offered an ated to the applicant's eligibility for the ination(s). (Core)

ational element of graduate medical teach residents how to care for ovide an important bridge allowing e practice-ready, ensuring that patients care. They are role models for future demonstrating compassion, teaching and patient care, otion to lifelong learning. Faculty e and joy of fostering the growth and oues. The care they provide is enhanced and model exemplary behavior. By ch to patient care, faculty members, education system, improve the health lation.

patients receive the level of care the field. They recognize and respond esidents, community, and institution. ropriate levels of supervision to by members create an effective learning ofessional manner and attending to the d themselves.

nber of faculty members with upervise all residents. (Core)

e models of professionalism. (Core) Instrate commitment to the delivery of cost-effective, patient-centered care.

nstrate a strong interest in the education ng sufficient time to the educational sory and teaching responsibilities.

ister and maintain an educational ucating residents. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
	regularly participate in organized clinical discussions, rounds,		Faculty members must regularly
II.B.2.e)	journal clubs, and conferences; and, (Core)	2.8.d.	discussions, rounds, journal clu
	pursue faculty development designed to enhance their skills at least		Faculty members must pursue fa
II.B.2.f)	annually: (Core)	2.8.e.	enhance their skills at least annu
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (De
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminati safety; (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 r
II.B.2.f).(4)	in patient care based on their practice-based learning and improvement efforts. (Detail)	2.8.e.4.	in patient care based on their pra improvement efforts. (Detail)
II.B.3.	Faculty Qualifications	2.9.	Faculty Qualifications Faculty members must have app and hold appropriate institutiona
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 app and hold appropriate institutiona
II.B.3.b)	Physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the specialty by the American Board of Nuclear Medicine or the American Osteopathic Board of Nuclear Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)	2.10.	Physician faculty members must specialty by the American Board Osteopathic Board of Nuclear Me judged acceptable to the Review
	have current certification in nuclear radiology by the American Board of		Physician faculty members must ha
II.B.3.b).(2)	Radiology. (Core)	2.10.a.	radiology by the American Board o
II.B.3.b).(2).(a)	In programs affiliated with a medical school, all physician faculty members must have an academic appointment. (Core)	2.10.a.1.	In programs affiliated with a medica must have an academic appointme
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)		Core Faculty Core faculty members must have and supervision of residents and their entire effort to resident edu must, as a component of their ac formative feedback to residents.
II.B.4.a)	Core faculty members must complete the annual ACGME Faculty Survey. (Core)	2.11.a.	Core faculty members must com Survey. (Core)
II.B.4.b)	There must be at least one core physician faculty member in addition to the program director. (Core)	2.11.b.	There must be at least one core ph the program director. (Core)
II.B.4.b).(1)	Programs must maintain a ratio of at least one core physician faculty member per every two residents. (Core)	2.11.b.1.	Programs must maintain a ratio of member per every two residents. (
II.C.	Program Coordinator	2.12.	Program Coordinator There must be a program coordi
II.C.1.	There must be a program coordinator. (Core)	2.12.	Program Coordinator There must be a program coordi
	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its		The program coordinator must b support adequate for administra
II.C.2.	size and configuration. (Core)	2.12.a.	size and configuration. (Core)

rly participate in organized clinical lubs, and conferences. (Core)

faculty development designed to nually: (Core)

Detail)

ating health inequities, and patient

residents' well-being; and, (Detail) practice-based learning and

ppropriate qualifications in their field nal appointments. (Core)

ppropriate qualifications in their field nal appointments. (Core)

ust have current certification in the ard of Nuclear Medicine or the American Medicine, or possess qualifications aw Committee. ^(Core)

have current certification in nuclear of Radiology. (Core)

lical school, all physician faculty members nent. (Core)

ive a significant role in the education nd must devote a significant portion of ducation and/or administration, and activities, teach, evaluate, and provide (s. (Core)

mplete the annual ACGME Faculty

physician faculty member in addition to

of at least one core physician faculty (Core)

dinator. (Core)

dinator. (Core)

t be provided with dedicated time and ration of the program based upon its

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
	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 coordir dedicated time and support specific program: (Core)
II.C.2.a)	Number of Approved Resident Positions: 1-6 Minimum FTE: 0.25 Number of Approved Resident Positions: 7-12 Minimum FTE: 0.30	2.12.b.	Number of Approved Resident Pos Number of Approved Resident Pos
	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective		Other Program Personnel The program, in partnership with jointly ensure the availability of r
II.D.	administration of the program. (Core)	2.13.	administration of the program. (
III. II.A.	Resident Appointments Eligibility Requirements	Section 3 3.2.	Section 3: Resident Appointmen Eligibility Requirements An applicant must meet one of the eligible for appointment to an AC
III.A.1.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	Eligibility Requirements An applicant must meet one of the eligible for appointment to an AC
III.A.1.a)	graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)	3.2.a.	graduation from a medical schoo the Liaison Committee on Medica from a college of osteopathic me accredited by the American Oste Osteopathic College Accreditatio
III.A.1.b)	graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)	3.2.b.	graduation from a medical schoo meeting one of the following add • holding a currently valid certific Commission for Foreign Medical appointment; or, (Core) • holding a full and unrestricted I United States licensing jurisdicti program is located. (Core)
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.	graduation from a medical schoo meeting one of the following add • holding a currently valid certific Commission for Foreign Medical appointment; or, (Core) • holding a full and unrestricted I United States licensing jurisdicti program is located. (Core)

dinator must be provided with the ified below for administration of the

ositions: 1-6 | Minimum FTE: 0.25 ositions: 7-12 | Minimum FTE: 0.30

ith its Sponsoring Institution, must of necessary personnel for the effective (Core) ents

f the following qualifications to be ACGME-accredited program: (Core)

f the following qualifications to be ACGME-accredited program: (Core)

ool in the United States, accredited by ical Education (LCME) or graduation medicine in the United States, steopathic Association Commission on tion (AOACOCA); or, (Core)

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

ificate from the Educational cal Graduates (ECFMG) prior to

d license to practice medicine in the ction in which the ACGME-accredited

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

ificate from the Educational cal Graduates (ECFMG) prior to

d license to practice medicine in the ction in which the ACGME-accredited

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiren
			graduation from a medical scho meeting one of the following add • holding a currently valid certifi Commission for Foreign Medica appointment; or, (Core)
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 United States licensing jurisdict program is 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 c entry or transfer into ACGME-ac completed in ACGME-accredited residency programs, Royal Colle Canada (RCPSC)-accredited or C Canada (CFPC)-accredited resid in residency programs with ACC Advanced Specialty Accreditation
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 recei of competency in the required c or ACGME-I Milestones evaluation upon matriculation. (Core)
III.A.2.a).(1)	To be eligible for appointment to the program at the NM1 level, residents must have satisfactorily completed one year of graduate medical	3.3.a.1.	To be eligible for appointment to the must have satisfactorily completed in a program that satisfies the requ
III.A.2.a).(1).(a)	This year must include a minimum of nine months of direct patient care. (Core)	3.3.a.1.a.	This year must include a minimum (Core)
III.A.2.a).(2)	To be eligible for appointment to the program at the NM2 level, residents must have satisfactorily completed a program that satisfies the requirements in III.A.2. (Core)	3.3.a.2.	To be eligible for appointment to the must have satisfactorily completed requirements in 3.3. (Core)
III.A.2.a).(2).(a)	The educational program for these residents must be 24 months in length. (Core)	3.3.a.2.a.	The educational program for these (Core)
III.A.2.a).(3)	To be eligible for appointment to the program at the NM3 level, residents must have satisfactorily completed a program in diagnostic radiology that satisfies the requirements in III.A.2. (Core)	3.3.a.3.	To be eligible for appointment to the must have satisfactorily completed satisfies the requirements in 3.3.
III.A.2.a).(3).(a)	The educational program for these residents must be 12 months in length. (Core)	3.3.a.3.a.	The educational program for these (Core)
III.A.3.	Resident Eligibility Exception The Review Committee for Nuclear Medicine will allow the following exception to the resident eligibility requirements (for residents entering the program via III.A.2.a).(2) and III.A.2.a).(3)): (Core)	3.3.b.	Resident Eligibility Exception The Review Committee for Nucle exception to the resident eligibil the program via 3.3.a.2. and 3.3.a.
III.A.3.a)	An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1III.A.2., but who does meet all of the following additional qualifications and conditions: (Core)	3.3.b.1.	An ACGME-accredited residency exceptionally qualified internations satisfy the eligibility requirement meet all of the following addition

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

ificate from the Educational cal Graduates (ECFMG) prior to

ed license to practice medicine in the iction in which the ACGME-accredited

clinical education required for initial accredited residency programs must be ted residency programs, AOA-approved ollege of Physicians and Surgeons of or College of Family Physicians of sidency programs located in Canada, or CGME International (ACGME-I) ition. (Core)

eive verification of each resident's level clinical field using ACGME, CanMEDS, ations from the prior training program

the program at the NM1 level, residents ed one year of graduate medical education quirements in 3.3. (Core)

m of nine months of direct patient care.

o the program at the NM2 level, residents ed a program that satisfies the

se residents must be 24 months in length.

o the program at the NM3 level, residents ed a program in diagnostic radiology that . (Core)

se residents must be 12 months in length.

clear Medicine **will allow the following bility requirements** (for residents entering .a.3.)**: (Core)**

ncy program may accept an ational graduate applicant who does not ents listed in 3.2. – 3.3., but who does ional qualifications and conditions: ^(Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
III.A.3.a).(1)	evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and, (Core)	3.3.b.1.a.	evaluation by the program direc committee of the applicant's sui on prior training and review of the training; and, (Core)
III.A.3.a).(2)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.3.b.1.b.	review and approval of the appli the GMEC; and, (Core)
III.A.3.a).(3)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.3.b.1.c.	verification of Educational Comr Graduates (ECFMG) certification
III.A.3.b)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.3.b.2.	Applicants accepted through thi of their performance by the Clini weeks of 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 a by 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 verific experiences and a summative co evaluation prior to acceptance o Milestones evaluations upon ma
IV.	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program. The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. It is recognized 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: Educational Program The ACGME accreditation system excellence and innovation in gra of the organizational affiliation, s The educational program must s knowledgeable, skillful physician It is recognized programs may p leadership, public health, etc. It will reflect the nuanced program graduates; for example, it is exp prepare physician-scientists will focusing on community health.
IV.A.	Educational Components The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the
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 consisten mission, the needs of the comm distinctive capabilities of its gra- available to program applicants, (Core)

ector and residency selection uitability to enter the program, based the summative evaluations of this

blicant's exceptional qualifications by

nmission for Foreign Medical on. (Core)

his exception must have an evaluation nical Competency Committee within 12

t appoint more residents than approved re)

ication of previous educational competency-based performance of a transferring resident, and natriculation. (Core)

m

tem is designed to encourage raduate medical education regardless , size, or location of the program.

t support the development of ians who provide compassionate care.

Place different emphasis on research, It is expected that the program aims m-specific goals for it and its expected that a program aiming to will have a different curriculum from one

he following educational components:

ent with the Sponsoring Institution's munity it serves, and the desired raduates, which must be made s, residents, and faculty members;

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to		competency-based goals and ob experience designed to promote
	autonomous practice. These must be distributed, reviewed, and		autonomous practice. These mu
IV.A.2.	available to residents and faculty members; (Core)	4.2.b.	available to residents and facult
	delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision;		delineation of resident responsi responsibility for patient manag
IV.A.3.	(Core)	4.2.c.	(Core)
IV.A.4.	a broad range of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured dida
IV.A.4.a)	Residents must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Re Clinical Experiences Residents must be provided wit didactic activities. (Core)
,	formal educational activities that promote patient safety-related		formal educational activities that
IV.A.5.	goals, tools, and techniques. (Core)	4.2.e.	goals, tools, and techniques. (C
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a con- required domains for a trusted p practice. These Competencies a physicians, although the specifi specialty. The developmental tra Competencies are articulated th specialty.
Т ч .В.	The program must integrate the following ACGME Competencies		
IV.B.1.	into the curriculum:	[None]	The program must integrate all <i>i</i> curriculum.
IV.B.1.a)	Professionalism Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Profess Residents must demonstrate a c an adherence to ethical principle Residents must demonstrate co
<u></u>			ACGME Competencies – Profese Residents must demonstrate a c an adherence to ethical principle
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate co
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and resp
	responsiveness to patient needs that supersedes self-interest;		
IV.B.1.a).(1).(b)	(Core)	4.3.b.	responsiveness to patient needs
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 a
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, socie
IV.B.1.a).(1).(f)	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	respect and responsiveness to o but not limited to diversity in ge disabilities, national origin, soci orientation; (Core)
•••••••••••••••••••••••••••••••••••••••	ability to recognize and develop a plan for one's own personal and		ability to recognize and develop
IV.B.1.a).(1).(g)	appropriately disclosing and addressing conflict or duality of	4.3.g.	professional well-being; and, (C appropriately disclosing and ad
IV.B.1.a).(1).(h)	interest. (Core)	4.3.h.	(Core)

ement Language

objectives for each educational ote progress on a trajectory to nust be distributed, reviewed, and ulty members; (Core)

sibilities for patient care, progressive agement, and graded supervision;

dactic activities; and, (Core)

Resident Experiences – Didactic and

vith protected time to participate in core

nat promote patient safety-related Core)

conceptual framework describing the d physician to enter autonomous s are core to the practice of all diffics are further defined by each trajectories in each of the through the Milestones for each

ACGME Competencies into the

essionalism a commitment to professionalism and ples. (Core)

competence in:

essionalism a commitment to professionalism and ples. (Core)

competence in: spect for others; (Core)

eds that supersedes self-interest; (Core)

autonomy; (Core)

iety, and the profession; (Core)

o diverse patient populations, including gender, age, culture, race, religion, cioeconomic status, and sexual

op a plan for one's own personal and (Core)

addressing conflict or duality of interest.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
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 Residents must be able to provi family-centered, compassionate for the treatment of health probl (Core)
IV.B.1.b).(1).(a)	Residents must demonstrate competence in:	[None]	
IV.B.1.b).(1).(a).(i)	patient evaluation to include: pertinent patient information relevant to the requested procedure using patient interview; chart and computer data base review; the performance of a focused physical examination as indicated; and communication with the referring physician; (Core)	4.4.a.	Residents must demonstrate comp pertinent patient information releva patient interview; chart and compu a focused physical examination as referring physician. (Core)
IV(P, 1, h)(1)(a)(ii)	expection performance and interpretation of appropriate:	4.4.6	Residents must demonstrate comp
IV.B.1.b).(1).(a).(ii) IV.B.1.b).(1).(a).(ii).(a)	selection, performance, and interpretation of appropriate: musculoskeletal studies, including bone mineral density measurements, for malignant and benign disease, (Core)	4.4.b. 4.4.b.1.	interpretation of appropriate: musculoskeletal studies, including malignant and benign disease; (Co
IV.B.1.b).(1).(a).(ii).(b)	myocardial perfusion imaging with treadmill and pharmacologic stress, including patient monitoring, with emphasis on electrocardiographic interpretation; (Core)	4.4.b.2.	myocardial perfusion imaging with including patient monitoring, with e interpretation; (Core)
IV.B.1.b).(1).(a).(ii).(c)	electrocardiogram (ECG)-gated ventriculography for evaluation of ventricular performance; (Core)	4.4.b.3.	electrocardiogram (ECG)-gated ve ventricular performance; (Core)
IV.B.1.b).(1).(a).(ii).(d)	endocrinologic studies, including studies of the thyroid and parathyroid; (Core)	4.4.b.4.	endocrinologic studies, including s (Core)
IV.B.1.b).(1).(a).(ii).(d).(i)	When appropriate, thyroid studies must include measurement of iodine uptake and dosimetry calculations for radio-iodine therapy. (Core)	4.4.b.4.a.	When appropriate, thyroid studies uptake and dosimetry calculations
IV.B.1.b).(1).(a).(ii).(e)	gastrointestinal studies, including transit studies, and studies of the liver and hepatobiliary system, of bleeding, and of Meckel's diverticulum; (Core)	4.4.b.5.	gastrointestinal studies, including t and hepatobiliary system, of bleed
IV.B.1.b).(1).(a).(ii).(f)	infection studies, such as gallium citrate, FDG PET, labeled leukocytes, and bone marrow; (Core)	4.4.b.6.	infection studies, such as gallium of and bone marrow; (Core)
IV.B.1.b).(1).(a).(ii).(g)	neurologic studies, including studies of cerebral perfusion, cerebral metabolism, and cerebrospinal fluid, including studies of dementia, epilepsy, and brain death; (Core)	4.4.b.7.	neurologic studies, including studie metabolism, and cerebrospinal flui epilepsy, and brain death; (Core)
IV.B.1.b).(1).(a).(ii).(h)	oncologic studies, including studies of sentinel node localization, fluorodeoxyglucose (FDG), Meta-lodo-Benzyl-Guanidine (MIBG), somatostatin-receptor imaging, and other agents as they become available; (Core)	4.4.b.8.	oncologic studies, including studie fluorodeoxyglucose (FDG), Meta-lo somatostatin-receptor imaging, an available; (Core)
IV.B.1.b).(1).(a).(ii).(i)	pulmonary studies, including studies of perfusion and ventilation for pulmonary embolus, right-to-left shunts, and quantitative assessment of perfusion and ventilation; (Core)	4.4.b.9.	pulmonary studies, including studie pulmonary embolus, right-to-left sh perfusion and ventilation; (Core)
IV.B.1.b).(1).(a).(ii).(j)	urinary tract studies, including studies of renal perfusion, function and cortical imaging, and renal scintigraphy with pharmacologic interventions and, (Core)	4.4.b.10.	urinary tract studies, including stuc cortical imaging, and renal scintigr and, (Core)
IV.B.1.b).(1).(a).(ii).(k)	PET, PET/CT, and other hybrid molecular imaging studies for both oncologic and non-oncologic indications; (Core)	4.4.b.11.	PET, PET/CT, and other hybrid mo oncologic and non-oncologic indica
IV.B.1.b).(1).(a).(ii).(I)	cross-sectional imaging of the brain, head and neck, thorax, abdomen, and pelvis with CT in the context of SPECT/CT and PET/CT; (Core)	4.4.b.12.	cross-sectional imaging of the brai pelvis with CT in the context of SP

ement Language

ent Care

vide patient care that is patient- and ite, equitable, appropriate, and effective blems and the promotion of health.

mpetence in patient evaluation to include: vant to the requested procedure using outer data base review; the performance of as indicated; and communication with the

mpetence in selection, performance, and

ng bone mineral density measurements, for Core)

th treadmill and pharmacologic stress, n emphasis on electrocardiographic

ventriculography for evaluation of

studies of the thyroid and parathyroid;

es must include measurement of iodine ns for radio-iodine therapy. (Core)

g transit studies, and studies of the liver eding, and of Meckel's diverticulum; (Core) n citrate, FDG PET, labeled leukocytes,

dies of cerebral perfusion, cerebral luid, including studies of dementia,

lies of sentinel node localization, a-lodo-Benzyl-Guanidine (MIBG), and other agents as they become

dies of perfusion and ventilation for shunts, and quantitative assessment of

tudies of renal perfusion, function and graphy with pharmacologic interventions;

molecular imaging studies for both ications; (Core)

rain, head and neck, thorax, abdomen, and SPECT/CT and PET/CT; (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
IV.B.1.b).(1).(a).(ii).(m)	therapeutic administration of radioiodine for both malignant and benign thyroid disease, including: patient selection; evaluating risks and benefits; determining the administered activity; patient identity verification; obtaining informed consent; documenting pregnancy status; using administrative controls to prevent a medical event; complying with federal and state regulations regarding medical use of radiopharmaceuticals; counseling patients and their families about radiation safety issues; and scheduling and performing post-therapy follow-up; (Core)	4.4.b.13.	therapeutic administration of radioi thyroid disease, including: patient s determining the administered activi informed consent; documenting pro- controls to prevent a medical even regulations regarding medical use patients and their families about ra and performing post-therapy follow
IV.B.1.b).(1).(a).(ii).(n)	therapeutic administration of other unsealed radiopharmaceuticals for malignant and benign diseases, including: patient selection; evaluating risks and benefits; determining the administered activity; patient identity verification; obtaining informed consent; documenting pregnancy status; using administrative controls to prevent a medical event; complying with federal and state regulations regarding the medical use of radiopharmaceuticals; counseling patients and their families about radiation safety issues; and scheduling and performing post-therapy follow up; (Core)	4.4.b.14.	therapeutic administration of other malignant and benign diseases, ind risks and benefits; determining the verification; obtaining informed con using administrative controls to pre federal and state regulations regard radiopharmaceuticals; counseling p radiation safety issues; and schedu up; (Core)
IV.B.1.b).(1).(a).(ii).(o) IV.B.1.b).(1).(a).(ii).(p)	selection of the appropriate single photon or positron emitting radiopharmaceutical, administered activity, imaging technique, data analysis, and image presentation; and, (Core) supervisory skills. (Core)	4.4.b.15. 4.4.b.16.	selection of the appropriate single radiopharmaceutical, administered analysis, and image presentation; a supervisory skills. (Core)
IV.B.1.b).(1).(b)	Residents must demonstrate compliance with radiation safety rules and regulations, including Nuclear Regulatory Commission (NRC) or agreement state rules, local regulations, and the ALARA (as low as reasonably achievable) principle for radiation protection; and, (Core)	4.4.c.	Residents must demonstrate comp regulations, including Nuclear Regulations state rules, local regula reasonably achievable) principle for
IV.B.1.b).(1).(c)	Residents must have certification in both basic and advanced cardiac life support. (Core)	4.4.d.	Residents must have certification ir support. (Core)
IV.B.1.b).(2) IV.B.1.b).(2).(a)	Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core) Residents must demonstrate competence in:	4.5 . [None]	ACGME Competencies – Procedu able to perform all medical, diagonal considered essential for the area
IV.B.1.b).(2).(a).(i)	performing nuclear medicine procedures as well as the review and interpretation of the resulting images; (Core)	4.5.a.	Residents must demonstrate comp procedures as well as the review a (Core)
IV.B.1.b).(2).(a).(ii)	preparing radiopharmaceuticals, including preparing patient administered activity and performing quality control measures; (Core)	4.5.b.	Residents must demonstrate comp radiopharmaceuticals, including pre performing quality control measure
IV.B.1.b).(2).(a).(iii)	recommending, planning, conducting, supervising, interpreting, and reporting diagnostic and therapeutic nuclear medicine procedures appropriate for the clinical problem or condition; and, (Core)	4.5.c.	Residents must demonstrate comp conducting, supervising, interpretin therapeutic nuclear medicine proce problem or condition. (Core)
IV.B.1.b).(2).(a).(iv)	correlating the nuclear medicine procedure with clinical information, laboratory, and other procedural or imaging studies. (Core)	4.5.d.	Residents must demonstrate comp medicine procedure with clinical inf procedural or imaging studies. (Con

oiodine for both malignant and benign t selection; evaluating risks and benefits; ivity; patient identity verification; obtaining oregnancy status; using administrative ent; complying with federal and state e of radiopharmaceuticals; counseling radiation safety issues; and scheduling ow-up; (Core)

er unsealed radiopharmaceuticals for ncluding: patient selection; evaluating le administered activity; patient identity onsent; documenting pregnancy status; revent a medical event; complying with arding the medical use of g patients and their families about duling and performing post-therapy follow-

e photon or positron emitting ed activity, imaging technique, data r; and, (Core)

npliance with radiation safety rules and egulatory Commission (NRC) or lations, and the ALARA (as low as for radiation protection. (Core)

n in both basic and advanced cardiac life

edural Skills: Residents must be agnostic, and surgical procedures rea of practice. (Core)

npetence in performing nuclear medicine and interpretation of the resulting images.

npetence in preparing preparing patient administered activity and res. (Core)

npetence in recommending, planning, ting, and reporting diagnostic and cedures appropriate for the clinical

npetence in correlating the nuclear information, laboratory, and other Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
	Medical Knowledge		ACGME Competencies – Medica
	Residents must demonstrate knowledge of established and evolving		Residents must demonstrate kno
	biomedical, clinical, epidemiological, and social-behavioral sciences,		biomedical, clinical, epidemiolog
	including scientific inquiry, as well as the application of this		including scientific inquiry, as w
IV.B.1.c)	knowledge to patient care. (Core)	4.6.	knowledge to patient care. (Core
IV.B.1.c).(1)	Residents must demonstrate knowledge of:	[None]	
IV.B.1.c).(1).(a)	radiation safety; (Core)	4.6.a.	Residents must demonstrate know
			Residents must demonstrate know
IV.B.1.c).(1).(b)	nuclear medicine instrumentation, including quality control; (Core)	4.6.b.	instrumentation, including quality co
	······································		Residents must demonstrate know
IV.B.1.c).(1).(c)	nuclear medicine procedures, including: (Core)	4.6.c.	including: (Core)
IV.B.1.c).(1).(c).(i)	cardiovascular; (Core)	4.6.c.1.	cardiovascular; (Core)
IV.B.1.c).(1).(c).(ii)	endocrine; (Core)	4.6.c.2.	endocrine; (Core)
IV.B.1.c).(1).(c).(iii)	gastrointestinal; (Core)	4.6.c.3.	gastrointestinal; (Core)
IV.B.1.c).(1).(c).(iv)	infection; (Core)	4.6.c.4.	infection; (Core)
IV.B.1.c).(1).(c).(v)	musculoskeletal; (Core)	4.6.c.5.	musculoskeletal; (Core)
IV.B.1.c).(1).(c).(vi)	neurologic; (Core)	4.6.c.6.	neurologic; (Core)
IV.B.1.c).(1).(c).(vii)	oncologic; (Core)	4.6.c.7.	oncologic; (Core)
IV.B.1.c).(1).(c).(viii)	pulmonary, (Core)	4.6.c.8.	pulmonary, (Core)
IV.B.1.c).(1).(c).(ix)	urinary tract; (Core)	4.6.c.9.	urinary tract; (Core)
IV.B.1.c).(1).(c).(x)	PET and PET/CT for oncologic and non-oncologic indications; and, (Core)	4.6.c.10.	PET and PET/CT for oncologic and
	cross-sectional imaging of the brain, head and neck, thorax, abdomen,		cross-sectional imaging of the brain
IV.B.1.c).(1).(c).(xi)	and pelvis with CT in the context of SPECT/CT and PET/CT. (Core)	4.6.c.11.	pelvis with CT in the context of SPE
			Residents must demonstrate know
	diagnostic use of radiopharmaceuticals: clinical indications, technical		radiopharmaceuticals: clinical indic
	performance, and interpretation of in-vivo imaging of the body organs and		interpretation of in-vivo imaging of t
	systems; using external detectors and scintillation cameras, including		external detectors and scintillation
(1) (P (1 a) (1) (d)	SPECT, SPECT/CT, PET, and PET/CT; and correlation of nuclear	164	PET, and PET/CT; and correlation
IV.B.1.c).(1).(d)	medicine procedures with other pertinent imaging modalities; (Core)	4.6.d.	other pertinent imaging modalities.
			Residents must demonstrate know
	exercise and pharmacologic stress testing, including the pharmacology of	4.0 -	stress testing, including the pharma
IV.B.1.c).(1).(e)	cardioactive drugs and physiologic gating techniques; (Core)	4.6.e.	physiologic gating techniques. (Cor
IV.B.1.c).(1).(f)	non-imaging studies; (Core)	4.6.f.	Residents must demonstrate know
IV = 1 c (1) (a)	radioiodine therapy for malignant and benign thyroid disease; (Core)	46 a	Residents must demonstrate know malignant and benign thyroid disea
IV.B.1.c).(1).(g)		4.6.g.	
			Residents must demonstrate know
$N(R_{1} \circ)(1)(b)$	therapeutic uses of other unsealed radiopharmaceuticals in the treatment	166	unsealed radiopharmaceuticals in t
IV.B.1.c).(1).(h)	of malignant and benign diseases; and, (Core)	4.6.h.	diseases. (Core)
			Residents must demonstrate know
	fundamentals of imaging molecular targets, processes and events, and		molecular targets, processes and e
	existing and emerging molecular imaging techniques, particularly as they	4.6.	molecular imaging techniques, part
IV.B.1.c).(1).(i)	relate to current clinical practice. (Core)	4.6.i.	practice. (Core)

ment Language cal Knowledge nowledge of established and evolving ogical, and social-behavioral sciences, well as the application of this re) owledge of radiation safety. (Core) wledge of nuclear medicine control. (Core) wledge of nuclear medicine procedures, nd non-oncologic indications; and, (Core) ain, head and neck, thorax, abdomen, and PECT/CT and PET/CT. (Core) wledge of diagnostic use of dications, technical performance, and of the body organs and systems; using on cameras, including SPECT, SPECT/CT, on of nuclear medicine procedures with s. (Core) wledge of exercise and pharmacologic macology of cardioactive drugs and ore) wledge of non-imaging studies. (Core) wledge of radioiodine therapy for ease. (Core) wledge of therapeutic uses of other the treatment of malignant and benign wledge of fundamentals of imaging events, and existing and emerging articularly as they relate to current clinical

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
Noman Numerais			Kequitein
	Practice-based Learning and Improvement		ACGME Competencies – Practice
	Residents must demonstrate the ability to investigate and evaluate		Residents must demonstrate the
	their care of patients, to appraise and assimilate scientific evidence,		their care of patients, to appraise
	and to continuously improve patient care based on constant self-		and to continuously improve pat
IV.B.1.d)	evaluation and lifelong learning; (Core)	4.7.	evaluation and lifelong learning.
IV.B.1.d).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)	4.7.a.	Residents must demonstrate cor deficiencies, and limits in one's l
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	Residents must demonstrate cor improvement goals. (Core)
1			Residents must demonstrate cor
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	performing appropriate learning
	systematically analyzing practice using quality improvement		Residents must demonstrate cor
	methods, including activities aimed at reducing health care		practice using quality improvement
	disparities, and implementing changes with the goal of practice	. _ .	aimed at reducing health care dis
IV.B.1.d).(1).(d)	improvement; (Core)	4.7.d.	with the goal of practice improve
	incorporating feedback and formative evaluation into daily practice;	47.0	Residents must demonstrate cor
IV.B.1.d).(1).(e)	and, (Core)	4.7.e.	and formative evaluation into dai
	locating appreciating and accimilating ovidence from eclentific		Residents must demonstrate cor
IV.B.1.d).(1).(f)	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)	4.7.f.	assimilating evidence from scien health problems. (Core)
14.0.1.0).(1).(1)			Residents must demonstrate comp
	regularly obtaining follow-up information, and correlating the clinical		information, and correlating the clin
IV.B.1.d).(1).(g)	findings with their study interpretation; and, (Core)	4.7.g.	interpretation. (Core)
	evaluating their personal practice utilizing scientific evidence, best		Residents must demonstrate comp
	practices, and/or self-assessment programs or modules for practice		practice utilizing scientific evidence
IV.B.1.d).(1).(h)	improvement. (Core)	4.7.h.	programs or modules for practice in
	Interpersonal and Communication Skills		
			ACGME Competencies – Interper
	Residents must demonstrate interpersonal and communication skills		Residents must demonstrate inte
	that result in the effective exchange of information and collaboration		that result in the effective exchar
IV.B.1.e)	with patients, their families, and health professionals. (Core)	4.8.	with patients, their families, and
IV.B.1.e).(1)	Residents must demonstrate competence in	[None]	
			Residents must demonstrate cor
	communicating effectively with patients and patients' families, as		effectively with patients and patients
	appropriate, across a broad range of socioeconomic circumstances,		a broad range of socioeconomic
	cultural backgrounds, and language capabilities, learning to engage		backgrounds, and language capa
	interpretive services as required to provide appropriate care to each		interpretive services as required
IV.B.1.e).(1).(a)	patient; (Core)	4.8.a.	patient. ^(Core)
			Residents must demonstrate cor
	communicating effectively with physicians, other health	4.0 h	effectively with physicians, other
IV.B.1.e).(1).(b)	professionals, and health-related agencies; (Core)	4.8.b.	related agencies. (Core)
	working offectively as a member or leader of a backb care to an		Residents must demonstrate cor
$IV = 1 \circ (1) (c)$	working effectively as a member or leader of a health care team or	180	member or leader of a health car
IV.B.1.e).(1).(c)	other professional group; (Core)	4.8.c.	(Core)

ice-Based Learning and Improvement he ability to investigate and evaluate ise and assimilate scientific evidence, atient care based on constant selfg. (Core)

ompetence in identifying strengths, s knowledge and expertise. (Core) ompetence in setting learning and

ompetence in identifying and g activities. (Core)

ompetence in systematically analyzing ment methods, including activities disparities, and implementing changes vement. (Core)

ompetence in incorporating feedback laily practice. (Core)

ompetence in locating, appraising, and entific studies related to their patients'

npetence in regularly obtaining follow-up linical findings with their study

npetence in evaluating their personal ce, best practices, and/or self-assessment improvement. (Core)

bersonal and Communication Skills Interpersonal and communication skills lange of information and collaboration d health professionals. (Core)

ompetence in communicating atients' families, as appropriate, across ic circumstances, cultural pabilities, learning to engage ed to provide appropriate care to each

ompetence in communicating her health professionals, and health-

ompetence in working effectively as a are team or other professional group.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Residents must demonstrate compatients' families, students, other professionals. (Core)
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate con role to other physicians and hea
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Residents must demonstrate con comprehensive, timely, and legil (Core)
IV.B.1.e).(1).(g)	preparing a complete and concise nuclear medicine procedure interpretation report; (Core)	4.8.h.	Residents must demonstrate comp concise nuclear medicine procedur
IV.B.1.e).(1).(h)	communicating the final procedure interpretation, an appropriate differential diagnosis, and any clinical, diagnostic, or therapeutic recommendations promptly and clearly to the referring health care provider; (Core)	4.8.i.	Residents must demonstrate comp procedure interpretation, an approp clinical, diagnostic, or therapeutic r to the referring health care provide
IV.B.1.e).(1).(i)	providing effective contributions to interdisciplinary and clinical didactic conferences; (Core)	4.8.j.	Residents must demonstrate comp contributions to interdisciplinary an
IV.B.1.e).(1).(j)	educating patients and their families about diagnostic and therapeutic nuclear medicine procedures; and, (Core)	4.8.k.	Residents must demonstrate comp families about diagnostic and thera (Core)
IV.B.1.e).(1).(k)	supervising and teaching junior residents, residents from other services, and students on rotations in nuclear medicine. (Core)	4.8.1.	Residents must demonstrate comp junior residents, residents from oth nuclear medicine. (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 commun families to partner with them to a when appropriate, end-of-life goa
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:		ACGME Competencies - System Residents must demonstrate an the larger context and system of and social determinants of healt effectively on other resources to
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 convarious health care delivery setticlinical 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) advocating for quality patient care and optimal patient care systems;	4.9.b.	Residents must demonstrate co across the health care continuu clinical specialty. ^(Core) Residents must demonstrate co
IV.B.1.f).(1).(c) IV.B.1.f).(1).(d)	(Core) participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.c. 4.9.d.	patient care and optimal patient Residents must demonstrate con identifying system errors and im solutions. (Core)

competence in educating patients, her residents, and other health

competence in acting in a consultative ealth professionals. (Core) competence in maintaining gible health care records, if applicable.

npetence in preparing a complete and lure interpretation report. (Core)

npetence in communicating the final opriate differential diagnosis, and any c recommendations promptly and clearly der. (Core)

npetence in providing effective and clinical didactic conferences. (Core)

npetence in educating patients and their rapeutic nuclear medicine procedures.

npetence in supervising and teaching ther services, and students on rotations in

unicate with patients and patients' o assess their care goals, including, joals. (Core)

ms-Based Practice

In awareness of and responsiveness to of health care, including the structural alth, as well as the ability to call to provide optimal health care. (Core)

competence in working effectively in attings and systems relevant to their

competence in coordinating patient care um and beyond as relevant to their

competence in advocating for quality nt care systems. (Core)

competence in participating in implementing potential systems

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
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 co considerations of value, equity, payment, and risk-benefit analys care as appropriate. (Core)
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 co care finances and its impact on (Core)
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 contechniques that promote patient safety events (real or simulated)
IV.B.1.f).(1).(h)	demonstrating an understanding of how the components of the local and national health care system function interdependently, and how changes to improve the system involve group and individual efforts; and, (Core)	4.9.i.	Residents must demonstrate an un the local and national health care s how changes to improve the syster (Core)
IV.B.1.f).(1).(h).(i)	Residents must function as consultants for other health care professionals, and act as resources for information regarding the appropriate use of imaging resources, and efforts. (Core)	4.9.i.1.	Residents must function as consult and act as resources for informatio imaging resources, and efforts. (Co
IV.B.1.f).(1).(i)	identifying existing systems problems that compromise patient care, systematically analyzing the problems, developing solutions, and evaluating the effectiveness of interventions at the departmental, institutional, local, or national levels. (Core)	4.9.j.	Residents must demonstrate comp problems that compromise patient problems, developing solutions, an interventions at the departmental, i (Core)
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 advocat system to achieve the patient's a including, when appropriate, end
			4.10. Curriculum Organization ar Curriculum Structure The curriculum must be structur experiences, the length of the ex continuity. These educational ex blend of supervised patient care and didactic educational events.
			4.11. Curriculum Organization ar and Clinical Experiences Residents must be provided with didactic activities. (Core)
			4.12. Curriculum Organization ar Management The program must provide instru management if applicable for the
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	the signs of substance use disor

competence in incorporating /, cost awareness, delivery and ysis in patient and/or population-based

ompetence in understanding health nindividual patients' health decisions.

competence in using tools and nt safety and disclosure of patient d). (Detail)

understanding of how the components of e system function interdependently, and tem involve group and individual efforts.

ultants for other health care professionals, tion regarding the appropriate use of Core)

npetence in identifying existing systems nt care, systematically analyzing the and evaluating the effectiveness of I, institutional, local, or national levels.

ate for patients within the health care s and patient's family's care goals, nd-of-life goals. (Core)

and Resident Experiences –

ured to optimize resident educational experiences, and the supervisory experiences include an appropriate re responsibilities, clinical teaching, is. (Core)

and Resident Experiences – Didactic

ith protected time to participate in core

and Resident Experiences – Pain

truction and experience in pain he specialty, including recognition of order. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
IV.C.1.	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 patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Re Structure The curriculum must be structur experiences, the length of the ex continuity. These educational ex blend of supervised patient care and didactic educational events.
IV.C.1.a)	The assignment of educational experiences should be structured to minimize the frequency of transitions. (Detail)	4.10.a.	The assignment of educational exp minimize the frequency of transition
IV.C.1.b)	Educational experiences should be of sufficient length to provide a quality educational experience defined by ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Detail)	4.10.b.	Educational experiences should be educational experience defined by relationships with faculty members feedback. (Detail)
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 Re Management: The program must in pain management if applicable recognition of the signs of subst
IV.C.3.	There must be a formal didactic lecture schedule. (Core)	4.11.a.	There must be a formal didactic led
IV.C.3.a)	Residents must attend the regularly scheduled didactic lectures. (Core)	4.11.a.1.	Residents must attend the regularly
IV.C.3.b)	This schedule should indicate the specific date and time of each lecture, the topic of each lecture, the individual presenting each lecture, and the duration of each lecture. (Detail)	4.11.a.2.	This schedule should indicate the s the topic of each lecture, the individ duration of each lecture. (Detail)
IV.C.3.c)	The didactic curriculum should include all topics included in the Medical Knowledge outcomes (IV.B.1.c)). (Core)	4.11.a.3.	The didactic curriculum should incl Knowledge outcomes (4.6). (Core)
IV.C.4.	Basic Science Educational Program	[None]	
IV.C.4.a)	Residents must complete classroom and laboratory experience in basic radionuclide handling techniques applicable to the medical use of unsealed byproduct material and radionuclides requiring a written directive. This must include: (Core)	4.11.b.	Basic Science Educational Program Residents must complete classroom radionuclide handling techniques a byproduct material and radionuclid
IV.C.4.a).(1)	radiation physics and instrumentation, including: (Core)	4.11.b.1.	This must include radiation physics
IV.C.4.a).(1).(a)	radiation physics: structure of matter, modes of radioactive decay, particle and photon emissions, and interactions of radiation with matter; and, (Core)	4.11.b.1.a.	radiation physics: structure of matter and photon emissions, and interact (Core)
IV.C.4.a).(1).(b)	instrumentation: principles of instrumentation used in detection, measurement, and imaging of radioactivity with special emphasis on gamma cameras, including single photon emission computed tomography (SPECT), SPECT/computed tomography (CT), positron emission tomography (PET), and PET/CT systems, and associated electronic instrumentation and computers employed in image production and display. (Core)	4.11.b.1.b.	instrumentation: principles of instrumentation: principles of instrumeasurement, and imaging of radio gamma cameras, including single p (SPECT), SPECT/computed tomog tomography (PET), and PET/CT sy instrumentation and computers em (Core)
IV.C.4.a).(1).(b).(i)	Instruction must be provided in the instrumentation principles of magnetic resonance imaging (MRI) and multi-slice CT. (Core)	4.11.b.1.b.1.	Instruction must be provided in the resonance imaging (MRI) and mult

Resident Experiences – Curriculum

ured to optimize resident educational experiences, and the supervisory experiences include an appropriate re responsibilities, clinical teaching, is. (Core)

xperiences should be structured to ions. (Detail)

be of sufficient length to provide a quality by ongoing supervision, longitudinal rs, and high-quality assessment and

Resident Experiences – Pain ast provide instruction and experience ble for the specialty, including ostance use disorder. (Core) ecture schedule. (Core)

arly scheduled didactic lectures. (Core)

e specific date and time of each lecture, vidual presenting each lecture, and the

clude all topics included in the Medical e)

am

oom and laboratory experience in basic applicable to the medical use of unsealed lides requiring a written directive. (Core) ics and instrumentation, including: (Core)

atter, modes of radioactive decay, particle actions of radiation with matter; and,

trumentation used in detection, dioactivity with special emphasis on e photon emission computed tomography ography (CT), positron emission systems, and associated electronic employed in image production and display.

ne instrumentation principles of magnetic ulti-slice CT. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
			This must include radiation protect
	radiation protection and regulations, including means of reducing radiation		reducing radiation exposure, radia
	exposure, radiation dose limits, evaluation of patients exposed to		exposed to potentially dangerous I
	potentially dangerous levels of radiation, assisting in the medical		medical management of persons e
	management of persons exposed to ionizing radiation, management and		management and disposal of radio
	disposal of radioactive substances, and establishment of radiation safety		radiation safety programs in accord
IV.C.4.a).(2)	programs in accordance with federal and state regulations; (Core)	4.11.b.2.	(Core)
	mathematics pertaining to the use and measurement of radioactivity,		This must include mathematics pe
IV.C.4.a).(3)	including statistics and medical decision making; (Core)	4.11.b.3.	radioactivity, including statistics an
	chemistry of radioactive material for medical use, including: reactor,		This must include chemistry of rad
	cyclotron, and generator production of radionuclides; radiochemistry; and		including: reactor, cyclotron, and g
IV.C.4.a).(4)	formulation of radiopharmaceuticals; and, (Core)	4.11.b.4.	radiochemistry; and formulation of
	radiation biology, including biological effects of ionizing radiation and		This must include radiation biology
IV.C.4.a).(5)	calculation of radiation dose. (Core)	4.11.b.5.	radiation and calculation of radiatio
	All residents and faculty members must participate in regularly scheduled		All residents and faculty members
	clinical nuclear medicine seminars, journal clubs, and interdisciplinary		clinical nuclear medicine seminars
IV.C.5.	conferences. (Core)	4.11.c.	conferences. (Core)
	Participation in regularly scheduled seminars, conferences, and journal		Participation in regularly scheduled
IV.C.5.a)	clubs should be documented with attendance logs. (Core)	4.11.c.1.	clubs should be documented with
1V.0.0.a)		4.11.0.1.	
IV.C.6.	All residents must log cases in the ACGME Case Log System as defined by the Review Committee. (Core)	4.11.d.	All residents must log cases in the
17.0.0.		4.11.0.	by the Review Committee. (Core)
	The logs must be submitted annually to the Review Committee in		The logs must be submitted annua
IV.C.6.a)	accordance with the specified format and due date. (Core)	4.11.d.1.	accordance with the specified form
	The record must be reviewed by the program director at least annually.		The record must be reviewed by th
IV.C.6.b)	(Core)	4.11.d.2.	(Core)
			Residents entering the program at
IV.C.7.	Residents entering the program at any level must:	4.11.e.	radiopharmacy rotation. (Core)
			Residents entering the program at
IV.C.7.a)	participate in a radiopharmacy rotation; (Core)	4.11.e.	radiopharmacy rotation. (Core)
IV.C.7.a).(1)	This experience must include:	[None]	
			This experience must include orde
	ordering, receiving, and unpacking radioactive materials safely, and		radioactive materials safely, and p
IV.C.7.a).(1).(a)	performing the related radiation surveys; (Core)	4.11.e.1.	(Core)
	performing quality control procedures on instruments used to determine		This experience must include perfo
	the activity of dosages, and performing checks for proper operation of		instruments used to determine the
IV.C.7.a).(1).(b)	survey meters; (Core)	4.11.e.2.	checks for proper operation of surv
	calculating, measuring, and safely preparing patient or human research		This experience must include calcu
IV.C.7.a).(1).(c)	subject dosages; (Core)	4.11.e.3.	patient or human research subject
	using administrative controls to prevent a medical event involving the use		This experience must include using
IV.C.7.a).(1).(d)	of unsealed byproduct material; (Core)	4.11.e.4.	medical event involving the use of
10.0.7.2).(1).(0)	using procedures to safely contain spilled radioactive material and using		This experience must include usin
V(C, 7, a) (1) (a)	proper decontamination procedures; and, (Core)	4.11.e.5.	radioactive material and using pro
IV.C.7.a).(1).(e)		4.11.6.5.	
	administering dosages of radioactive drugs to patients or human research	4.44 - 0	This experience must include adm
IV.C.7.a).(1).(f)	subjects. (Core)	4.11.e.6.	to patients or human research sub
			Residents entering the program at
	participate, with appropriate supervision, in the performance of nuclear		appropriate supervision, in the per
	medicine imaging and non-imaging procedures to include instrumentation		and non-imaging procedures to inc
IV.C.7.b)	quality control; (Core)	4.11.f.	(Core)

ement Language

ection and regulations, including means of iation dose limits, evaluation of patients s levels of radiation, assisting in the s exposed to ionizing radiation, dioactive substances, and establishment of ordance with federal and state regulations;

pertaining to the use and measurement of and medical decision making; (Core)

adioactive material for medical use, generator production of radionuclides; of radiopharmaceuticals; and, (Core)

gy, including biological effects of ionizing tion dose. (Core)

rs must participate in regularly scheduled ars, journal clubs, and interdisciplinary

led seminars, conferences, and journal h attendance logs. (Core)

ne ACGME Case Log System as defined

ually to the Review Committee in rmat and due date. (Core)

the program director at least annually.

at any level must participate in a

at any level must participate in a

dering, receiving, and unpacking performing the related radiation surveys.

rforming quality control procedures on ne activity of dosages, and performing urvey meters. (Core)

lculating, measuring, and safely preparing ct dosages. (Core)

ing administrative controls to prevent a of unsealed byproduct material. (Core)

ing procedures to safely contain spilled roper decontamination procedures. (Core)

ministering dosages of radioactive drugs

at any level must participate, with erformance of nuclear medicine imaging include instrumentation quality control.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
IV.C.7.c)	participate in basic radiation safety and survey procedures; (Core)	4.11.g.	Residents entering the program at radiation safety and survey proced
IV.C.7.d)	maintain a Resident Learning Portfolio, which must be reviewed with the program director as part of the semiannual evaluation, and must include: (Core)	4.11.h.	Residents entering the program at Learning Portfolio, which must be part of the semiannual evaluation,
IV.C.7.d).(1)	Patient Care	[None]	
IV.C.7.d).(1).(a)	Documentation in the ACGME Case Log System of participation in the following required nuclear medicine therapeutic procedures:	4.11.h.1.	Patient Care Documentation, in the ACGME Ca following required nuclear medicin
IV.C.7.d).(1).(a).(i)	a minimum of 35 therapeutic drug administrations, including the minimums in each therapy type as outlined below, excluding Y-90 microspheres; (Core)	4.11.h.1.a.	a minimum of 35 therapeutic drug in each therapy type as outlined be (Core)
IV.C.7.d).(1).(a).(ii)	a minimum of 10 cases of oral administration of sodium iodide I-131, for which a written directive is required; (Core)	4.11.h.1.b.	a minimum of 10 cases of oral adn which a written directive is required
IV.C.7.d).(1).(a).(ii).(a)	At least five of these cases must be for malignant disease, and at least five cases must be for benign disease. (Core)	4.11.h.1.b.1.	At least five of these cases must b five cases must be for benign dise
IV.C.7.d).(1).(a).(ii).(b)	At least three of these cases must be less than or equal to 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131, and at least three cases must be greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131. (Core)	4.11.h.1.b.2.	At least three of these cases must gigabecquerels (33 millicuries) of s cases must be greater than 1.22 g iodide I-131. (Core)
IV.C.7.d).(1).(a).(iii)	a minimum of 10 cases of parenteral administration of any alpha emitter, beta emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV, for which a written directive is required, and/or parenteral administration of any other radionuclide, for which a written directive is required, and at least two different US Food and Drug Administration- approved radiopharmaceuticals; and, (Core)	4.11.h.1.c.	a minimum of 10 cases of parenter beta emitter, or a photon-emitting r than 150 keV, for which a written of administration of any other radionur required, and at least two different approved radiopharmaceuticals; and
IV.C.7.d).(1).(a).(iv)	a minimum of 100 cardiovascular pharmacologic and/or exercise stress studies. (Core)	4.11.h.1.d.	a minimum of 100 cardiovascular p studies. (Core)
IV.C.7.d).(1).(b)	documentation, in the ACGME Case Log System, of participation in therapeutic procedures, including date, diagnosis, and administered activity of each therapy; (Core)	4.11.h.2.	documentation, in the ACGME Cas therapeutic procedures, including of activity of each therapy; (Core)
IV.C.7.d).(1).(c)	documentation, in the ACGME Case Log System, of participation in stress myocardial studies, including date, radiopharmaceutical, and type of stress (exercise or pharmacologic); (Core)	4.11.h.3.	documentation, in the ACGME Cas myocardial studies, including date, (exercise or pharmacologic); (Core
IV.C.7.d).(1).(d)	documentation, in the ACGME Case Log System, of the completion of a minimum of 100 pediatric nuclear medicine procedures over the course of the educational program; and, (Core)	4.11.h.4.	documentation, in the ACGME Cas minimum of 100 pediatric nuclear r the educational program; and, (Co
IV.C.7.d).(1).(e)	documentation of basic cardiac life support (BCLS) and advanced cardiac life support (ACLS) certification. (Core)	4.11.h.5.	documentation of basic cardiac life life support (ACLS) certification. (C
IV.C.7.d).(2)	Medical Knowledge	4.11.h.6.	Medical Knowledge documentation of conference pres meetings attended, and self-asses
IV.C.7.d).(2).(a)	documentation of conference presentations, external courses and meetings attended, and self-assessment modules completed; (Core)	4.11.h.6.	Medical Knowledge documentation of conference pres- meetings attended, and self-asses
IV.C.7.d).(2).(b)	documentation of compliance with regulatory-based training requirements; and, (Core)	4.11.h.7.	documentation of compliance with and, (Core)

ment Language

at any level must participate in basic edures. (Core)

at any level must maintain a Resident e reviewed with the program director as n, and must include: (Core)

Case Log System, of participation in the ine procedures:

ig administrations, including the minimums below, excluding Y-90 microspheres;

dministration of sodium iodide I-131, for red; (Core)

be for malignant disease, and at least sease. (Core)

ist be less than or equal to 1.22 of sodium iodide I-131, and at least three 2 gigabecquerels (33 millicuries) of sodium

teral administration of any alpha emitter, g radionuclide with a photon energy less n directive is required, and/or parenteral nuclide, for which a written directive is nt US Food and Drug Administrationand, (Core)

pharmacologic and/or exercise stress

Case Log System, of participation in g date, diagnosis, and administered

Case Log System, of participation in stress te, radiopharmaceutical, and type of stress pre)

Case Log System, of the completion of a ar medicine procedures over the course of Core)

ife support (BCLS) and advanced cardiac (Core)

esentations, external courses and essment modules completed; (Core)

esentations, external courses and essment modules completed; (Core) th regulatory-based training requirements;

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
IV.C.7.d).(2).(c)	documentation of performance on the annual in-training examination. (Core)	4.11.h.8.	documentation of performance on (Core)
			Practice-based Learning and Impr completion of an annual resident s
IV.C.7.d).(3)	Practice-based Learning and Improvement	4.11.h.9.	(Core)
IV.C.7.d).(3).(a)	completion of an annual resident self-assessment and learning plan. (Core)	4.11.h.9.	Practice-based Learning and Impr completion of an annual resident s (Core)
IV.C.7.d).(3).(a).(i)	Residents' evaluations of their personal practice must be part of individual learning plans in the Resident Learning Portfolios (as described in IV.C.7.d)). (Core)	4.11.h.9.a.	Residents' evaluations of their per- learning plans in the Resident Lea (Core)
IV.C.7.d).(4)	Interpersonal and Communication Skills	4.11.h.10.	Interpersonal and Communication formal faculty member evaluation
IV.C.7.d).(4).(a)	formal faculty member evaluation of report quality. (Core)	4.11.h.10.	Interpersonal and Communication formal faculty member evaluation of
IV.C.7.d).(5)	Professionalism	4.11.h.11.	Professionalism documentation of compliance with (Core)
IV.C.7.d).(5).(a)	documentation of compliance with institutional and departmental policies. (Core)	4.11.h.11.	Professionalism documentation of compliance with (Core)
IV.C.7.d).(6)	Systems-based Practice	4.11.h.12.	Systems-based Practice documentation of participation in ic systems solutions. (Core)
IV.C.7.d).(6).(a)	documentation of participation in identifying and implementing potential systems solutions. (Core)	4.11.h.12.	Systems-based Practice documentation of participation in id systems solutions. (Core)
IV.C.7.d).(7)	Scholarly Activities	4.11.h.13.	Scholarly Activity documentation of scholarly activity of presentations; and, (Core)
IV.C.7.d).(7).(a)	documentation of scholarly activity, such as publications or announcement of presentations; and, (Core)	t 4.11.h.13.	Scholarly Activity documentation of scholarly activity of presentations; and, (Core)
IV.C.7.d).(7).(b)	any additional materials requested by the program director. (Core)	4.11.h.14.	any additional materials requested
IV.C.8.	Residents entering the program at the NM1 level must:	4.11.i.	Residents entering the program at minimum of six months of CT expe
IV.C.8.a)	participate in a minimum of six months of CT experience; and, (Core)	4.11.i.	Residents entering the program at minimum of six months of CT expe
IV.C.8.a).(1)	A minimum of four months must be obtained on a diagnostic radiology CT service. (Core)	4.11.i.1.	A minimum of four months must be service. (Core)
IV.C.8.a).(2)	The remaining two months may be continued on the diagnostic CT service and/or may be combined with a rotation that includes PET/CT or SPECT/CT. (Core)	4.11.i.2.	The remaining two months may be and/or may be combined with a ro SPECT/CT. (Core)
IV.C.8.a).(3)	This experience must be supervised by qualified faculty members. (Core)	4.11.i.3.	This experience must be supervise
IV.C.8.b)	have no more than six total months of elective rotations and/or dedicated research time during the program. (Core)	4.11.j.	Residents entering the program at six total months of elective rotation the program. (Core)
IV.C.9.	Residents entering the program at the NM2 level must:	[None]	

ement Language

on the annual in-training examination.

provement

self-assessment and learning plan.

provement

self-assessment and learning plan.

ersonal practice must be part of individual earning Portfolios (as described in 4.11.h.).

on Skills n of report quality. (Core) on Skills

n of report quality. (Core)

th institutional and departmental policies.

th institutional and departmental policies.

identifying and implementing potential

identifying and implementing potential

rity, such as publications or announcement

vity, such as publications or announcement

ed by the program director. (Core) at the NM1 level must participate in a sperience. (Core)

at the NM1 level must participate in a operience. (Core)

be obtained on a diagnostic radiology CT

be continued on the diagnostic CT service rotation that includes PET/CT or

rised by qualified faculty members. (Core) at the NM1 level must have no more than ions and/or dedicated research time during

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
IV.C.9.a)	participate in a minimum of six months of CT experience; and, (Core)	4.11.k.	Residents entering the program at minimum of six months of CT expe
IV.C.9.a).(1)	A minimum of four months must be obtained on a diagnostic radiology CT service. (Core)	4.11.k.1.	A minimum of four months must be service. (Core)
IV.C.9.a).(2)	The remaining two months may be continued on the diagnostic radiology CT service and/or may be combined with a rotation that includes PET/CT or SPECT/CT. (Core)	4.11.k.2.	The remaining two months may be CT service and/or may be combine or SPECT/CT. (Core)
IV.C.9.a).(3)	This experience must be supervised by qualified faculty members. (Core)	4.11.k.3.	This experience must be supervise
IV.C.9.b)	have no more than four total months of elective rotations and/or dedicated research time during the program. (Core)	4.11.l.	Residents entering the program at four total months of elective rotatic during the program. ^(Core)
IV.C.10.	Residents entering the program at the NM3 level must:	[None]	
IV.C.10.a)	have no more than two total months of elective rotations and/or dedicated research time during the program. (Core)	4.11.m.	Residents entering the program at two total months of elective rotatio during the program. (Core)
IV.C.10.b)	Residents who have satisfactorily completed a diagnostic radiology program accredited by the ACGME, or a diagnostic radiology program located in Canada and accredited by the RCPSC are exempt from the six- month CT experience requirement. (Core)	4.11.m.1.	Residents who have satisfactorily program accredited by the ACGMI located in Canada and accredited month CT experience requirement
	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		Scholarship Medicine is both an art and a sc scientist who cares for patients.
	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.		critically, evaluate the literature, knowledge, and practice lifelong must create an environment tha through resident participation in activities may include discovery teaching.
IV.D.	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]	The ACGME recognizes the divertiant programs prepare physician clinicians, scientists, and educat scholarship will reflect its missi community it serves. For example, their scholarly activity on quality and/or teaching, while other proclassic forms of biomedical reso
		<u> </u>	Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate consistent with its mission(s) ar
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 consistent with its mission(s) ar

at the NM2 level must participate in a sperience. (Core)

be obtained on a diagnostic radiology CT

be continued on the diagnostic radiology ined with a rotation that includes PET/CT

ised by qualified faculty members. (Core)

at the NM2 level must have no more than tions and/or dedicated research time

at the NM3 level must have no more than tions and/or dedicated research time

ly completed a diagnostic radiology ME, or a diagnostic radiology program ed by the RCPSC are exempt from the sixent. (Core)

science. The physician is a humanistic ts. This requires the ability to think re, appropriately assimilate new ong learning. The program and faculty hat fosters the acquisition of such skills in scholarly activities. Scholarly ery, integration, application, and

iversity of residencies and anticipates ians for a variety of roles, including cators. It is expected that the program's sion(s) and aims, and the needs of the nple, some programs may concentrate lity improvement, population health, rograms might choose to utilize more esearch as the focus for scholarship.

te evidence of scholarly activities and aims. (Core)

te evidence of scholarly activities and aims. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Poquiroment Lenguage
Roman Numerais	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty	Requirement number	Requirement Language The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty
IV.D.1.b)	involvement in scholarly activities. (Core)	4.13.a.	involvement in scholarly activities. (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' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)
			Faculty Scholarly Activity 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
IV.D.2.	Faculty Scholarly Activity	4.14.	Innovations in education
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity 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 		 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 		 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 		 Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards
IV.D.2.a)	Innovations in education	4.14.	Innovations in education
			The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:
			• faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	peer-reviewed publication. (Outcome)

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Requirem
			The program must demonstrate within and external to the progra
			 faculty participation in grand r improvement presentations, poor
	faculty participation in grand rounds, posters, workshops, quality		non-peer-reviewed print/electror
	improvement presentations, podium presentations, grant leadership,		book chapters, textbooks, webin
	non-peer-reviewed print/electronic resources, articles or		committees, or serving as a jour
	publications, book chapters, textbooks, webinars, service on		member, or editor; (Outcome)
	professional committees, or serving as a journal reviewer, journal		
IV.D.2.b).(1)	editorial board member, or editor; (Outcome)	4.14.a.	peer-reviewed publication. (Output to the second seco
			The program must demonstrate within and external to the progra
			 faculty participation in grand residue
			improvement presentations, pod
			non-peer-reviewed print/electron
			book chapters, textbooks, webin
			committees, or serving as a jour
			member, or editor; (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	peer-reviewed publication. (Out
			Resident Scholarly Activity
IV.D.3.	Resident Scholarly Activity	4.15.	Residents must participate in sc
IV.D.3.a)	Residents must participate in scholarship. (Core)	4.15.	Resident Scholarly Activity Residents must participate in sc
	All residents must participate in a scholarly project under faculty member		All residents must participate in a s
IV.D.3.b)	supervision. (Core)	4.15.a.	supervision. (Core)
	The scholarly project should take the form of laboratory research, clinical		The scholarly project should take the
	research, or the analysis of disease processes, imaging techniques, or		research, or the analysis of disease
IV.D.3.b).(1)	practice management issues. (Core)	4.15.a.1.	practice management issues. (Core
	The results must be published or presented at institutional, local, regional, or national meetings, and included in the Resident Learning Portfolio.		The results must be published or p
IV.D.3.b).(2)	(Outcome)	4.15.a.2.	or national meetings, and included (Outcome)
IV.D.3.b).(3)	The program must specify how each project will be evaluated. (Core)	4.15.a.3.	The program must specify how eac
V.	Evaluation	Section 5	Section 5: Evaluation
			Resident Evaluation: Feedback a
			Faculty members must directly of
			provide feedback on resident pe
V.A.	Resident Evaluation	5.1.	similar educational assignment.
			Resident Evaluation: Feedback a
			Faculty members must directly of
V A 1	Foodback and Evaluation	5 1	provide feedback on resident pe
V.A.1.	Feedback and Evaluation	5.1.	similar educational assignment.
V.A.1.		5.1.	similar educational assignment. Resident Evaluation: Feedback a
V.A.1.	Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or	5.1.	similar educational assignment.

ment	Language	
	Langaago	

e dissemination of scholarly activity ram by the following methods:

l rounds, posters, workshops, quality odium presentations, grant leadership, onic resources, articles or publications, pinars, service on professional urnal reviewer, journal editorial board

Outcome)

e dissemination of scholarly activity ram by the following methods:

l rounds, posters, workshops, quality odium presentations, grant leadership, onic resources, articles or publications, pinars, service on professional urnal reviewer, journal editorial board

Outcome)

scholarship. (Core)

scholarship. (Core)

a scholarly project under faculty member

e the form of laboratory research, clinical ase processes, imaging techniques, or ore)

presented at institutional, local, regional, ed in the Resident Learning Portfolio.

ach project will be evaluated. (Core)

and Evaluation

v observe, evaluate, and frequently performance during each rotation or t. (Core)

and Evaluation

observe, evaluate, and frequently performance during each rotation or t. (Core)

and Evaluation

v observe, evaluate, and frequently performance during each rotation or t. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented (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 that evaluation must be documented
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 a other clinical responsibilities, m months 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 obbased on the Competencies and (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	The program must use multiple of peers, patients, self, and other p
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 i Competency Committee for its s performance and improvement t
V.A.1.c).(3)	ensure that all residents achieve the required competencies and outcomes by completion of the program. (Core)	5.1.b.3.	The program must ensure that all r competencies and outcomes by co
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 de Competency Committee, must m resident their documented semi- including progress along the spe
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 des Competency Committee, must as individualized learning plans to identify 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 de Competency Committee, must de progress, following institutional
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)	5.1.f.	At least annually, there must be resident that includes their readi the program, if applicable. (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 p review by the resident. (Core)
V.A.1.g)	Residents must participate in an annual In-Training Examination. (Core)	5.1.h.	Residents must participate in an ar
V.A.1.g).(1)	The results of this examination must be used only to identify deficiencies in knowledge and to assist in developing a remediation plan. (Core)	5.1.h.1.	The results of this examination must knowledge and to assist in develop
V.A.2.	Final Evaluation	5.2.	Resident Evaluation: Final Evalu The program director must provi resident upon completion of the
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 Evalu The program director must provi resident upon completion of the

ment Language ad at the completion of the assignment.

than three months in duration, ad at least every three months. (Core) h as continuity clinic in the context of must be evaluated at least every three

ore) objective performance evaluation

d the specialty-specific Milestones.

e evaluators (e.g., faculty members, professional staff members). (Core)

t information to the Clinical synthesis of progressive resident toward unsupervised practice. (Core)

I residents achieve the required completion of the program. (Core)

lesignee, with input from the Clinical meet with and review with each ni-annual evaluation of performance, pecialty-specific Milestones. (Core)

designee, with input from the Clinical assist residents in developing o capitalize on their strengths and e)

designee, with input from the Clinical develop plans for residents failing to al policies and procedures. (Core)

e a summative evaluation of each diness to progress to the next year of re)

performance must be accessible for

annual In-Training Examination. (Core) ust be used only to identify deficiencies in oping a remediation plan. (Core)

luation

ovide a final evaluation for each ne program. (Core) Iluation

ovide a final evaluation for each ne program. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiren
Koman Numerais	The specialty-specific Milestones, and when applicable the specialty-		The specialty-specific Milestone
	specific Case Logs, must be used as tools to ensure residents are		specific Case Logs, must be us
	able to engage in autonomous practice upon completion of the		able to engage in autonomous
V.A.2.a).(1)	program. (Core)	5.2.a.	program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
•••••••••••••••••••••••••••••••••••••••	become part of the resident's permanent record maintained by the		The final evaluation must becor
	institution, and must be accessible for review by the resident in		record maintained by the institu
V.A.2.a).(2).(a)	accordance with institutional policy; (Core)	5.2.b.	review by the resident in accord
			The final evaluation must verify
	verify that the resident has demonstrated the knowledge, skills, and		the knowledge, skills, and beha
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	practice. (Core)
•		0.2.0.	The final evaluation must be sh
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	completion of the program. (Co
•	be shared with the resident upon completion of the program. (oore)	0.2.0.	Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the		A Clinical Competency Committee
V.A.3.	program director. (Core)	5.3.	director. (Core)
V.A.3.		5.5.	
	At a minimum, the Clinical Competency Committee must include		At a minimum, the Clinical Com
	three members of the program faculty, at least one of whom is a core	5.3.a.	three members of the program f
V.A.3.a)	faculty member. (Core)	ə.ə.d.	faculty member. (Core)
	Additional members must be faculty members from the same		Additional members must be fac
	program or other programs, or other health professionals who have		program or other programs, or o
	extensive contact and experience with the program's residents.	5 0 h	extensive contact and experience
V.A.3.a).(1)	(Core)	5.3.b.	(Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
	noview ell medident evelvetions at least comi energy lby (Com)	5.0.5	The Clinical Competency Comm
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	evaluations at least semi-annua
	determine each resident's progress on achievement of the specialty-		The Clinical Competency Comm
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.d.	progress on achievement of the
			The Clinical Competency Comm
	meet prior to the residents' semi-annual evaluations and advise the		semi-annual evaluations and ad
V.A.3.b).(3)	program director regarding each resident's progress. (Core)	5.3.e.	each resident's progress. (Core
			Faculty Evaluation
			The program must have a proce
			performance as it relates to the
V.B.	Faculty Evaluation	5.4.	annually. (Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a proce
	performance as it relates to the educational program at least		performance as it relates to the
V.B.1.	annually. (Core)	5.4.	annually. (Core)
	This evaluation must include a review of the faculty member's		This evaluation must include a
	clinical teaching abilities, engagement with the educational program,		teaching abilities, engagement
	participation in faculty development related to their skills as an		participation in faculty developr
	educator, clinical performance, professionalism, and scholarly		educator, clinical performance,
V.B.1.a)	activities. (Core)	5.4.a.	activities. (Core)
	This evaluation must include written, anonymous, and confidential		This evaluation must include wi
V.B.1.b)	evaluations by the residents. (Core)	5.4.b.	evaluations by the residents. (C
	Faculty members must receive feedback on their evaluations at least		Faculty members must receive
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)

ement Language

nes, and when applicable the specialtyised as tools to ensure residents are s practice upon completion of the

ome part of the resident's permanent tution, and must be accessible for rdance with institutional policy. (Core)

fy that the resident has demonstrated naviors necessary to enter autonomous

shared with the resident upon core)

ee

ittee must be appointed by the program

mpetency Committee must include n faculty, at least one of whom is a core

faculty members from the same r other health professionals who have nce with the program's residents.

imittee must review all resident ually. (Core)

mittee must determine each resident's he specialty-specific Milestones. (Core)

imittee must meet prior to the residents' advise the program director regarding re)

cess to evaluate each faculty member's le educational program at least

cess to evaluate each faculty member's ne educational program at least

a review of the faculty member's clinical at with the educational program, pment related to their skills as an e, professionalism, and scholarly

written, anonymous, and confidential (Core)

e feedback on their evaluations at least

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement Language
	Results of the faculty educational evaluations should be		Results of the faculty educational evaluations sl
V.B.3.	incorporated into program-wide faculty development plans. (Core)	5.4.d.	into program-wide faculty development plans. (0
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program Committee to conduct and document the Annua as part of the program's continuous improveme
V.C.1.	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program Committee to conduct and document the Annua as part of the program's continuous improvement
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. (Core)	5.5.a.	The Program Evaluation Committee must be cor program faculty members, at least one of whom member, and at least one resident. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities of the program's self-determined goals and prog them. ^(Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities ongoing program improvement, including develo based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities of the current operating environment to identify challenges, opportunities, and threats as related mission and aims. (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee should cons from prior Annual Program Evaluation(s), aggree faculty written evaluations of the program, and o its assessment of the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must evalua mission and aims, strengths, areas for improven (Core)
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, including the a distributed to and discussed with the residents a the teaching faculty, and be submitted to the DIC
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-Study and su (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited education is to e who seek and achieve board certification. One n effectiveness of the educational program is the u
	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		The program director should encourage all eligit graduates to take the certifying examination offe American Board of Medical Specialties (ABMS)
V.C.3.	board or American Osteopathic Association (AOA) certifying board.	[None]	American Osteopathic Association (AOA) certify

should be incorporated (Core)

m Evaluation ual Program Evaluation

nent process. (Core)

m Evaluation ual Program Evaluation nent process. (Core)

composed of at least two m is a core faculty

es must include review ogress toward meeting

es must include guiding velopment of new goals,

es must include review fy strengths, ted to the program's

onsider the outcomes regate resident and l other relevant data in

luate the program's vement, and threats.

action plan, must be ts and the members of DIO. (Core)

submit it to the DIO.

educate physicians measure of the ne ultimate pass rate.

gible program offered by the applicable) member board or ifying board.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
V.C.3.a)	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)	5.6.	Board Certification For specialties in which the ABM certifying board offer(s) an annu three years, the program's aggre examination for the first time mu percentile of programs in that sp
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)	5.6.a.	For specialties in which the ABM certifying board offer(s) a bienni years, the program's aggregate examination for the first time mu percentile of programs in that sp
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 ABM certifying board offer(s) an annu years, the program's aggregate examination for the first time mu percentile of programs in that sp
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 ABM certifying board offer(s) a bienni years, the program's aggregate examination for the first time mu percentile of programs in that sp
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 reference graduates over the time period s achieved an 80 percent pass rate matter the percentile rank of the specialty. ^(Outcome)
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, b the cohort of board-eligible resid earlier. ^(Core)

ment	Lang	uage
------	------	------

BMS member board and/or AOA nual written exam, in the preceding gregate pass rate of those taking the nust be higher than the bottom fifth specialty. (Outcome)

BMS member board and/or AOA inial written exam, in the preceding six e pass rate of those taking the nust be higher than the bottom fifth specialty. ^(Outcome)

BMS member board and/or AOA nual oral exam, in the preceding three e pass rate of those taking the nust be higher than the bottom fifth specialty. ^(Outcome)

BMS member board and/or AOA nial oral exam, in the preceding six e pass rate of those taking the nust be higher than the bottom fifth specialty. ^(Outcome)

ced in 5.6.a.-c., any program whose I specified in the requirement have ate will have met this requirement, no ne program for pass rate in that

, board certification status annually for sidents that graduated seven years

Requirement Language	Requirement Number	Requireme
		Section 6: The Learning and Wor
The Learning and Working Environment		The Learning and Working Enviro
Residency education must occur in the context of a learning and working environment that emphasizes the following principles:		Residency education must occur working environment that empha
• Excellence in the safety and quality of care rendered to patients by residents today		• Excellence in the safety and qua 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 qua today's residents in their future p
• Excellence in professionalism		• Excellence in professionalism
 Appreciation for the privilege of caring for patients 		• Appreciation for the privilege of
 Commitment to the well-being of the students, residents, faculty members, and all members of the health care team 	Section 6	• Commitment to the well-being o members, and all members of the
	[None]	
Patient Safety and Quality Improvement	[None]	
Patient Safety	[None]	
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 contin vulnerabilities and a willingness a effective organization has formal knowledge, skills, and attitudes of order to identify areas for improv
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, resident participate in patient safety syste safety. (Core)
Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to		Patient Safety Events Reporting, investigation, and follo and unsafe conditions are pivotal safety, and are essential for the s program. Feedback and experient developing true competence in the institute sustainable systems-bas
ameliorate patient safety vulnerabilities.	[None]	safety vulnerabilities.
Residents, fellows, faculty members, and other clinical staff members must:	[None]	
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 member must know their responsibilities i and unsafe conditions at the clini such events. (Core)
	The Learning and Working Environment Residency education must occur in the context of a learning and working environment that emphasizes the following principles: • Excellence in the safety and quality of care rendered to patients by residents today • Excellence in the safety and quality of care rendered to patients by today's residents in their future practice • Excellence in professionalism • Appreciation for the privilege of caring for patients • Commitment to the well-being of the students, residents, faculty members, and all members of the health care team Patient Safety, Quality Improvement, Supervision, and Accountability Patient Safety and Quality Improvement Patient Safety and Quality Improvement Patient 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. The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core) Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities. Residents, fellows, faculty members, and other clinical staff members must: know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such	The Learning and Working Environment Residency education must occur in the context of a learning and working environment that emphasizes the following principles: • Excellence in the safety and quality of care rendered to patients by residents today • Excellence in the safety and quality of care rendered to patients by today's residents in their future practice • Excellence in professionalism • Appreciation for the privilege of caring for patients • Commitment to the well-being of the students, residents, faculty members, and all members of the health care team Patient Safety and Quality Improvement, Supervision, and Accountability [None] Patient Safety and Quality Improvement Patient Safety and Quality Improvement Patient 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. The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core) 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 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 insti

ment	Language

Iorking Environment

vironment

cur in the context of a learning and phasizes the following principles:

quality of care rendered to patients by

quality of care rendered to patients by re practice

of caring for patients

g of the students, residents, faculty the health care team

ontinuous identification of ss to transparently deal with them. An nal mechanisms to assess the es of its personnel toward safety in rovement.

lents, and fellows must actively stems and contribute to a culture of

follow-up of safety events, near misses, otal mechanisms for improving patient ne success of any patient safety riential learning are essential to n the ability to identify causes and -based changes to ameliorate patient

mbers, and other clinical staff members es in reporting patient safety events linical site, including how to report

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
			Residents, fellows, faculty mem
	be provided with summary information of their institution's patient		must be provided with summary
VI.A.1.a).(2).(a).(ii)	safety reports. (Core)	6.2.a.	patient safety reports. (Core)
	Residents must participate as team members in real and/or		
	simulated interprofessional clinical patient safety and quality		Residents must participate as te
	improvement activities, such as root cause analyses or other		interprofessional clinical patient
	activities that include analysis, as well as formulation and		activities, such as root cause an
VI.A.1.a).(2).(b)	implementation of actions. (Core)	6.3.	analysis, as well as formulation a
	Quality Metrics		Quality Matrice
	Access to data is essential to prioritizing activities for care		Quality Metrics Access to data is essential to pri
VI.A.1.a).(3)	improvement and evaluating success of improvement efforts.	[None]	improvement and evaluating suc
VI.A. 1.0).(0)	Residents and faculty members must receive data on quality metrics		
	and benchmarks related to their patient populations. (Core)		
			Residents and faculty members
VI.A.1.a).(3).(a)	[The Review Committee may further specify]	6.4.	and benchmarks related to their
			Supervision and Accountability
			Although the attending physicial
			care of the patient, every physici
			accountability for their efforts in
			programs, in partnership with th
			widely communicate, and monitor
			and accountability as it relates to
			Supervision in the setting of grad
			safe and effective care to patient
			development of the skills, knowl
			the unsupervised practice of me
VI.A.2.	Supervision and Accountability	[None]	for continued professional grow
	Although the attending physician is ultimately responsible for the		Supervision and Accountability
	care of the patient, every physician shares in the responsibility and		Although the attending physicial
	accountability for their efforts in the provision of care. Effective		care of the patient, every physici
	programs, in partnership with their Sponsoring Institutions, define,		accountability for their efforts in
	widely communicate, and monitor a structured chain of		programs, in partnership with th
	responsibility and accountability as it relates to the supervision of		widely communicate, and monitor
	all patient care.		and accountability as it relates to
	Supervision in the setting of graduate medical education provides		Supervision in the setting of grad
	safe and effective care to patients; ensures each resident's		safe and effective care to patient
	development of the skills, knowledge, and attitudes required to enter		development of the skills, knowl
	the unsupervised practice of medicine; and establishes a foundation		the unsupervised practice of me
VI.A.2.a)	for continued professional growth.	[None]	for continued professional grow

mbers, and other clinical staff members ry information of their institution's

team members in real and/or simulated nt safety and quality improvement analyses or other activities that include n and implementation of actions. (Core)

prioritizing activities for care uccess of improvement efforts.

s must receive data on quality metrics ir patient populations. (Core)

y

ian is ultimately responsible for the ician shares in the responsibility and in the provision of care. Effective their Sponsoring Institutions, define, itor a structured chain of responsibility to the supervision of all patient care.

raduate medical education provides ents; ensures each resident's wledge, and attitudes required to enter nedicine; and establishes a foundation wth.

y

ian is ultimately responsible for the ician shares in the responsibility and in the provision of care. Effective their Sponsoring Institutions, define, itor a structured chain of responsibility to the supervision of all patient care.

raduate medical education provides ents; ensures each resident's wledge, and attitudes required to enter nedicine; and establishes a foundation wth.

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
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 respective roles in that patient's care. This information must be a members, other members of the (Core)
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 respective roles in that patient's care. This information must be a members, other members of the (Core)
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 supervision in place for all resid of training and ability, as well as Supervision may be exercised th appropriate to the situation. (Co
VI.A.2.a).(2).(a)	Only licensed physicians who are credentialed to perform nuclear medicine procedures may have primary responsibility for the nuclear medicine aspects of patient care. (Core)	6.6.a.	Only licensed physicians who are of procedures may have primary resp aspects of patient care. (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 graded authority and responsibi following classification of super
VI.A.2.b).(1)	Direct Supervision	6.7.	Direct Supervision The supervising physician is phy during the key portions of the pa The supervising physician and/o with the resident and the superv monitoring the patient care throu technology.
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 phy during the key portions of the pa The supervising physician and/o with the resident and the superv monitoring the patient care throu technology.
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 described in the above definition

s must inform each patient of their 's care when providing direct patient available to residents, faculty he health care team, and patients.

s must inform each patient of their 's care when providing direct patient available to residents, faculty he health care team, and patients.

e that the appropriate level of idents is based on each resident's level as patient complexity and acuity. through a variety of methods, as fore)

e credentialed to perform nuclear medicine sponsibility for the nuclear medicine

nt supervision while providing for bility, the program must use the ervision.

hysically present with the resident patient interaction.

l/or patient is not physically present rvising physician is concurrently ough appropriate telecommunication

hysically present with the resident patient interaction.

l/or patient is not physically present rvising physician is concurrently ough appropriate telecommunication

be supervised directly, only as on. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
			Direct Supervision The supervising physician is ph during the key portions of the pa
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/o with the resident and the superv monitoring the patient care throu technology.
VI.A.2.b).(1).(b).(i)	The supervision policy must define when it is acceptable to monitor procedures via telecommunications technology and be consistent with NRC and/or state radiation safety regulations. (Core)	6.7.b.	The supervision policy must define procedures via telecommunication NRC and/or state radiation safety r
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 visual or audio supervision but is resident for guidance and is avai supervision.
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 ava procedures/encounters with feed delivered.
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 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 auth independence, and a supervisor each resident must be assigned members. (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 evalu specific criteria, guided by the M
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 delegate portions of care to reside patient and the skills of each rest
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 shou junior residents in recognition of independence, based on the nee the individual resident or fellow.
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 fo residents must communicate wit (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 lim the circumstances under which t conditional independence. (Outc
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 assess the knowledge and skills the resident the appropriate leve responsibility. (Core)

hysically present with the resident patient interaction.

l/or patient is not physically present rvising physician is concurrently ough appropriate telecommunication

ne when it is acceptable to monitor ons technology and be consistent with / regulations. (Core)

ot providing physical or concurrent t is immediately available to the /ailable to provide appropriate direct

vailable to provide review of edback provided after care is

n physical presence of a supervising

uthority and responsibility, conditional ory role in patient care delegated to ed by the program director and faculty

lluate each resident's abilities based on Milestones. (Core)

as supervising physicians must sidents based on the needs of the esident. (Core)

ould serve in a supervisory role to of their progress toward eeds of each patient and the skills of

w. (Detail)

for circumstances and events in which vith the supervising faculty member(s).

mits of their scope of authority, and n the resident is permitted to act with tcome)

nts must be of sufficient duration to Is of each resident and to delegate to vel of patient care authority and

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Requirem
			Professionalism
			Programs, in partnership with th
			educate residents and faculty me
			and ethical responsibilities of ph
N/1 P	Drefessionalism	6.40	their obligation to be appropriate
VI.B.	Professionalism	6.12.	required by their patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must		Programs, in partnership with th
	educate residents and faculty members concerning the professional		educate residents and faculty me
	and ethical responsibilities of physicians, including but not limited to		and ethical responsibilities of ph
	their obligation to be appropriately rested and fit to provide the care		their obligation to be appropriate
VI.B.1.	required by their patients. (Core)	6.12.	required by their patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
			The learning objectives of the pr
	be accomplished without excessive reliance on residents to fulfill		without excessive reliance on re
VI.B.2.a)	non-physician obligations; (Core)	6.12.a.	obligations. ^(Core)
			The learning objectives of the pr
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	patient care responsibilities. (Co
	include efforts to enhance the meaning that each resident finds in		The learning objectives of the pr
	the experience of being a physician, including protecting time with		enhance the meaning that each i
	patients, providing administrative support, promoting progressive		being a physician, including pro
	independence and flexibility, and enhancing professional		administrative support, promotir
VI.B.2.c)	relationships. (Core)	6.12.c.	flexibility, and enhancing profes
	The program director, in partnership with the Sponsoring Institution,		The program director, in partner
	must provide a culture of professionalism that supports patient		must provide a culture of profes
VI.B.3.	safety and personal responsibility. (Core)	6.12.d.	and personal responsibility. (Co
	Residents and faculty members must demonstrate an understanding		Residents and faculty members
	of their personal role in the safety and welfare of patients entrusted		of their personal role in the safet
	to their care, including the ability to report unsafe conditions and		their care, including the ability to
VI.B.4.	safety events. (Core)	6.12.e.	events. (Core)
	Programs, in partnership with their Sponsoring Institutions, must		Programs, in partnership with th
	provide a professional, equitable, respectful, and civil environment		provide a professional, equitable
	that is psychologically safe and that is free from discrimination,		that is psychologically safe and
\// D _	sexual and other forms of harassment, mistreatment, abuse, or	0.40.5	sexual and other forms of harass
VI.B.5.	coercion of students, residents, faculty, and staff. (Core)	6.12.f.	coercion of students, residents,
	Programs, in partnership with their Sponsoring Institutions, should		Programs, in partnership with th
	have a process for education of residents and faculty regarding		have a process for education of
	unprofessional behavior and a confidential process for reporting,	C 40 m	unprofessional behavior and a c
VI.B.6.	investigating, and addressing such concerns. (Core)	6.12.g.	investigating, and addressing su

their Sponsoring Institutions, must members concerning the professional physicians, including but not limited to ately rested and fit to provide the care re)

their Sponsoring Institutions, must members concerning the professional physicians, including but not limited to ately rested and fit to provide the care re)

program must be accomplished residents to fulfill non-physician

program must ensure manageable Core)

program must include efforts to h resident finds in the experience of rotecting time with patients, providing ting progressive independence and essional relationships. (Core)

ership with the Sponsoring Institution, essionalism that supports patient safety core)

s must demonstrate an understanding fety and welfare of patients entrusted to to report unsafe conditions and safety

their Sponsoring Institutions, must ole, respectful, and civil environment d that is free from discrimination, issment, mistreatment, abuse, or s, faculty, and staff. (Core)

their Sponsoring Institutions, should of residents and faculty regarding confidential process for reporting, such concerns. (Core)

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Requirem
	Well-Being		
			Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and p
	development of the competent, caring, and resilient physician and		development of the competent, of
	require proactive attention to life inside and outside of medicine.		require proactive attention to life
	Well-being requires that physicians retain the joy in medicine while		being requires that physicians re
	managing their own real-life stresses. Self-care and responsibility to		managing their own real-life stre
	support other members of the health care team are important		support other members of the he
	components of professionalism; they are also skills that must be		components of professionalism;
	modeled, learned, and nurtured in the context of other aspects of		modeled, learned, and nurtured
	residency training.		residency training.
	Residents and faculty members are at risk for burnout and		Residents and faculty members
	depression. Programs, in partnership with their Sponsoring		depression. Programs, in partne
	Institutions, have the same responsibility to address well-being as		Institutions, have the same resp
	other aspects of resident competence. Physicians and all members		other aspects of resident compe
	of the health care team share responsibility for the well-being of		of the health care team share res
	each other. A positive culture in a clinical learning environment		other. A positive culture in a clin
	models constructive behaviors, and prepares residents with the		constructive behaviors, and prep
VI.C.	skills and attitudes needed to thrive throughout their careers.	[None]	attitudes needed to thrive throug
	The responsibility of the program, in partnership with the		The responsibility of the program
VI.C.1.	Sponsoring Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work int
VI.C.1.a)	impacts resident well-being; (Core)	6.13.a.	impacts resident well-being; (Co
	evaluating workplace safety data and addressing the safety of		evaluating workplace safety data
VI.C.1.b)	residents and faculty members; (Core)	6.13.b.	residents and faculty members;
	policies and programs that encourage optimal resident and faculty		policies and programs that enco
VI.C.1.c)	member well-being; and, (Core)	6.13.c.	member well-being; and, (Core)
VI.C. I.C)		8.13.0.	
	Residents must be given the opportunity to attend medical, mental		Residents must be given the opp
	health, and dental care appointments, including those scheduled		health, and dental care appointm
VI.C.1.c).(1)	during their working hours. (Core)	6.13.c.1.	during their working hours. (Cor
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents and facul
	identification of the symptoms of burnout, depression, and		
	substance use disorders, suicidal ideation, or potential for violence,		identification of the symptoms o
	including means to assist those who experience these conditions;		use disorders, suicidal ideation,
VI.C.1.d).(1)	(Core)	6.13.d.1.	means to assist those who expe
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms i
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for s
	providing access to confidential, affordable mental health		providing access to confidential
	assessment, counseling, and treatment, including access to urgent		assessment, counseling, and tre
VI.C.1.e)	and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	and emergent care 24 hours a da
			There are circumstances in whic
	There are circumstances in which residents may be unable to attend work including but not limited to fatigue illness, family		
	work, including but not limited to fatigue, illness, family		work, including but not limited to
	emergencies, and medical, parental, or caregiver leave. Each		and medical, parental, or caregiv
	program must allow an appropriate length of absence for residents	C 44	an appropriate length of absence
VI.C.2.	unable to perform their patient care responsibilities. (Core)	6.14.	patient care responsibilities. (Co

physical well-being are critical in the c, caring, and resilient physician and ife inside and outside of medicine. Wellretain the joy in medicine while resses. Self-care and responsibility to health care team are important m; they are also skills that must be d in the context of other aspects of

rs are at risk for burnout and nership with their Sponsoring sponsibility to address well-being as betence. Physicians and all members responsibility for the well-being of each linical learning environment models repares residents with the skills and ughout their careers.

am, in partnership with the Sponsoring

ntensity, and work compression that Core)

ita and addressing the safety of s; (Core)

courage optimal resident and faculty

pportunity to attend medical, mental tments, including those scheduled ore)

ulty members in:

of burnout, depression, and substance n, or potential for violence, including perience these conditions; (Core) s in themselves and how to seek

self-screening. (Core)

al, affordable mental health reatment, including access to urgent day, seven days a week. (Core)

ich residents may be unable to attend to fatigue, illness, family emergencies, jiver leave. Each program must allow ce for residents unable to perform their Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
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)		The program must have policies coverage of patient care and en
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)	6.14.b.	These policies must be impleme consequences for the resident v clinical work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all resid recognition of the signs of fatigu management, and fatigue mitiga
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 resid recognition of the signs of fatigu management, and fatigue mitiga
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)	6.16.	The program, in partnership with ensure adequate sleep facilities residents who may be too fatigu
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)	6.17.	Clinical Responsibilities The clinical responsibilities for e level, patient safety, resident ab patient illness/condition, and av
VI.E.1.a)	Optimal clinical workload must maximize the resident learning experience without compromising patient care. (Core)	6.17.a.	Optimal clinical workload must max without compromising patient care
VI.E.1.b)	The number and distribution of cases should vary with the responsibility appropriate to an individual resident's demonstrated competence over the course of his or her education. (Core)	6.17.b.	The number and distribution of cas appropriate to an individual resider course of his or her education. (Co
VI.E.1.c)	Program directors must determine minimum and maximum patient loads by including faculty member and resident input into an assessment of the learning environment. (Core)	6.17.c.	Program directors must determine including faculty member and resid learning environment. (Core)
VI.E.1.d)	Insufficient patient experiences and excessive patient loads must not jeopardize the quality of resident education. (Core)	6.17.d.	Insufficient patient experiences an jeopardize the quality of resident e
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 communication and promotes s care in the specialty and larger h
VI.E.2.a)	The nuclear medicine patient care team should include ancillary personnel, attending nuclear physicians, nuclear medicine residents, nuclear medicine technologists, and radiation safety personnel, and also may include medical physicists, other imaging specialists, radiopharmacists, and individuals from referring services. (Detail)	6.18.a.	The nuclear medicine patient care attending nuclear physicians, nucle technologists, and radiation safety medical physicists, other imaging s individuals from referring services.
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical a patient care, including their safe
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 a patient care, including their safe

es and procedures in place to ensure ensure continuity of patient care. (Core)

nented without fear of negative t who is or was unable to provide the

sidents and faculty members in igue and sleep deprivation, alertness gation processes. (Detail)

sidents and faculty members in igue and sleep deprivation, alertness gation processes. (Detail) /ith its Sponsoring Institution, must es and safe transportation options for gued to safely return home. (Core)

or each resident must be based on PGY ability, severity and complexity of available support services. (Core)

naximize the resident learning experience re. (Core)

cases should vary with the responsibility dent's demonstrated competence over the Core)

ne minimum and maximum patient loads by sident input into an assessment of the

and excessive patient loads must not teducation. (Core)

nts in an environment that maximizes safe, interprofessional, team-based r health system. (Core)

re team should include ancillary personnel, iclear medicine residents, nuclear medicine ety personnel, and also may include g specialists, radiopharmacists, and es. (Detail)

l assignments to optimize transitions in ifety, frequency, and structure. (Core)

l assignments to optimize transitions in afety, frequency, and structure. (Core)

Requirement Number -		Reformatted	
Roman Numerals	Requirement Language	Requirement Number	Requirem
	Programs, in partnership with their Sponsoring Institutions, must		Programs, in partnership with th
	ensure and monitor effective, structured hand-off processes to	6 10 0	ensure and monitor effective, st
VI.E.3.b)	facilitate both continuity of care and patient safety. (Core)	6.19.a.	facilitate both continuity of care
	Programs must ensure that residents are competent in communicating with team members in the hand-off process.		Programs must ensure that resident communicating with team members
	(Outcome)	6.19.b.	(Outcome)
VI.E.3.c)		0.19.0.	
	Clinical Experience and Education		Clinical Experience and Education
	Programs, in partnership with their Sponsoring Institutions, must		Programs, in partnership with th
I	design an effective program structure that is configured to provide		design an effective program stru
	residents with educational and clinical experience opportunities, as		residents with educational and o
VI.F.	well as reasonable opportunities for rest and personal activities.	[None]	well as reasonable opportunities
	Maximum Hours of Clinical and Educational Work per Week		
1			Maximum Hours of Clinical and
	Clinical and educational work hours must be limited to no more than		Clinical and educational work he
	80 hours per week, averaged over a four-week period, inclusive of all		80 hours per week, averaged ov
	in-house clinical and educational activities, clinical work done from		in-house clinical and educationa
VI.F.1.	home, and all moonlighting. (Core)	6.20.	home, and all moonlighting. (Co
			Mandatory Time Free of Clinical
			Residents should have eight ho
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	work and education periods. (De
			Mandatory Time Free of Clinical
	Residents should have eight hours off between scheduled clinical		Residents should have eight ho
VI.F.2.a)	work and education periods. (Detail)	6.21.	work and education periods. (De
	Residents must have at least 14 hours free of clinical work and		Residents must have at least 14
VI.F.2.b)	education after 24 hours of in-house call. (Core)	6.21.a.	education after 24 hours of in-ho
	Residents must be scheduled for a minimum of one day in seven		
	free of clinical work and required education (when averaged over		Residents must be scheduled fo
	four weeks). At-home call cannot be assigned on these free days.	6 04 h	of clinical work and required edu
VI.F.2.c)	(Core)	6.21.b.	weeks). At-home call cannot be
			Maximum Clinical Work and Edu
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Clinical and educational work per 24 hours of continuous schedule
VI.I .5.		0.22.	Maximum Clinical Work and Edu
	Clinical and educational work periods for residents must not exceed		Clinical and educational work pe
VI.F.3.a)	•	6.22.	24 hours of continuous schedul
	Up to four hours of additional time may be used for activities related	0.22.	Up to four hours of additional tir
	to patient safety, such as providing effective transitions of care,		to patient safety, such as provid
	and/or resident education. Additional patient care responsibilities		and/or resident education. Addit
VI.F.3.a).(1)	must not be assigned to a resident during this time. (Core)	6.22.a.	must not be assigned to a reside
			Clinical and Educational Work H
			In rare circumstances, after han
			resident, on their own initiative,
			clinical site in the following circl
			care to a single severely ill or un
			attention to the needs of a patient
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	unique educational events. (Deta

ment Language

their Sponsoring Institutions, must structured hand-off processes to re and patient safety. (Core)

sidents are competent in mbers in the hand-off process.

ation

their Sponsoring Institutions, must tructure that is configured to provide d clinical experience opportunities, as ies for rest and personal activities.

d Educational Work per Week hours must be limited to no more than over a four-week period, inclusive of all onal activities, clinical work done from Core)

al Work and Education nours off between scheduled clinical Detail)

al Work and Education

nours off between scheduled clinical Detail)

l4 hours free of clinical work and house call. (Core)

for a minimum of one day in seven free education (when averaged over four be assigned on these free days. (Core)

ducation Period Length periods for residents must not exceed

uled clinical assignments. (Core)

ducation Period Length periods for residents must not exceed uled clinical assignments. (Core)

time may be used for activities related viding effective transitions of care, ditional patient care responsibilities ident during this time. (Core)

Hour Exceptions

anding off all other responsibilities, a e, may elect to remain or return to the rcumstances: to continue to provide unstable patient; to give humanistic ient or patient's family; or to attend etail)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirem
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work H In rare circumstances, after han resident, on their own initiative, clinical site in the following circu care to a single severely ill or un attention to the needs of a patien unique educational events. (Deta
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care of the 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Nuclear Medicine will not consider requests for exceptions to the 80-hour limit to the residents' work week.		A Review Committee may grant 10 percent or a maximum of 88 of individual programs based on a The Review Committee for Nuclea exceptions to the 80-hour limit to th
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere achieve the goals and objectives must not interfere with the resid compromise patient safety. (Cor
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 achieve the goals and objectives must not interfere with the resid compromise patient safety. (Cor
VI.F.5.b)		6.25.a.	Time spent by residents in inter defined in the ACGME Glossary the 80-hour maximum weekly lin
VI.F.5.c) VI.F.6.	PGY-1 residents are not permitted to moonlight. (Core) In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (Core)	6.25.b. 6.26.	PGY-1 residents are not permitte In-House Night Float Night float must occur within the off-in-seven requirements. (Core
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 Freq Residents must be scheduled fo than every third night (when ave (Core)
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activ must count toward the 80-hour r of at-home call is not subject to must satisfy the requirement for and education, when averaged o

ment Language
Hour Exceptions nding off all other responsibilities, a e, may elect to remain or return to the cumstances: to continue to provide unstable patient; to give humanistic ent or patient's family; or to attend etail)
or education must be counted toward
l)
t rotation-specific exceptions for up to clinical and educational work hours to a sound educational rationale.
ar Medicine will not consider requests for the residents' work week.
e with the ability of the resident to es of the educational program, and dent's fitness for work nor ore)
e with the ability of the resident to es of the educational program, and dent's fitness for work nor pre)
rnal and external moonlighting (as y of Terms) must be counted toward imit. (Core)
ted to moonlight. (Core)
he context of the 80-hour and one-day- re)
equency for in-house call no more frequently veraged over a four-week period).
vities by residents on at-home call maximum weekly limit. The frequency the every-third-night limitation, but or one day in seven free of clinical work over four weeks. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requireme
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)		At-Home Call Time spent on patient care activit must count toward the 80-hour m of at-home call is not subject to t must satisfy the requirement for and education, when averaged or
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)		At-home call must not be so freq reasonable personal time for eac

vities by residents on at-home call maximum weekly limit. The frequency o the every-third-night limitation, but or one day in seven free of clinical work over four weeks. (Core)

equent or taxing as to preclude rest or ach resident. (Core)