Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
	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.		Definition of Graduate Medical Educat Graduate medical education is the cru development between medical school is in this vital phase of the continuum learn to provide optimal patient care u members who not only instruct, but so compassion, cultural sensitivity, profe
Int.A.	Graduate medical education transforms medical students into physician scholars who care for the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many years later.	[None]	Graduate medical education transform scholars who care for the patient, pati community; create and integrate new educate future generations of physicia patterns established during graduate years later.
	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 has as a cresponsibility for patient care. The car appropriate faculty supervision and corresidents to attain the knowledge, skil empathy required for autonomous pra- develops physicians who focus on exc equitable, affordable, quality care; and serve. Graduate medical education val- group of physicians brings to medical inclusive and psychologically safe lea
Int.A. (Continued)	Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None] - (Continued)	Graduate medical education occurs in foundation for practice-based and life development of the physician, begun through faculty modeling of the efface environment that emphasizes joy in cur rigor, and discovery. This transformat and intellectually demanding and occur environments committed to graduate to being of patients, residents, fellows, fa members of the health care team.

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erucial step of professional ool and autonomous clinical practice. It m of medical education that residents e under the supervision of faculty serve as role models of excellence, ofessionalism, and scholarship.

rms medical students into physician atient's family, and a diverse w knowledge into practice; and cians to serve the public. Practice te medical education persist many

a core tenet the graded authority and care of patients is undertaken with conditional independence, allowing kills, attitudes, judgment, and practice. Graduate medical education excellence in delivery of safe, nd the health of the populations they values the strength that a diverse cal care, and the importance of earning environments.

in clinical settings that establish the felong learning. The professional n in medical school, continues cement of self-interest in a humanistic curiosity, problem-solving, academic ation is often physically, emotionally, ccurs in a variety of clinical learning te medical education and the well-, faculty members, students, and all

Int.B. Definition of Specialty Radiation oncology is that branch of causes, prevention, and treatment of causes, prevention, and treatment of causes, prevention, and treatment of participarts of the multidisciplinary management of the cancer patient, and must collaborate more compassionate in the treatment of patient. The dijective of the residency programis to educate and train physicians to be skillful in the practice of radiation oncology, and to be caring and compassionate in the treatment of causes, prevention, and treatment of patient. The objective of the residency program is to educate and train physicians to be skillful in the practice of radiation oncology, and to be caring and compassionate in the treatment of patients. The objective of the residency program is to educate and train physicians to be caring and compassionate in the treatment of patient of causes, pr	Requirement Number		Reformatted	
Int.B.       Definition of Specialty       [None]       Rediation oncology is that branch of closely with physicinars and other heatinet or conditions utilizing ionizing radiation on of the multidisciplinary management of the causes, prevention, and treatment or compassionate in the treatment of prevention, and treatment of causes, prevention, and treatment of causes, prevention, and treatment of causes, prevention, and treatment of prevention and treatment of the multidisciplinary management of the causes, prevention, and treatment of causes in managing the patient.         Int.B.1       Intersection on the practice of radiation oncology is that branch of clinical medicine concerned with the causes, prevention, and treatment of cancer and certain non-neoplastic conditions utilizing ionizing radiation. Compassionate in the treatment of prevention, and treatment of causes, prevention, and treatment of causes, prevention, and treatment of causes in managing the patient.         Int.B.1       in managing the patient.         Int.B.1       residency program is to educate and train physicians to be skillful in the practice of radiation oncology, and to be caring and compassionate in the treatment of program in the treatment of prevention, and treatment or compassionate in the treatment of prevention, and treatment of prevention, and treatment or prevention and treatment or preventing in the prectice of radiation oncology, and to be ca	- Roman Numerals	Requirement Language	Requirement Number	Requiremen
Int.B.         Definition of Specialty         [None]         skillful in the practice of radiation one compassionate in the treatment of par- compassionate in the treatment of par- compassionate in the treatment of par- center of the multidisciplinary management closely with physicians and there health care professionals in related disciplines in managing the patient.         Definition of Specialty Radiation oncology is that branch of causes, prevention, and treatment of conditions utilizing ionizing radiation. of the multidisciplinary management closely with physicians and other health care professionals in related disciplines in managing the patient.         Definition of Specialty Radiation oncology is that branch of closely with physicians and other health care professionals in related disciplines in managing the patient.         The objective of the residency prograssionate in the treatment of causes, prevention, and treatment of compassionate in the treatment of compassionate in the treatment of patients.           Int.B.1.         The objective of the residency program is killful in the practice of radiation oncology, is that branch of causes, prevention, and treatment of conditions utilizing ionizing radiation. of the multidisciplinary management.           Int.B.2.         The objective of the residency program is the treatment of patients.         The objective of the residency program is the treatment of patient.           Int.B.2.         Length of Educational Program The length of the educational program in radiation oncology must be 48 months,         Length of Educational Program				Radiation oncology is that branch of clin causes, prevention, and treatment of ca conditions utilizing ionizing radiation. Ra of the multidisciplinary management of t closely with physicians and other health
Int.B.1.       Radiation oncology is that branch of clinical medicine concerned with the causes, prevention, and treatment of cancer and certain non-neoplastic conditions utilizing ionizing radiation. Radiation oncologists are an integral part of the multidisciplinary management closely with physicians and other health care professionals in related disciplines       The objective of the residency prograssionate in the treatment of part of the causes, prevention, and treatment of part of the causer patient.         Int.B.1.       Int B 1.       Definition of Specialty Radiation oncology is that branch of the causer patient, and must collaborate closely with physicians and other health care professionals in related disciplines       Skillful in the practice of radiation on compassionate in the treatment of part of the multidisciplinary management closely with physicians and other health care professionals in related disciplines         Int.B.1.       The objective of the residency program is to educate and train physicians to be skillful in the practice of radiation oncology, and to be caring and compassionate in the treatment of causes, prevention, and treatment of compassionate in the treatment of patients.         Int.B.2.       The objective of the residency program is to educate and train physicians to be skillful in the practice of radiation oncology, and to be caring and compassionate in the treatment of patients.         Int.B.2.       Length of Educational Program         The length of the educational program in radiation oncology must be 48 months,	Int.B.	Definition of Specialty	[None]	The objective of the residency program is skillful in the practice of radiation oncolo compassionate in the treatment of patient of the treatment of patient of the treatment of
Int.B.2.Radiation oncology is that branch of causes, prevention, and treatment of conditions utilizing ionizing radiation. of the multidisciplinary management closely with physicians and other hea in managing the patient.Int.B.2.The objective of the residency program is to educate and train physicians to be skillful in the practice of radiation oncology, and to be caring and compassionate in the treatment of patients.The objective of the residency program skillful in the practice of radiation oncology, and to be caring and compassionate in the treatment of patients.The objective of the residency program skillful in the practice of radiation oncology skillful in the treatment of patients.Int.B.2.Length of Educational Program The length of the educational program in radiation oncology must be 48 months,Length of Educational Program The length of the educational program	Int.B.1.	causes, prevention, and treatment of cancer and certain non-neoplastic conditions utilizing ionizing radiation. Radiation oncologists are an integral part of the multidisciplinary management of the cancer patient, and must collaborate closely with physicians and other health care professionals in related disciplines	[None]	Radiation oncology is that branch of clin causes, prevention, and treatment of cal conditions utilizing ionizing radiation. Ra of the multidisciplinary management of the closely with physicians and other health
skillful in the practice of radiation oncology, and to be caring and compassionate in the treatment of patients.skillful in the practice of radiation oncology compassionate in the treatment of patients.Int.B.2.Length of Educational Program The length of the educational program in radiation oncology must be 48 months,Length of Educational Program The length of the educational program in radiation oncology must be 48 months,Length of the educational program The length of the educational program				Radiation oncology is that branch of clin causes, prevention, and treatment of ca conditions utilizing ionizing radiation. Ra of the multidisciplinary management of t closely with physicians and other health
Length of Educational Program       Length of Educational Program         The length of the educational program in radiation oncology must be 48 months,       Length of Educational Program	Int.B.2.	skillful in the practice of radiation oncology, and to be caring and compassionate		The objective of the residency program skillful in the practice of radiation oncolo compassionate in the treatment of patien
int C Incoorded by 10 menths of post graduate aligned advantian (Care)		Length of Educational Program The length of the educational program in radiation oncology must be 48 months,		Length of Educational Program The length of the educational program ir
Int.C.preceded by 12 months of post-graduate clinical education. (Core)4.1.preceded by 12 months of post-gradI.OversightSection 1Section 1: Oversight	INT.U.			preceded by 12 months of post-graduate

linical medicine concerned with the cancer and certain non-neoplastic Radiation oncologists are an integral part f the cancer patient, and must collaborate th care professionals in related disciplines

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in radiation oncology must be 48 months, ate clinical education. (Core)

<b>Requirement Number</b>		Reformatted	
- Roman Numerals	Requirement Language	<b>Requirement Number</b>	Requiremen
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education, consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education, consistent with th Requirements. When the Sponsoring Institution is no
	most commonly utilized site of clinical activity for the program is the		most commonly utilized site of clinica
I.A.	primary clinical site.	[None]	primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution.	1.1.	The program must be sponsored by c Institution.
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for residents.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	The Sponsoring Institution must sponsor at least one ACGME-accredited hematology and medical oncology and/or medical oncology program. (Core)	1.2.a.	The Sponsoring Institution must sponsor hematology and medical oncology and/c
I.B.1.b)	The Sponsoring Institution should also sponsor or have affiliations with ACGME- accredited programs in pathology, surgical oncology, and at least one other oncologic-related discipline sufficient to foster interdisciplinary care and enhance the training of the radiation oncology residents. (Detail)	1.2.b.	The Sponsoring Institution should also s accredited programs in pathology, surgio oncologic-related discipline sufficient to enhance the training of the radiation onco
, I.B.1.b).(1)	If the primary clinical site is not the same as the Sponsoring Institution, it must be the primary teaching institution(s) for the above-named programs. (Detail)	1.2.b.1.	If the primary clinical site is not the same be the primary teaching institution(s) for
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the dea (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a).	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director as the site di resident education at that site, in coll (Core)
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all residents, of one month full tim the ACGME's Accreditation Data Syst

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for residents.

ponsoring Institution, must designate a

sor at least one ACGME-accredited d/or medical oncology program. (Core)

o sponsor or have affiliations with ACGMEgical oncology, and at least one other to foster interdisciplinary care and oncology residents. (Detail)

me as the Sponsoring Institution, it must for the above-named programs. (Detail)

rgreement (PLA) between the program rerns the relationship between the providing a required assignment. (Core)

every 10 years. <sup>(Core)</sup> designated institutional official (DIO).

ical learning and working environment

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
			At least one of the following must be me
			<ul> <li>at least 75 percent of the residents' equivalent of the residents' equivalent of the residents' equivalent of the residents' equivalent of the resident of the re</li></ul>
I.B.5.	At least one of the following must be met:	1.6.a.	<ul> <li>at least 90 percent of the residents' ec at the primary clinical site and one othe</li> </ul>
			At least one of the following must be me
			<ul> <li>at least 75 percent of the residents' economications and non-clinical activities) must or, (Core)</li> </ul>
I.B.5.a)	at least 75 percent of the residents' educational experiences (i.e., clinical rotations and non-clinical activities) must take place at the primary clinical site; or, (Core)	1.6.a.	<ul> <li>at least 90 percent of the residents' ec at the primary clinical site and one othe</li> </ul>
			At least one of the following must be me
			<ul> <li>at least 75 percent of the residents' economications and non-clinical activities) must or, (Core)</li> </ul>
I.B.5.b)	at least 90 percent of the residents' educational experiences must take place at the primary clinical site and one other participating site. (Core)	1.6.a.	<ul> <li>at least 90 percent of the residents' ec at the primary clinical site and one othe</li> </ul>
I.B.6.	Assignment to a participating site must be based on a clear educational rationale, be integral to the program curriculum, have clearly stated activities and objectives, and provide resources not otherwise available to the program. (Core)	1.6.b.	Assignment to a participating site must rationale, be integral to the program cur and objectives, and provide resources r (Core)
I.B.7.	When multiple participating sites are used, there must be assurance of the continuity of the educational experience. (Core)	1.6.c.	When multiple participating sites are us continuity of the educational experience
I.B.8.	Participating sites	1.6.d.	Participating sites The program director must determine a and is responsible for the overall condu members at each participating site. (Co
I.B.8.a)	The program director must determine all rotations and assignments of residents, and is responsible for the overall conduct of the educational program and faculty members at each participating site. (Core)		Participating sites The program director must determine a and is responsible for the overall condu members at each participating site. (Co
I.B.8.b)	Clinical faculty members at each participating site should have faculty appointments from the Sponsoring Institution or the primary clinical site. (Detail)	1.6.d.1.	Clinical faculty members at each partici appointments from the Sponsoring Insti
I.B.8.c)	Participating sites must provide a means for direct participation in joint conferences, either in person when institutions are in geographic proximity to the primary clinical site, or by electronic means when not. (Core)	1.6.d.2.	Participating sites must provide a mean conferences, either in person when inst the primary clinical site, or by electronic
I.B.8.d)	Prior approval must be obtained from the Review Committee for the addition of a participating site, regardless of the duration of rotation(s). (Core)	1.6.d.3.	Prior approval must be obtained from the of a participating site, regardless of the

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educational experiences (i.e., clinical ust take place at the primary clinical site;

educational experiences must take place her participating site. (Core)

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educational experiences (i.e., clinical ust take place at the primary clinical site;

educational experiences must take place ner participating site. (Core)

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educational experiences (i.e., clinical ust take place at the primary clinical site;

educational experiences must take place ner participating site. (Core)

st be based on a clear educational curriculum, have clearly stated activities s not otherwise available to the program.

used, there must be assurance of the ce. (Core)

all rotations and assignments of residents, duct of the educational program and faculty Core)

all rotations and assignments of residents, duct of the educational program and faculty Core)

cipating site should have faculty stitution or the primary clinical site. (Detail)

ans for direct participation in joint stitutions are in geographic proximity to nic means when not. (Core)

the Review Committee for the addition e duration of rotation(s). (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi present), faculty members, senior adr other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	Facilities	1.8.a.	Facilities At the primary clinical site there must be machine with a broad range of electron k tomography (CT)-simulation capability, a computerized treatment planning, includi therapy (IMRT). (Core)
I.D.1.a).(1)	At the primary clinical site there must be two or more megavoltage machines, a machine with a broad range of electron beam capabilities, computed tomography (CT)-simulation capability, and three-dimensional conformal computerized treatment planning, including intensity modulated radiation therapy (IMRT). (Core)	1.8.a.	Facilities At the primary clinical site there must be machine with a broad range of electron b tomography (CT)-simulation capability, a computerized treatment planning, includi therapy (IMRT). (Core)
I.D.1.a).(2)	The primary clinical site must have the following technologies available for resident education: stereotactic body radiation therapy/stereotactic radiosurgery with motion management; image fusion capabilities with positron emission tomography and magnetic resonance imaging scans; intravenous contrast for CT simulation; image guidance with cross-sectional imaging; and high- and/or low-dose-rate interstitial and intracavitary brachytherapy. (Core)	1.8.a.1.	The primary clinical site must have the for resident education: stereotactic body rac with motion management; image fusion tomography and magnetic resonance im CT simulation; image guidance with cross low-dose-rate interstitial and intracavitar
I.D.1.a).(3)	There must be adequate conference room and audiovisual facilities. (Core)	1.8.a.2.	There must be adequate conference roo
I.D.1.b)	Other Services	1.8.b.	Other Services Adequate medical services must be avai oncology, surgical oncology, and pediatr
I.D.1.b).(1)	Adequate medical services must be available in the specialties of medical oncology, surgical oncology, and pediatric oncology. (Core)	1.8.b.	Other Services Adequate medical services must be avai oncology, surgical oncology, and pediatr
I.D.1.b).(2)	There must be access to current imaging techniques, nuclear medicine, pathology, a clinical laboratory, and a tumor registry. (Core)	1.8.b.1.	There must be access to current imaging pathology, a clinical laboratory, and a tur
I.D.1.c)	There must be a minimum of 600 patients receiving external beam radiation therapy per year cumulatively at the primary clinical site and any participating sites. (Core)	1.8.c.	There must be a minimum of 600 patient therapy per year cumulatively at the prim sites. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working resident well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)

on

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

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

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

be two or more megavoltage machines, a n beam capabilities, computed , and three-dimensional conformal uding intensity modulated radiation

be two or more megavoltage machines, a n beam capabilities, computed , and three-dimensional conformal uding intensity modulated radiation

e following technologies available for adiation therapy/stereotactic radiosurgery n capabilities with positron emission imaging scans; intravenous contrast for oss-sectional imaging; and high- and/or ary brachytherapy. (Core)

vailable in the specialties of medical atric oncology. (Core)

ailable in the specialties of medical atric oncology. (Core)

ng techniques, nuclear medicine, umor registry. (Core)

ents receiving external beam radiation imary clinical site and any participating

Sponsoring Institution, must ensure ng environments that promote

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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/reformed for residents with proximity appropriate
1.0.2.0)	clean and private facilities for lactation that have refrigeration capabilities,	1.3.0.	clean and private facilities for lactatic
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents with d 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 appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. (Core) Personnel	1.11. Section 2	Other Learners and Health Care Person The presence of other learners and or but not limited to residents from othe and advanced practice providers, mu appointed residents' education. (Core Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member a authority and accountability for the o with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member a authority and accountability for the o with all applicable program requirem
II.A.1.a)	The Sponsoring Institution's GMEC must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's GMEC n director and must verify the program appointment. (Core)
II.A.1.b)	The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)	2.3.	The program must demonstrate reten length of time adequate to maintain c stability. (Core)
II.A.1.b).(1)	The program director should have an appointment of at least three years. (Detail)	2.3.a.	The program director should have an ap (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 applica must be provided with support adequ based upon its size and configuration
II.A.2.a)	At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. (Core)	2.4.a.	At a minimum, the program director mus dedicated minimum of 0.2 FTE for admi
II.A.3.	Qualifications of the program director:	2.5.	Qualifications of the Program Directo The program director must possess s years of documented educational and qualifications acceptable to the Revie

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/rest facilities available and accessible riate for safe patient care; (Core)

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

opriate to the participating site; and,

n disabilities consistent with the pre)

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

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

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

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

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

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

appointment of at least three years.

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

nust be provided with support equal to a ministration of the program. (Core)

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
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 Directo The program director must possess s years of documented educational and qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the specialty for which they are the program director by the American Board of Radiology or by the American Osteopathic Board of Radiology, or specialty qualifications that are acceptable to the Review Committee; and, (Core)	2.5.a.	The program director must possess of for which they are the program direct Radiology or by the American Osteopa qualifications that are acceptable to t
II.A.3.b).(1)	The program director must actively participate in Maintenance of Certification in radiation oncology through the American Board of Radiology or the American Osteopathic Board of Radiology. (Core)	2.5.a.1.	The program director must actively particle radiation oncology through the American Osteopathic Board of Radiology. <sup>(Core)</sup>
II.A.3.c)	must include ongoing clinical activity. (Core)	2.5.b.	The program director must demonstra
II.A.3.d)	The program director should be an active faculty member at the primary or at a participating clinical site. (Detail)	2.5.c.	The program director should be an active participating clinical site. (Detail)
II.A.3.d).(1)	If at a participating site, the program director should be readily available to residents as needed. (Detail)	2.5.c.1.	If at a participating site, the program dire residents as needed. (Detail)
II.A.4.	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. (Core)	2.6.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; resident recruitment and sele residents, and disciplinary action; su education in the context of patient car
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.6.a.	The program director must be a role r
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.6.b.	The program director must design and consistent with the needs of the com Sponsoring Institution, and the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must administer environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.6.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of con develop and oversee a process to eva (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 the a supervising interactions and/or learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.6.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which 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 provide a which residents have the opportunity mistreatment, and provide feedback in appropriate, without fear of intimidation

or

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

current certification in the specialty ctor by the American Board of pathic Board of Radiology, or specialty the Review Committee. (Core)

rticipate in Maintenance of Certification in an Board of Radiology or the American

trate ongoing clinical activity. (Core)

ive faculty member at the primary or at a

rector should be readily available to

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

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

ter and maintain a learning g the residents in each of the ACGME

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

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

CCURATE and COMPLETE INFORMATION GMEC, and ACGME. (Core)

a learning and working environment in ty to raise concerns, report c in a confidential manner as ition or retaliation. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Boguiromon
- Roman Numerais	ensure the program's compliance with the Sponsoring Institution's	Requirement Number	Requirement The program director must ensure the
	policies and procedures related to grievances and due process, including		Sponsoring Institution's policies and
	when action is taken to suspend or dismiss, or not to promote or renew		and due process, including when acti
II.A.4.a).(8)	the appointment of a resident; (Core)	2.6.h.	not to promote or renew the appointm
			The program director must ensure the
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.6.i.	Sponsoring Institution's policies and discrimination. (Core)
	Residents must not be required to sign a non-competition guarantee or	2.0.1.	Residents must not be required to sig
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
			The program director must document
	document verification of education for all residents within 30 days of		residents within 30 days of completio
II.A.4.a).(10)	completion of or departure from the program; and, (Core)	2.6.j.	(Core)
II.A.4.a).(11)	provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)	2.6.k.	The program director must provide ve education upon the resident's reques
	provide applicants who are offered an interview with information related to		The program director must provide a
	the applicant's eligibility for the relevant specialty board examination(s).		interview with information related to t
II.A.4.a).(12)	(Core)	2.6.1.	relevant specialty board examination(
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		Faculty Faculty members are a foundational e education – faculty members teach re Faculty members provide an important and become practice-ready, ensuring quality of care. They are role models to by demonstrating compassion, comme patient care, professionalism, and a co Faculty members experience the pride development of future colleagues. The the opportunity to teach and model ex- scholarly approach to patient care, fa graduate medical education system, if and the population. Faculty members ensure that patients
	from a specialist in the field. They recognize and respond to the needs of the patients, residents, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety.		from a specialist in the field. They rec the patients, residents, community, a provide appropriate levels of supervis
	Faculty members create an effective learning environment by acting in a		Faculty members create an effective l
II.B.	professional manner and attending to the well-being of the residents and themselves.	[None]	professional manner and attending to themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient number of
II.B.1.	instruct and supervise all residents. (Core)	2.7.	instruct and supervise all residents. (
	In addition to the program director, the faculty must include a minimum of four		In addition to the program director, the fa
	FTE radiation oncologists, located at the primary clinical site, who devote the		FTE radiation oncologists, located at the
II.B.1.a)	majority of their professional time to the education of residents. (Core)	2.7.a.	majority of their professional time to the

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

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

sign a non-competition guarantee or

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

verification of an individual resident's est, within 30 days. (Core) applicants who are offered an

o the applicant's eligibility for the n(s). (Core)

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

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

of faculty members with competence to . (Core)

e faculty must include a minimum of four he primary clinical site, who devote the le education of residents. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.1.b)	The primary clinical site must have a cancer or radiation biologist who is either a member of the department or a member of the cancer center of the Sponsoring Institution, and whose job description includes responsibility for resident education in radiation oncology. (Core)	2.7.b.	The primary clinical site must have a car member of the department or a member Institution, and whose job description inc education in radiation oncology. (Core)
II.B.1.b).(1)	This must be a faculty member who is responsible for oversight and organization of an on-site didactic educational program core curriculum. (Core)	2.7.b.1.	This must be a faculty member who is re organization of an on-site didactic educa
II.B.1.b).(2)	This individual must be based at the primary clinical site or at a participating site. (Core)	2.7.b.2.	This individual must be based at the prin site. (Core)
II.B.1.c)	To provide a scholarly environment of research and to participate in the teaching of radiation physics, the core faculty must include at least one full-time medical physicist (PhD level or equivalent). (Core)	2.7.c.	To provide a scholarly environment of re teaching of radiation physics, the core fa medical physicist (PhD level or equivale
II.B.1.c).(1)	This individual must be based at the primary clinical site or at a participating site. (Core)	2.7.c.1.	This individual must be based at the prin site. (Core)
II.B.2.	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.8.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate a residents, including devoting sufficie fulfill their supervisory and teaching r
11.0.2.0	administer and maintain an educational environment conducive to	2.0.0.	Faculty members must administer an
II.B.2.d)	educating residents; (Core)	2.8.c.	environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.8.d.	Faculty members must regularly parti discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually: (Core)	2.8.e.	Faculty members must pursue faculty their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating h (Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their reside
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 practice efforts. (Detail)
II.B.3.	Faculty Qualifications	2.9.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.9.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
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 Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. (Core)	2.10.	Physician faculty members must have by the American Board of Radiology o Radiology, or possess qualifications ju Committee. (Core)

cancer or radiation biologist who is either a er of the cancer center of the Sponsoring includes responsibility for resident

responsible for oversight and ucational program core curriculum. (Core) primary clinical site or at a participating

research and to participate in the faculty must include at least one full-time lent). (Core)

rimary clinical site or at a participating

els of professionalism. (Core) e commitment to the delivery of safe,

e, patient-centered care. (Core)

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

and maintain an educational g residents. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

health inequities, and patient safety;

dents' well-being; and, (Detail)

ce-based learning and improvement

oriate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

ve current certification in the specialty or the American Osteopathic Board of judged acceptable to the Review

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
	Core Faculty		
	Constraute members must have a similiar to the in the advection and		Core Faculty
	Core faculty members must have a significant role in the education and		Core faculty members must have a si
	supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a		supervision of residents and must de entire effort to resident education and
	component of their activities, teach, evaluate, and provide formative		component of their activities, teach, o
II.B.4.	feedback to residents. (Core)	2.11.	feedback to residents. (Core)
	Core faculty members must complete the annual ACGME Faculty Survey.		Core faculty members must complete
II.B.4.a)	(Core)	2.11.a.	(Core)
	The core clinical faculty must include a minimum of four clinical physician faculty	,	The core clinical faculty must include a
	members, defined as physicians who practice clinically and who lead or co-lead		members, defined as physicians who pr
II.B.4.a).(1)	clinical rotations for residents. (Core)	2.11.b.	clinical rotations for residents. (Core)
	Programs, regardless of size, must maintain a ratio of at least 1.5 clinical		Programs, regardless of size, must mair
II.B.4.a).(1).(a)	physician faculty members to each resident. (Core)	2.11.b.1.	physician faculty members to each resid
			Program Coordinator
II.C.	Program Coordinator	2.12.	There must be a program coordinator
			Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.12.	There must be a program coordinator
	The program coordinator must be provided with dedicated time and		The program coordinator must be pro
	support adequate for administration of the program based upon its size		support adequate for administration
II.C.2.	and configuration. (Core)	2.12.a.	and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated		At a minimum, the program coordinator
	time and support specified below for administration of the program: (Core)		time and support specified below for adu
	Number of Approved Resident Positions: 1-6   Minimum FTE: 0.5		Number of Approved Resident Positions
	Number of Approved Resident Positions: 7-10   Minimum FTE: 0.7		Number of Approved Resident Positions
	Number of Approved Resident Positions: 11-15   Minimum FTE: 0.8		Number of Approved Resident Positions
	Number of Approved Resident Positions: 16-20   Minimum FTE: 0.9		Number of Approved Resident Positions
	Number of Approved Resident Positions: 21-25   Minimum FTE: 1		Number of Approved Resident Positions
II.C.2.a)	Number of Approved Resident Positions: 26-30   Minimum FTE: 1.1	2.12.b.	Number of Approved Resident Positions
	Other Program Personnel		
			Other Program Personnel
	The program, in partnership with its Sponsoring Institution, must jointly		The program, in partnership with its \$
	ensure the availability of necessary personnel for the effective	0.40	ensure the availability of necessary p
II.D.	administration of the program. (Core)	2.13.	administration of the program. (Core)
III.	Resident Appointments	Section 3	Section 3: Resident Appointments
			Eligibility Requirements
II.A.	Eligibility Requirements	3.2.	An applicant must meet one of the fo for appointment to an ACGME-accred
<b></b>	Eligibility Requirements	J.Z.	••
	An applicant must most one of the following qualifications to be eligible		Eligibility Requirements
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.	An applicant must meet one of the fo for appointment to an ACGME-accred
·····		V.2.	

## ent Language

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

ete the annual ACGME Faculty Survey.

a minimum of four clinical physician faculty practice clinically and who lead or co-lead

aintain a ratio of at least 1.5 clinical sident. (Core)

tor. (Core)

## tor. (Core)

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

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

ons: 1-6 | Minimum FTE: 0.5

ns: 7-10 | Minimum FTE: 0.7

ons: 11-15 | Minimum FTE: 0.8

ons: 16-20 | Minimum FTE: 0.9

ns: 21-25 | Minimum FTE: 1

ns: 26-30 | Minimum FTE: 1.1

s Sponsoring Institution, must jointly personnel for the effective e)

following qualifications to be eligible redited program: (Core)

following qualifications to be eligible redited program: (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
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 school in t Liaison Committee on Medical Educat college of osteopathic medicine in the American Osteopathic Association Co Accreditation (AOACOCA); or, (Core)
			graduation from a medical school out meeting one of the following addition
			<ul> <li>holding a currently valid certificate f</li> <li>Foreign Medical Graduates (ECFMG)</li> </ul>
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.	<ul> <li>holding a full and unrestricted licens</li> <li>States licensing jurisdiction in which</li> <li>located. (Core)</li> </ul>
			graduation from a medical school out meeting one of the following addition
			<ul> <li>holding a currently valid certificate f</li> <li>Foreign Medical Graduates (ECFMG)</li> </ul>
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.	<ul> <li>holding a full and unrestricted licens</li> <li>States licensing jurisdiction in which</li> <li>located. (Core)</li> </ul>
			graduation from a medical school out meeting one of the following addition
			<ul> <li>holding a currently valid certificate f</li> <li>Foreign Medical Graduates (ECFMG)</li> </ul>
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.	<ul> <li>holding a full and unrestricted licens</li> <li>States licensing jurisdiction in which</li> <li>located. (Core)</li> </ul>
III.A.2.	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.	or transfer into ACGME-accredited residency programs, Royal College of (RCPSC)-accredited or College of Fan accredited residency programs locate programs with ACGME International (Accreditation. (Core)
III.A.2.a)	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)	3.3.a.	Residency programs must receive ver competency in the required clinical fie ACGME-I Milestones evaluations from matriculation. (Core)
III.A.2.b)	Prior to entering the program, residents must have completed 12 months of post graduate clinical education as indicated in III.A.2. above, which must include:		Prior to entering the program, residents i graduate clinical education as indicated

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

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

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

nse to practice medicine in the United h the ACGME-accredited program is

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

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

nse to practice medicine in the United h the ACGME-accredited program is

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

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

nse to practice medicine in the United h the ACGME-accredited program is

residency programs must be sidency programs, AOA-approved of Physicians and Surgeons of Canada amily Physicians of Canada (CFPC)ated in Canada, or in residency I (ACGME-I) Advanced Specialty

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

s must have completed 12 months of postd in 3.3. above, which must include:

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
III.A.2.b).(1)	a minimum of nine months of direct patient care in family medicine, internal medicine, obstetrics and gynecology, pediatrics, or surgery or surgical specialties, or in a transitional year program; and, (Core)	3.3.a.1.a.	a minimum of nine months of direct patie medicine, obstetrics and gynecology, pe specialties, or in a transitional year prog
III.A.2.b).(2)	a maximum of three months in radiation oncology. (Core)	3.3.a.1.b.	a maximum of three months in radiation
	Resident Complement		
III.B.	The program director must not appoint more residents than approved by the Review Committee. (Core)	3.4.	Resident Complement The program director must not appoin the Review Committee. (Core)
III.B.1.	The program must offer at least four resident positions. (Core)	3.4.a.	The program must offer at least four res
	Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to		Resident Transfers The program must obtain verification and a summative competency-based
III.C.	acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)	3.5.	acceptance of a transferring resident matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wl
IV.	It is recognized programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized programs may place leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
	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		a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m
IV.A.1.	applicants, residents, and faculty members; (Core)	4.2.a.	applicants, residents, and faculty me
	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and		competency-based goals and objectiv designed to promote progress on a tr These must be distributed, reviewed,
IV.A.2.	faculty members; (Core) delineation of resident responsibilities for patient care, progressive	4.2.b.	faculty members; (Core) delineation of resident responsibilitie
IV.A.3.	responsibility for patient management, and graded supervision; (Core)	4.2.c.	responsibility for patient managemen
IV.A.4.	a broad range of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured didactic a
IV.A.4.a)	Residents must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Resider Experiences Residents must be provided with pro- didactic activities. (Core)

## ent Language atient care in family medicine, internal pediatrics, or surgery or surgical ogram; and, (Core)

on oncology. (Core)

## oint more residents than approved by

esident positions. (Core)

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

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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

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

lent Experiences – Didactic and Clinical

rotected time to participate in core

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each specialty.
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
	Professionalism Residents must demonstrate a commitment to professionalism and an		ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	Residents must demonstrate competer
			ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate competer
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect fo
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autone
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, an
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 divers not limited to diversity in gender, age national origin, socioeconomic status
IV.B.1.a).(1).(g)	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)	4.3.g.	ability to recognize and develop a pla professional well-being; and, (Core)
	appropriately disclosing and addressing conflict or duality of interest.		appropriately disclosing and address
IV.B.1.a).(1).(h)	(Core)	4.3.h.	(Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Residents must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Residents must be able to provide pa centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Residents must demonstrate competence in:	4.4.a.	Residents must demonstrate competence
IV.B.1.b).(1).(a).(i)	follow-up care of irradiated patients, including pediatric patients; (Core)	4.4.a.1.	follow-up care of irradiated patients, incl
IV.B.1.b).(1).(a).(ii)	performing interstitial and intracavitary brachytherapy procedures; (Core)	4.4.a.2.	performing interstitial and intracavitary b
IV.B.1.b).(1).(a).(iii)	the use of unsealed radioactive sources; (Core)	4.4.a.3.	the use of unsealed radioactive sources
IV.B.1.b).(1).(a).(iv)	treating adult patients with conventionally fractionated external beam radiation therapy; (Core)	4.4.a.4.	treating adult patients with conventionall therapy; (Core)
IV.B.1.b).(1).(a).(v)	treating adult patients with stereotactic radiosurgery and stereotactic body radiation therapy; and, (Core)	4.4.a.5.	treating adult patients with stereotactic radiation therapy; and, (Core)
IV.B.1.b).(1).(a).(vi)	treating pediatric patients, including patients with solid tumors. (Core)	4.4.a.6.	treating pediatric patients, including patients

## ent Language

omote patient safety-related goals,

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

GME Competencies into the curriculum.

nalism mitment to professionalism and an re)

etence in:

nalism mitment to professionalism and an re)

etence in:

for others; (Core)

at supersedes self-interest; (Core)

nomy; (Core)

and the profession; (Core)

rse patient populations, including but ge, culture, race, religion, disabilities, us, and sexual orientation; (Core) lan for one's own personal and

ssing conflict or duality of interest.

re

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

nce in:

cluding pediatric patients; (Core)

brachytherapy procedures; (Core)

es; (Core)

ally fractionated external beam radiation

radiosurgery and stereotactic body

atients with solid tumors. (Core)

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	
l	Residents must be able to perform all medical, diagnostic, and surgical		ACGME Competencies – Procedural S perform all medical, diagnostic, and s
IV.B.1.b).(2)	procedures considered essential for the area of practice. (Core)	4.5.	essential for the area of practice. (Co
			essential for the area of practice. (ou
	Medical Knowledge		ACGME Competencies – Medical Kno
	Residents must demonstrate knowledge of established and evolving		Residents must demonstrate knowled
	biomedical, clinical, epidemiological, and social-behavioral sciences,		biomedical, clinical, epidemiological,
	including scientific inquiry, as well as the application of this knowledge to		including scientific inquiry, as well as
IV.B.1.c)	patient care. (Core)	4.6.	patient care. (Core)
IV.B.1.c).(1)	Residents must demonstrate competence in their knowledge of:	4.6.a.	Residents must demonstrate competence
IV.B.1.c).(1).(a)	clinical radiation oncology, including late effects on normal tissue; (Core)	4.6.a.1.	clinical radiation oncology, including late
IV.B.1.c).(1).(b)	clinical radiation physics; (Core)	4.6.a.2.	clinical radiation physics; (Core)
IV.B.1.c).(1).(c)	medical statistics; (Core)	4.6.a.3.	medical statistics; (Core)
IV.B.1.c).(1).(d)	radiation and cancer biology; and, (Core)	4.6.a.4.	radiation and cancer biology; and, (Core
IV.B.1.c).(1).(e)	radiation safety procedures. (Core)	4.6.a.5.	radiation safety procedures. (Core)
	Practice-based Learning and Improvement		
			ACGME Competencies – Practice-Bas
	Residents must demonstrate the ability to investigate and evaluate their		Residents must demonstrate the abili
	care of patients, to appraise and assimilate scientific evidence, and to		care of patients, to appraise and assi
	continuously improve patient care based on constant self-evaluation and	4 7	continuously improve patient care ba
IV.B.1.d)	lifelong learning; (Core)	4.7.	lifelong learning. (Core)
IV.B.1.d).(1)	Residents must demonstrate competence in:	[None]	
IV = 1 d(1) (2)	identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)	4.7.a.	Residents must demonstrate competed deficiencies, and limits in one's know
IV.B.1.d).(1).(a)	expertise, (Core)	4./.d.	Residents must demonstrate compete
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	improvement goals. (Core)
			Residents must demonstrate compete
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	appropriate learning activities. (Core)
			Residents must demonstrate competer
l	systematically analyzing practice using quality improvement methods,		practice using quality improvement m
l	including activities aimed at reducing health care disparities, and		reducing health care disparities, and
IV.B.1.d).(1).(d)	implementing changes with the goal of practice improvement; (Core)	4.7.d.	of practice improvement. (Core)
	incorporating feedback and formative evaluation into daily practice; and,		Residents must demonstrate compete
IV.B.1.d).(1).(e)	(Core)	4.7.e.	formative evaluation into daily practic
			Residents must demonstrate competer
	locating, appraising, and assimilating evidence from scientific studies		assimilating evidence from scientific
IV.B.1.d).(1).(f)	related to their patients' health problems. (Core)	4.7.f.	health problems. (Core)
	Interpersonal and Communication Skills		
			ACGME Competencies – Interpersona
	Residents must demonstrate interpersonal and communication skills that		Residents must demonstrate interper
	result in the effective exchange of information and collaboration with		result in the effective exchange of inf
IV.B.1.e)	patients, their families, and health professionals. (Core)	4.8.	patients, their families, and health pro
IV.B.1.e).(1)	Residents must demonstrate competence in	[None]	

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

## nowledge

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

ence in their knowledge of: ate effects on normal tissue; (Core)

re)

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

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

etence in identifying and performing re)

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

etence in incorporating feedback and stice. (Core)

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each		Residents must demonstrate competent with patients and patients' families, a of socioeconomic circumstances, cul capabilities, learning to engage interp
IV.B.1.e).(1).(a)	patient; (Core)	4.8.a.	provide appropriate care to each patie
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Residents must demonstrate compete with physicians, other health professi (Core)
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Residents must demonstrate competer member or leader of a health care tea
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Residents must demonstrate competer families, students, other residents, an
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate competer to other physicians and health profes
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Residents must demonstrate compete timely, and legible health care records
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 communicate to partner with them to assess their c appropriate, end-of-life goals. (Core)
IV.B.1.f).	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)	4.9.	ACGME Competencies - Systems-Bas Residents must demonstrate an awar larger context and system of health ca social determinants of health, as well other resources to provide optimal he
IV.B.1.f).(1)	Residents must demonstrate competence in:	[None]	
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 competer health care delivery settings and syst specialty. <sup>(Core)</sup>
IV.B.1.f).(1).(b)	coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; (Core)	4.9.b.	Residents must demonstrate compete across the health care continuum and specialty. <sup>(Core)</sup>
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate compete care and optimal patient care systems
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Residents must demonstrate competer system errors and implementing pote
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 compete of value, equity, cost awareness, deliv analysis in patient and/or population-
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate competer finances and its impact on individual
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate compete that promote patient safety and disclo simulated). (Detail)

etence in communicating effectively as appropriate, across a broad range ultural backgrounds, and language rpretive services as required to tient. <sup>(Core)</sup>

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

etence in working effectively as a eam or other professional group. (Core) etence in educating patients, patients' and other health professionals. (Core) etence in acting in a consultative role

essionals. (Core)

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

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

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

etence in working effectively in various stems relevant to their clinical

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

etence in advocating for quality patient ms. (Core)

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

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

etence in understanding health care al patients' health decisions. (Core)

etence in using tools and techniques closure of patient safety events (real or

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	. Requirement Language
	Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals. (Core)	4.9.h.	Residents must learn to advocate for 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)
			<ul> <li>4.10. Curriculum Organization and Resident Experiences – Curriculum Structure</li> <li>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)</li> <li>4.11. Curriculum Organization and Resident Experiences – Didactic and</li> </ul>
IV.C.		4.10 4.12.	Clinical Experiences Residents must be provided with protected time to participate in core didactic activities. (Core) 4.12. Curriculum Organization and Resident Experiences – Pain Management The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the
	Curriculum Organization and Resident Experiences 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)		signs of substance use disorder. (Core) Curriculum Organization and Resident Experiences – Curriculum Structure 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)
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions. (Core)	4.10.a.	Assignment of rotations must be structured to minimize the frequency of rotational transitions. (Core)
	Rotations must be of sufficient length to provide a quality educational experience, with a minimum length of one month, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Core)	4.10.b.	Rotations must be of sufficient length to provide a quality educational experience, with a minimum length of one month, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Core)
	Clinical experiences must be structured to facilitate learning in a manner that allows residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.c.	Clinical experiences must be structured to facilitate learning in a manner that allows residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)
	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 Resident Experiences – Pain Management: 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)
IV.C.3.	The curriculum must include 48 months of education in radiation oncology. (Core)	4.11.a.	The curriculum must include 48 months of education in radiation oncology. (Core)
IV.C.3.a)	This must include a minimum of 36 months in clinical radiation oncology. (Core)	4.11.a.1.	This must include a minimum of 36 months in clinical radiation oncology. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	. Requirement Language
	The remaining 12 months may be spent performing such activities as taking		The remaining 12 months may be spent performing such activities as taking
IV.C.3.b)	elective rotations, performing research, pursuing an advanced degree, or taking other clinical rotations. (Core)	4.11.a.2.	elective rotations, performing research, pursuing an advanced degree, or taking other clinical rotations. (Core)
		4.11.a.2.a.	This time must not be used to pursue an ACGME-accredited fellowship. (Core)
IV.C.3.b).(2)		4.11.a.2.b.	Previous time spent in another ACGME-accredited program must not be applied to reduce the required length of the residency in radiation oncology. (Core)
IV.C.3.c)	The American Board of Radiology's Holman Pathway residents must complete no fewer than 27 months of clinical radiation oncology. (Core)	4.11.a.3.	The American Board of Radiology's Holman Pathway residents must complete no fewer than 27 months of clinical radiation oncology. (Core)
IV.C.4.	Residents must have experience with lymphomas and leukemias; breast, central nervous system, gastrointestinal, genitourinary, gynecologic, head and neck, lung, pediatric, skin, and soft tissue and bone tumors; and treatment of benign diseases for which radiation is utilized. (Core)	4.11.b.	Residents must have experience with lymphomas and leukemias; breast, central nervous system, gastrointestinal, genitourinary, gynecologic, head and neck, lung, pediatric, skin, and soft tissue and bone tumors; and treatment of benign diseases for which radiation is utilized. (Core)
	Each resident must perform at least 450 simulations with external beam		Each resident must perform at least 450 simulations with external beam
IV.C.5.	radiation therapy. (Core)	4.11.c.	radiation therapy. (Core)
IV.C.5.a)	Holman Pathway residents must perform at least 350 simulations. (Core)	4.11.c.1.	Holman Pathway residents must perform at least 350 simulations. (Core)
IV.C.5.b)	A resident should perform no more than 350 simulations with external beam radiation therapy in any one year. (Detail)	4.11.c.2.	A resident should perform no more than 350 simulations with external beam radiation therapy in any one year. (Detail)
IV.C.5.c)	Each resident must perform disease site-specific, non-metastatic external beam simulations, including: (Core).	4.11.c.3.	Each resident must perform disease site-specific, non-metastatic external beam simulations, including: (Core).
IV.C.5.c).(1)	a minimum of five bone/soft tissue sarcoma simulations; (Outcome)	4.11.c.3.a.	a minimum of five bone/soft tissue sarcoma simulations; (Outcome)
IV.C.5.c).(2)	a minimum of 11 post-mastectomy breast simulations; (Outcome)	4.11.c.3.b.	a minimum of 11 post-mastectomy breast simulations; (Outcome)
IV.C.5.c).(3)	a minimum of 19 central nervous system simulations; (Outcome)	4.11.c.3.c.	a minimum of 19 central nervous system simulations; (Outcome)
IV.C.5.c).(4)	A minimum of 41 head and neck simulations; (Outcome)	4.11.c.3.d.	A minimum of 41 head and neck simulations; (Outcome)
IV.C.5.c).(5)	a minimum of five esophagus simulations; (Outcome)	4.11.c.3.e.	a minimum of five esophagus simulations; (Outcome)
IV.C.5.c).(6)	A minimum of 10 anorectal simulations; (Outcome)	4.11.c.3.f.	A minimum of 10 anorectal simulations; (Outcome)
IV.C.5.c).(7)	A minimum of three non-prostate genitourinary simulations; (Outcome)	4.11.c.3.g.	A minimum of three non-prostate genitourinary simulations; (Outcome)
IV.C.5.c).(8)	A minimum of 10 gynecologic simulations; (Outcome)	4.11.c.3.h.	A minimum of 10 gynecologic simulations; (Outcome)
IV.C.5.c).(9)	A minimum of eight lymphoma simulations; and, (Outcome)	4.11.c.3.i.	A minimum of eight lymphoma simulations; and, (Outcome)
IV.C.5.c).(10)	a minimum of 16 non-small cell lung cancer simulations. (Outcome)	4.11.c.3.j.	a minimum of 16 non-small cell lung cancer simulations. (Outcome)
IV.C.5.d)	At most, two cases, or up to 25 percent of each of the above site-specific minimum requirements, whichever is greater, may be logged as observed cases to meet the minimum requirement. (Outcome)	4.11.c.4.	At most, two cases, or up to 25 percent of each of the above site-specific minimum requirements, whichever is greater, may be logged as observed cases to meet the minimum requirement. (Outcome)
IV.C.5.e)	Holman Pathway residents must simulate at least 75 percent of each of the above site-specific minimum requirements. (Outcome)	4.11.c.5.	Holman Pathway residents must simulate at least 75 percent of each of the above site-specific minimum requirements. (Outcome)
IV.C.6.	Each resident must perform at least seven interstitial and 15 intracavitary brachytherapy procedures. (Core)	4.11.d.	Each resident must perform at least seven interstitial and 15 intracavitary brachytherapy procedures. (Core)
IV.C.6.a)	Of the required intracavitary brachytherapy procedures, a minimum of five must be tandem-based insertions for at least two patients. (Core)	4.11.d.1.	Of the required intracavitary brachytherapy procedures, a minimum of five must be tandem-based insertions for at least two patients. (Core)
, IV.C.6.b)	Of the required intracavitary brachytherapy procedures, no more than five should be cylinder insertions. (Core)	4.11.d.2.	Of the required intracavitary brachytherapy procedures, no more than five should be cylinder insertions. (Core)
IV.C.7.	Each resident must treat at least 12 pediatric patients, including at least nine patients with solid tumors. (Core)	4.11.e.	Each resident must treat at least 12 pediatric patients, including at least nine patients with solid tumors. (Core)
IV.C.8.	Each resident must demonstrate the requisite skills in treating at least 20 patients with intracranial stereotactic radiosurgery and at least 20 patients with stereotactic body radiation therapy to the liver, lung, spine, or other extracranial sites. (Core)	4.11.f.	Each resident must demonstrate the requisite skills in treating at least 20 patients with intracranial stereotactic radiosurgery and at least 20 patients with stereotactic body radiation therapy to the liver, lung, spine, or other extracranial sites. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	Each resident must demonstrate the requisite knowledge and skills in the administration of at least eight procedures using radioimmunotherapy, other targeted therapeutic radiopharmaceuticals, or unsealed sources. (Core)		Each resident must demonstrate the rec administration of at least eight procedur targeted therapeutic radiopharmaceutic
IV.C.9.	Of the eight procedures:	4.11.g.	Of the eight procedures:
IV.C.9.a)	Oral I-131 ≥ 33 mCi: A minimum of three procedures must include the oral administration of I-131 with administered activity equal to or in excess of 1.22 Gigabecquerels (33 mCi). Patient conditions may be either benign or malignant but the counted administration must be for therapeutic intent. (Core)	4.11.g.1.	Oral I-131 ≥ 33 mCi: A minimum of three administration of I-131 with administered Gigabecquerels (33 mCi). Patient condit but the counted administration must be
IV.C.9.b)	Residents must perform a minimum of five cases of parenteral administration of any alpha emitter, beta emitter, mixed emission, 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. (Core)	4.11.g.2.	Residents must perform a minimum of fi any alpha emitter, beta emitter, mixed e radionuclide with a photon energy less t directive is required, and/or parenteral a for which a written directive is required.
IV.C.10.	The program must include education in adult medical oncology, pediatric medical oncology, oncologic pathology, oncologic diagnostic imaging, and palliative care in a way that is applicable to the practice of radiation oncology. (Core)	4.11.h.	The program must include education in medical oncology, oncologic pathology, palliative care in a way that is applicable (Core)
IV.C.10.a)	In order to meet this requirement, programs should:	4.11.h.1.	In order to meet this requirement, progra
IV.C.10.a).(1)	document resident attendance at regularly scheduled multidisciplinary patient disposition conferences (at least four hours per month during the clinical rotations); or, (Detail)	4.11.h.1.a.	document resident attendance at regula disposition conferences (at least four ho rotations); or, (Detail)
IV.C.10.a).(2)	provide a two-month rotation in medical oncology, to include adult and pediatric patients, as well as a one-month rotation in both oncologic pathology and diagnostic imaging. (Detail)	4.11.h.1.b.	provide a two-month rotation in medical patients, as well as a one-month rotation diagnostic imaging. (Detail)
IV.C.10.b)	Each conference must include the documented participation of a physician board-certified in the applicable specialty or subspecialty. (Core)	4.11.h.2.	Each conference must include the docu board-certified in the applicable specialt
IV.C.11.	Didactic sessions should be attended by residents, radiation oncologists, and other staff members. (Detail)	4.11.i.	Didactic sessions should be attended by other staff members. (Detail)
IV.C.12.	IV.C.12.Residents must have rotations in the clinical and technical management of gastrointestinal, gynecologic, genitourinary, lymphoma/leukemia, head and neck, breast, adult CNS, and thoracic malignancies. (Core)	4.11.j.	Residents must have rotations in the clin gastrointestinal, gynecologic, genitourin neck, breast, adult CNS, and thoracic m
IV.C.12.a)	Individual rotations may include more than one disease site. (Detail)	4.11.j.1.	Individual rotations may include more th
IV.C.13.	The program must provide instruction in the following areas:	4.11.k.	The program must provide instruction in
IV.C.13.a)	three-dimensional conformal radiation therapy; (Core)	4.11.k.1.	three-dimensional conformal radiation th
IV.C.13.b)	intensity-modulated radiation therapy; (Core)	4.11.k.2.	intensity-modulated radiation therapy; (0
IV.C.13.c)	image-guided radiation therapy; (Core)	4.11.k.3.	image-guided radiation therapy; (Core)
IV.C.13.d)	stereotactic radiosurgery; (Core)	4.11.k.4.	stereotactic radiosurgery; (Core)
IV.C.13.e) IV.C.13.f)	stereotactic body radiotherapy; (Core)	4.11.k.5. 4.11.k.6.	stereotactic body radiotherapy; (Core)
IV.C.13.g)	concurrent chemo-radiotherapy; (Core) intra-operative radiation therapy; (Core)	4.11.k.ð. 4.11.k.7.	concurrent chemo-radiotherapy; (Core) intra-operative radiation therapy; (Core)
IV.C.13.h)	radioimmunotherapy; (Core)	4.11.k.8.	radioimmunotherapy; (Core)
IV.C.13.i)	unsealed sources; (Core)	4.11.k.9.	unsealed sources; (Core)
IV.C.13.j)	total body irradiation therapy as used in stem-cell transplantation; (Core)	4.11.k.10.	total body irradiation therapy as used in
IV.C.13.k)	total skin radiation therapy; (Core)	4.11.k.11.	total skin radiation therapy; (Core)
IV.C.13.I)	high- and low-dose rate brachytherapy; and, (Core)	4.11.k.12.	high- and low-dose rate brachytherapy;

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requisite knowledge and skills in the ures using radioimmunotherapy, other ticals, or unsealed sources. (Core)

ree procedures must include the oral red activity equal to or in excess of 1.22 iditions may be either benign or malignant be for therapeutic intent. (Core)

f five cases of parenteral administration of emission, or a photon-emitting s than 150 keV, for which a written I administration of any other radionuclide, d. (Core)

in adult medical oncology, pediatric y, oncologic diagnostic imaging, and ble to the practice of radiation oncology.

grams should:

Ilarly scheduled multidisciplinary patient hours per month during the clinical

cal oncology, to include adult and pediatric tion in both oncologic pathology and

cumented participation of a physician alty or subspecialty. (Core)

by residents, radiation oncologists, and

clinical and technical management of inary, lymphoma/leukemia, head and malignancies. (Core)

than one disease site. (Detail)

in the following areas:

therapy; (Core)

(Core)

in stem-cell transplantation; (Core)

y; and, (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
IV.C.13.m)	particle therapy. (Core)	4.11.k.13.	particle therapy. (Core)
IV.C.14.	The program must provide instruction in medical physics that includes practical demonstrations of radiation safety procedures, calibration of radiation therapy machines, the use of state-of-the-art treatment planning systems, the application of treatment aids, and the safe handling of sealed and unsealed radionuclides. (Core)	4.11.l.	The program must provide instruction in demonstrations of radiation safety proce machines, the use of state-of-the-art tre application of treatment aids, and the sa radionuclides. (Core)
IV.C.15.	The program must provide instruction in radiation and cancer biology that includes the molecular effects of ionizing radiation and radiation effects on normal and neoplastic tissues, as well as the fundamental biology of the causes, prevention, and treatment of cancer. (Core)	4.11.m.	The program must provide instruction in includes the molecular effects of ionizing normal and neoplastic tissues, as well a causes, prevention, and treatment of ca
IV.C.16.	The program must ensure there is resident education that addresses the following topics: patient safety and continuous quality improvement; principles of palliative care; administration and financial principles of medical practice; health policy; and clinical informatics. (Core)		The program must ensure there is resid following topics: patient safety and conti palliative care; administration and financ policy; and clinical informatics. (Core)
	ScholarshipMedicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities. S discovery, integration, application, and The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, and serves. For example, some programs activity on quality improvement, populot other programs might choose to utility
IV.D.	research as the focus for scholarship.	[None]	research as the focus for scholarship Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core) The program, in partnership with its Sponsoring Institution, must allocate	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core) The program, in partnership with its \$
IV.D.1.b)	adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)	4.13.a.	adequate resources to facilitate resid 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 scholarly approach to evidence-base

## ent Language

in medical physics that includes practical ocedures, calibration of radiation therapy reatment planning systems, the safe handling of sealed and unsealed

in radiation and cancer biology that ing radiation and radiation effects on I as the fundamental biology of the cancer. (Core)

ident education that addresses the ntinuous quality improvement; principles of incial principles of medical practice; health

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

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

dence of scholarly activities consistent

dence of scholarly activities consistent

s Sponsoring Institution, must allocate sident and faculty involvement in

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

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requirement
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
IV.D.2.	Faculty Scholarly Activity	4.14.	<ul> <li>Research in basic science, educatio or population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient</li> <li>Systematic reviews, meta-analyses, textbooks, or case reports</li> <li>Creation of curricula, evaluation too electronic educational materials</li> <li>Contribution to professional commit editorial boards</li> <li>Innovations in education</li> </ul>
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
	<ul> <li>Research in basic science, education, translational science, patient care, or population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safety initiatives</li> <li>Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports</li> <li>Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials</li> <li>Contribution to professional committees, educational organizations, or editorial boards</li> <li>Innovations in education</li> </ul>	4.14.	<ul> <li>Research in basic science, educatio or population health</li> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient</li> <li>Systematic reviews, meta-analyses, textbooks, or case reports</li> <li>Creation of curricula, evaluation too electronic educational materials</li> <li>Contribution to professional commit editorial boards</li> <li>Innovations in education</li> </ul>
			The program must demonstrate disse and external to the program by the fol • faculty participation in grand round improvement presentations, podium p peer-reviewed print/electronic resource chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	<ul> <li>peer-reviewed publication. (Outcom</li> </ul>

grams must demonstrate of the following domains: (Core)

ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

grams must demonstrate of the following domains: (Core)

ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

nds, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book rice on professional committees, or al editorial board member, or editor;

ome)

<b>Requirement Number</b>		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
			The program must demonstrate disse and external to the program by the fo
			<ul> <li>faculty participation in grand round improvement presentations, podium</li> </ul>
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-		peer-reviewed print/electronic resour chapters, textbooks, webinars, service
	peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or		serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(1)	serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.	peer-reviewed publication. (Outcon
			The program must demonstrate disse and external to the program by the fo
			<ul> <li>faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, service</li> </ul>
			serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	peer-reviewed publication. (Outcon
IV.D.3.	Resident Scholarly Activity	4.15.	Resident Scholarly Activity Residents must participate in scholar
IV.D.3.a)	Residents must participate in scholarship. (Core)	4.15.	Resident Scholarly Activity Residents must participate in scholar
IV.D.3.b)	Residents must complete an investigative project under faculty member supervision. (Core)	4.15.a.	Residents must complete an investigativ supervision. (Core)
IV.D.3.b).(1)	Projects should take the form of biological laboratory research, clinical research, translational research, medical physics research, or other research approved by the program director. (Detail)		Projects should take the form of biologic translational research, medical physics the program director. (Detail)
IV.D.3.b).(2)	The results of such projects should be submitted for publication in peer- reviewed scholarly journals or presentation at scientific meetings. (Detail)	4.15.b.1.	The results of such projects should be s reviewed scholarly journals or presentat
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Resident Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
			Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar		Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du
V.A.1.a)	educational assignment. (Core)	5.1.	educational assignment. (Core)

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semination of scholarly activity within following methods:
nds, posters, workshops, quality n presentations, grant leadership, non- urces, articles or publications, book rice on professional committees, or al editorial board member, or editor;
ome)
semination of scholarly activity within following methods:
nds, posters, workshops, quality n presentations, grant leadership, non- urces, articles or publications, book rice on professional committees, or al editorial board member, or editor;
ome)
arship. (Core)
arship. (Core)
tive project under faculty member
ical laboratory research, clinical research, s research, or other research approved by
submitted for publication in peer- ation at scientific meetings. (Detail)
Evaluation erve, evaluate, and frequently provide during each rotation or similar
Evaluation erve, evaluate, and frequently provide during each rotation or similar

d Evaluation serve, evaluate, and frequently provide during each rotation or similar

- Roman Numerals	Doquiroment Language	<b>Requirement Number</b>	De autime
	Requirement Language Evaluation must be documented at the completion of the assignment.	Requirement Number	Requirement Evaluation must be documented at th
V.A.1.b)	(Core)	5.1.a.	(Core)
	For block rotations of greater than three months in duration, evaluation		For block rotations of greater than thr
V.A.1.b).(1)	must be documented at least every three months. (Core)	5.1.a.1.	must be documented at least every th
	Longitudinal experiences, such as continuity clinic in the context of other		Longitudinal experiences, such as co
V.A.1.b).(2)	clinical responsibilities, must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	clinical responsibilities, must be evalue and at completion. (Core)
	The program must provide an objective performance evaluation based on	0.1.4.2.	The program must provide an objectiv
V.A.1.c)	the Competencies and the specialty-specific Milestones, and must: (Core)	5.1.b.	the Competencies and the specialty-s
	use multiple evaluators (e.g., faculty members, peers, patients, self, and		The program must use multiple evaluation
V.A.1.c).(1)	other professional staff members); and, (Core)	5.1.b.1.	patients, self, and other professional
	provide that information to the Clinical Competency Committee for its		The program must provide that inform Committee for its synthesis of progres
V.A.1.c).(2)	synthesis of progressive resident performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	improvement toward unsupervised pr
-/ ( /	The program director or their designee, with input from the Clinical		
V.A.1.d)	Competency Committee, must:	[None]	
			The program director or their designe
	meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific		Competency Committee, must meet w their documented semi-annual evalua
V.A.1.d).(1)	Milestones; (Core)	5.1.c.	progress along the specialty-specific
			The program director or their designe
			Competency Committee, must assist
	assist residents in developing individualized learning plans to capitalize		individualized learning plans to capita
V.A.1.d).(2)	on their strengths and identify areas for growth; and, (Core)	5.1.d.	areas for growth. (Core) The program director or their designe
	develop plans for residents failing to progress, following institutional		Competency Committee, must develo
V.A.1.d).(3)	policies and procedures. (Core)	5.1.e.	progress, following institutional polic
			The program director or their designee, v
	ensure that each resident keeps a detailed, well-organized, and accurate		Committee must ensure that each reside
V.A.1.d).(4)	electronic log of the procedures specified in Program Requirement IV.C.; and, (Core)	5.1.h.	and accurate electronic log of the procec 4.10. (Core)
	The log should include patients simulated, procedures performed, and		The log should include patients simulate
V.A.1.d).(4).(a)	modalities used. (Detail)	5.1.h.1.	modalities used. (Detail)
			The program director or their designee, v
	review the logs with each resident at least semiannually to ensure accuracy and		Committee, must review the logs with ea ensure accuracy and to verify that the ca
V.A.1.d).(5)		5.1.i.	specified. (Detail)
	The program director must provide documentation of these discussions for the		The program director must provide docu
V.A.1.d).(5).(a)	resident's record maintained by the program. (Core)	5.1.i.1.	resident's record maintained by the prog
	At least annually, there must be a summative evaluation of each resident		At least annually, there must be a sun
V.A.1.e)	that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	that includes their readiness to progree applicable. (Core)
	The evaluations of a resident's performance must be accessible for review		The evaluations of a resident's perform

nt Language the completion of the assignment.

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

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

tive performance evaluation based on -specific Milestones. <sup>(Core)</sup>

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

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

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

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

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

e, with input from the Clinical Competency dent keeps a detailed, well-organized, redures specified in Program Requirement

ted, procedures performed, and

e, with input from the Clinical Competency each resident at least semiannually to case distribution meets the standards

cumentation of these discussions for the ogram. (Core)

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

ormance must be accessible for review

Requirement Numbe	r	Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	. Requirement Language
			Resident Evaluation: Final Evaluation
V.A.2.	Final Evaluation	5.2	The program director must provide a final evaluation for each resident
v.A.2.		5.2.	upon completion of the program. (Core)
			Resident Evaluation: Final Evaluation
	The program director must provide a final evaluation for each resident		The program director must provide a final evaluation for each resident
V.A.2.a)	upon completion of the program. (Core)	5.2.	upon completion of the program. (Core)
	The specialty-specific Milestones, and when applicable the specialty-		The specialty-specific Milestones, and when applicable the specialty-
	specific Case Logs, must be used as tools to ensure residents are able to		specific Case Logs, must be used as tools to ensure residents are able to
V.A.2.a).(1)		5.2.a.	engage in autonomous practice upon completion of the 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 become part of the resident's permanent record
	institution, and must be accessible for review by the resident in	5.0.1	maintained by the institution, and must be accessible for review by the
V.A.2.a).(2).(a)	accordance with institutional policy; (Core)	5.2.b.	resident in accordance with institutional policy. (Core)
	verify that the resident has demonstrated the knowledge, skills, and		The final evaluation must verify that the resident has demonstrated the
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	knowledge, skills, and behaviors necessary to enter autonomous practice (Core)
•		0.2.0.	The final evaluation must be shared with the resident upon completion of
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	the program. (Core)
, ( , ( , )			Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program		A Clinical Competency Committee must be appointed by the program
V.A.3.	director. (Core)	5.3.	director. (Core)
	At a minimum, the Clinical Competency Committee must include three		At a minimum, the Clinical Competency Committee must include three
	members of the program faculty, at least one of whom is a core faculty		members of the program faculty, at least one of whom is a core faculty
V.A.3.a)	member. (Core)	5.3.a.	member. (Core)
	Additional members must be faculty members from the same program or		Additional members must be faculty members from the same program or
	other programs, or other health professionals who have extensive contact	5.3.b.	other programs, or other health professionals who have extensive contact and experience with the program's residents. (Core)
V.A.3.a).(1) V.A.3.b)	and experience with the program's residents. (Core) The Clinical Competency Committee must:	[None]	and experience with the program's residents. (Core)
v.A.3.0)			The Clinical Competency Committee must review all resident evaluations
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	at least semi-annually. (Core)
	determine each resident's progress on achievement of the specialty-		The Clinical Competency Committee must determine each resident's
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.d.	progress on achievement of the specialty-specific Milestones. (Core)
			The Clinical Competency Committee must meet prior to the residents'
	meet prior to the residents' semi-annual evaluations and advise the		semi-annual evaluations and advise the program director regarding each
V.A.3.b).(3)	program director regarding each resident's progress. (Core)	5.3.e.	resident's progress. (Core)
			Faculty Evaluation
			The program must have a process to evaluate each faculty member's
			performance as it relates to the educational program at least annually.
V.B.	Faculty Evaluation	5.4.	(Core)
	The pression must have a pression to evolute and froute manks of		Faculty Evaluation
	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually.		The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually.
V.B.1.		5.4.	(Core)
		1	

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review o
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with the
	in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	in faculty development related to their s performance, professionalism, and scho
V.B.1.a)		J.4.d.	
V D 1 h)	This evaluation must include written, anonymous, and confidential evaluations by the residents. (Core)	5.4.b.	This evaluation must include written, an
V.B.1.b)		5.4.J.	evaluations by the residents. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least	540	Faculty members must receive feedback
V.D.Z.	• • •	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational evaluation
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development plan
			Program Evaluation and Improvement
			The program director must appoint the l
N O	Des man Euclastica en d'humana est		conduct and document the Annual Prog
V.C.	Program Evaluation and Improvement	5.5.	program's continuous improvement pro
			Program Evaluation and Improvement
	The program director must appoint the Program Evaluation Committee to		The program director must appoint the I
N 0 4	conduct and document the Annual Program Evaluation as part of the		conduct and document the Annual Prog
V.C.1.		5.5.	program's continuous improvement pro
	The Program Evaluation Committee must be composed of at least two		The Program Evaluation Committee mus
	program faculty members, at least one of whom is a core faculty member,		program faculty members, at least one of
V.C.1.a)	and at least one resident. (Core)	5.5.a.	and at least one resident. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
	review of the program's self-determined goals and progress toward		Program Evaluation Committee respons
V.C.1.b).(1)	meeting them; (Core)	5.5.b.	program's self-determined goals and program's
			Program Evaluation Committee respons
	guiding ongoing program improvement, including development of new		ongoing program improvement, includir
V.C.1.b).(2)	goals, based upon outcomes; and, (Core)	5.5.c.	based upon outcomes. (Core)
			Program Evaluation Committee respons
	review of the current operating environment to identify strengths,		current operating environment to identif
	challenges, opportunities, and threats as related to the program's mission		opportunities, and threats as related to t
V.C.1.b).(3)	and aims. (Core)	5.5.d.	(Core)
	The Program Evaluation Committee should consider the outcomes from		The Program Evaluation Committee sho
	prior Annual Program Evaluation(s), aggregate resident and faculty written		prior Annual Program Evaluation(s), ago
	evaluations of the program, and other relevant data in its assessment of		evaluations of the program, and other re
V.C.1.c)	the program. (Core)	5.5.e.	the program. (Core)
	The Program Evaluation Committee must evaluate the program's mission		The Program Evaluation Committee mus
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	and aims, strengths, areas for improven
	The Annual Program Evaluation, including the action plan, must be		The Annual Program Evaluation, includi
	distributed to and discussed with the residents and the members of the		distributed to and discussed with the re
V.C.1.e)	teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	teaching faculty, and be submitted to th
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-Stud

ent Language
ew of the faculty member's clinical
the educational program, participation
eir skills as an educator, clinical
scholarly activities. (Core)
n, anonymous, and confidential
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back on their evaluations at least
valuations should be incorporated into
plans. (Core)
ent
the Program Evaluation Committee to
Program Evaluation as part of the
t process. (Core)
ent
the Program Evaluation Committee to
Program Evaluation as part of the
t process. (Core)
e must be composed of at least two
one of whom is a core faculty member,
ponsibilities must include review of the
nd progress toward meeting them. <sup>(Core)</sup>
ponsibilities must include guiding
cluding development of new goals,
adding development of new goals,
ponsibilities must include review of the
dentify strengths, challenges,
d to the program's mission and aims.
-
e should consider the outcomes from
), aggregate resident and faculty written
ner relevant data in its assessment of
e must evaluate the program's mission
ovement, and threats. (Core)
cluding the action plan, must be
he residents and the members of the
to the DIO. (Core)
Study and submit it to the DIO. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima The program director should encoura take the certifying examination offered of Medical Specialties (ABMS) membe
V.C.3.	Association (AOA) certifying board.	[None]	Association (AOA) certifying board.
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 ABMS me board offer(s) an annual written exam program's aggregate pass rate of thos time must be higher than the bottom f specialty. (Outcome)
V.C.3.b)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.a.	For specialties in which the ABMS me board offer(s) a biennial written exam, program's aggregate pass rate of thos time must be higher than the bottom f specialty. <sup>(Outcome)</sup>
V.C.3.c)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.b.	For specialties in which the ABMS me board offer(s) an annual oral exam, in program's aggregate pass rate of thos time must be higher than the bottom f specialty. <sup>(Outcome)</sup>
V.C.3.d)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.c.	For specialties in which the ABMS me board offer(s) a biennial oral exam, in program's aggregate pass rate of thos time must be higher than the bottom f specialty. <sup>(Outcome)</sup>
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specifi an 80 percent pass rate will have met percentile rank of the program for pas
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible residents that

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

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

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

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

nember board and/or AOA certifying in the preceding three years, the lose taking the examination for the first n fifth percentile of programs in that

nember board and/or AOA certifying in the preceding six years, the lose taking the examination for the first n fifth percentile of programs in that

a 5.6.a.-c., any program whose cified in the requirement have achieved et this requirement, no matter the ass rate in that specialty. <sup>(Outcome)</sup>

rd certification status annually for the nat graduated seven years earlier. <sup>(Core)</sup>

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environme
	Residency education must occur in the context of a learning and working environment that emphasizes the following principles:		Residency education must occur in the environment that emphasizes the foll
	<ul> <li>Excellence in the safety and quality of care rendered to patients by residents today</li> </ul>		• Excellence in the safety and quality residents today
	<ul> <li>Excellence in the safety and quality of care rendered to patients by today's residents in their future practice</li> </ul>		<ul> <li>Excellence in the safety and quality today's residents in their future pract</li> </ul>
	• Excellence in professionalism		• Excellence in professionalism
	<ul> <li>Appreciation for the privilege of caring for patients</li> </ul>		• Appreciation for the privilege of car
VI	<ul> <li>Commitment to the well-being of the students, residents, faculty members, and all members of the health care team</li> </ul>	Section 6	• Commitment to the well-being of the members, and all members of the heat
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently de organization has formal mechanisms attitudes of its personnel toward safe improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, an patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechar and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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the context of a learning and working ollowing principles:

ty of care rendered to patients by

ity of care rendered to patients by actice

aring for patients

the students, residents, faculty lealth care team

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

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

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
			Residents, fellows, faculty members,
	be provided with summary information of their institution's patient safety		must be provided with summary info
VI.A.1.a).(2).(a).(ii)	reports. (Core)	6.2.a.	safety reports. <sup>(Core)</sup>
	Residents must participate as team members in real and/or simulated		Residents must participate as team n
	interprofessional clinical patient safety and quality improvement activities,		interprofessional clinical patient safe
VI.A.1.a).(2).(b)	such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	such as root cause analyses or other well as formulation and implementati
VI.A. I.a).(2).(D)	Quality Metrics	0.3.	
			Quality Metrics
	Access to data is essential to prioritizing activities for care improvement		Access to data is essential to prioritize
VI.A.1.a).(3)	and evaluating success of improvement efforts.	[None]	and evaluating success of improvem
	Residents and faculty members must receive data on quality metrics and		Residents and faculty members must
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4.	benchmarks related to their patient p
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structur accountability as it relates to the sup Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes require
VI.A.2.	Supervision and Accountability	[None]	practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structur accountability as it relates to the sup Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes require practice of medicine; and establishes
VI.A.2.a)	professional growth.	[None]	professional growth.
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and

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

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

itizing activities for care improvement ment efforts.

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

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

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

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

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

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

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that place for all residents is based on ea ability, as well as patient complexity exercised through a variety of metho (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 sup authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient interac The supervising physician and/or pat the resident and the supervising phy- patient care through appropriate television
	the supervising physician is physically present with the resident during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient interac The supervising physician and/or pat the resident and the supervising physician patient care through appropriate television
VI.A.2.b).(1).(a).(i)	PGY-1 residents must initially be supervised directly, only as described in	6.7.a.	PGY-1 residents must initially be sup the above definition. (Core)
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.	Direct Supervision The supervising physician is physica the key portions of the patient interac The supervising physician and/or pat the resident and the supervising physician patient care through appropriate televi
VI.A.2.b).(1).(b).(i)	When residents are supervised directly through telecommunication technology, the supervising physician and the resident must interact with each other, and with the patient, when applicable, to solicit the key elements related to the encounter, and agree upon the significant findings and plan of action, including components of radiation treatment planning. (Core)	6.7.b.	When residents are supervised directly the supervising physician and the reside with the patient, when applicable, to soli encounter, and agree upon the significa components of radiation treatment plan
	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 pro- or audio supervision but is immediate guidance and is available to provide
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedbac
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)

### ent Language

at the appropriate level of supervision in each resident's level of training and y and acuity. Supervision may be nods, as appropriate to the situation.

*Ipervision while providing for graded* ogram must use the following

cally present with the resident during raction.

Patient is not physically present with Thysician is concurrently monitoring the Iecommunication technology.

cally present with the resident during raction.

batient is not physically present with hysician is concurrently monitoring the lecommunication technology.

upervised directly, only as described in

cally present with the resident during raction.

patient is not physically present with hysician is concurrently monitoring the lecommunication technology.

ly through telecommunication technology, dent must interact with each other, and olicit the key elements related to the cant findings and plan of action, including anning. (Core)

roviding physical or concurrent visual ately available to the resident for le appropriate direct supervision.

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

Requirement Number - Roman Numerals		Reformatted Requirement Number	Demuiremen
	Requirement Language The privilege of progressive authority and responsibility, conditional	Requirement Number	Requiremen The privilege of progressive authority
	independence, and a supervisory role in patient care delegated to each		independence, and a supervisory role
	resident must be assigned by the program director and faculty members.		resident must be assigned by the pro
VI.A.2.d)	(Core)	6.9.	(Core)
	The program director must evaluate each resident's abilities based on		The program director must evaluate of
VI.A.2.d).(1)	specific criteria, guided by the Milestones. (Core)	6.9.a.	specific criteria, guided by the Milest
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as supe
	portions of care to residents based on the needs of the patient and the	C O h	portions of care to residents based o
VI.A.2.d).(2)	skills of each resident. (Core)	6.9.b.	skills of each resident. (Core)
	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on		Senior residents or fellows should se residents in recognition of their prog
	the needs of each patient and the skills of the individual resident or fellow.		the needs of each patient and the ski
VI.A.2.d).(3)	(Detail)	6.9.c.	(Detail)
	Programs must set guidelines for circumstances and events in which		Programs must set guidelines for cire
	residents must communicate with the supervising faculty member(s).		residents must communicate with the
VI.A.2.e)	(Core)	6.10.	(Core)
	Each resident must know the limits of their scope of authority, and the		Each resident must know the limits o
	circumstances under which the resident is permitted to act with		circumstances under which the resid
VI.A.2.e).(1)	conditional independence. (Outcome)	6.10.a.	conditional independence. (Outcome
	Faculty supervision assignments must be of sufficient duration to assess		Faculty supervision assignments mu
VI.A.2.f)	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.	the knowledge and skills of each resi the appropriate level of patient care a
VI.A.2.1)	the appropriate level of patient care authority and responsibility. (Core)	0.11.	
			Professionalism
			Programs, in partnership with their S residents and faculty members conce
			responsibilities of physicians, includ
			to be appropriately rested and fit to p
VI.B.	Professionalism	6.12.	patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their S
	residents and faculty members concerning the professional and ethical		residents and faculty members conce
	responsibilities of physicians, including but not limited to their obligation		responsibilities of physicians, includ
VI.B.1.	to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
	be accomplished without excessive reliance on residents to fulfill non-	[]	The learning objectives of the progra
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on residents to ful
,			The learning objectives of the progra
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
			The learning objectives of the progra
	include efforts to enhance the meaning that each resident finds in the		the meaning that each resident finds
	experience of being a physician, including protecting time with patients,		physician, including protecting time
	providing administrative support, promoting progressive independence	6 12 0	administrative support, promoting pr
VI.B.2.c)		6.12.c.	flexibility, and enhancing professiona
	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and		The program director, in partnership provide a culture of professionalism
VI.B.3.	personal responsibility. (Core)	6.12.d.	personal responsibility. (Core)
		V. 12.W.	

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

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

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

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

ircumstances and events in which the supervising faculty member(s).

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

nust be of sufficient duration to assess esident and to delegate to the resident e authority and responsibility. (Core)

Sponsoring Institutions, must educate accrning the professional and ethical ading but not limited to their obligation a provide the care required by their

Sponsoring Institutions, must educate accrning the professional and ethical ading but not limited to their obligation approvide the care required by their

ram must be accomplished without fulfill non-physician obligations. <sup>(Core)</sup> ram must ensure manageable patient

ram must include efforts to enhance Is in the experience of being a e with patients, providing progressive independence and onal relationships. (Core)

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

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
VI.B.4.	Residents and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Residents and faculty members must their personal role in the safety and v care, including the ability to report un (Core)
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free forms of harassment, mistreatment, a residents, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of residents an behavior and a confidential process addressing such concerns. (Core)
VI.C.	<ul> <li>Well-Being</li> <li>Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.</li> <li>Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares residents with the skills and attitudes needed to thrive throughout their careers.</li> </ul>	[None]	Well-Being Psychological, emotional, and physic development of the competent, carin proactive attention to life inside and requires that physicians retain the jo own real-life stresses. Self-care and i members of the health care team are professionalism; they are also skills nurtured in the context of other aspe Residents and faculty members are a Programs, in partnership with their S same responsibility to address well-k competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares residents with the skills and throughout their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)	6.13.a.	attention to scheduling, work intensi impacts resident well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)	6.13.b.	evaluating workplace safety data and and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal resident and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag member well-being; and, (Core)
VI.C.1.c).(1)	Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Residents must be given the opportu and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of residents and faculty members in: identification of the symptoms of burnout, depression, and substance use	6.13.d.	education of residents and faculty me identification of the symptoms of bur
VI.C.1.d).(1)	disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	disorders, suicidal ideation, or poten assist those who experience these co

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

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

<sup>•</sup> Sponsoring Institutions, should have a and faculty regarding unprofessional s for reporting, investigating, and

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

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

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of residents

age optimal resident and faculty

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

members in:

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

Requirement Number	•	Reformatted	
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	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in themselves and how to seek
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-screening. (Core)
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affordable mental health assessment,
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including access to urgent and emergent care
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (Core)
	There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and		There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave. Each program must allow an
	appropriate length of absence for residents unable to perform their patient		appropriate length of absence for residents unable to perform their patient
VI.C.2.		6.14.	care responsibilities. (Core)
VI.C.2.a)		6.14.a.	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)
	These policies must be implemented without fear of negative		These policies must be implemented without fear of negative
VI.C.2.b)	consequences for the resident who is or was unable to provide the clinical work. (Core)	6.14.b.	consequences for the resident who is or was unable to provide the clinical work. (Core)
			Fatigue Mitigation
			Programs must educate all residents and faculty members in recognition
	Entique Mitigation	6.15.	of the signs of fatigue and sleep deprivation, alertness management, and
VI.D.	Fatigue Mitigation	0.15.	fatigue mitigation processes. (Detail)
			Fatigue Mitigation
	Programs must educate all residents and faculty members in recognition		Programs must educate all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and
VI.D.1.	of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its Sponsoring Institution, must ensure
	adequate sleep facilities and safe transportation options for residents who		adequate sleep facilities and safe transportation options for residents who
VI.D.2.		6.16.	may be too fatigued to safely return home. (Core)
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		Clinical Responsibilities
	The clinical responsibilities for each resident must be based on PGY level,		The clinical responsibilities for each resident must be based on PGY level,
	patient safety, resident ability, severity and complexity of patient		patient safety, resident ability, severity and complexity of patient
VI.E.1.	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available support services. (Core)
	Teamwork		
			Teamwork
	Residents must care for patients in an environment that maximizes		Residents must care for patients in an environment that maximizes
	communication and promotes safe, interprofessional, team-based care in		communication and promotes safe, interprofessional, team-based care in
VI.E.2.	the specialty and larger health system. (Core)	6.18.	the specialty and larger health system. (Core)
	Interprofessional teams within the department should include radiation		Interprofessional teams within the department should include radiation
	oncologists, medical physicists, radiation therapists, dosimetrists, nurses,		oncologists, medical physicists, radiation therapists, dosimetrists, nurses,
VI.E.2.a)	dieticians, and social workers. (Detail)	6.18.a.	dieticians, and social workers. (Detail)
	Interprofessional teams outside of the department should include surgical		Interprofessional teams outside of the department should include surgical
	oncologists, medical oncologists, radiologists, pathologists, and primary care		oncologists, medical oncologists, radiologists, pathologists, and primary care
	physicians. (Detail)	6.18.b.	physicians. (Detail)
			Transitions of Care
		C 40	Programs must design clinical assignments to optimize transitions in
VI.E.3.	Transitions of Care	6.19.	patient care, including their safety, frequency, and structure. (Core)

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- Roman Numerais	Requirement Language	Requirement Number	•
	Programs must design clinical assignments to optimize transitions in		Transitions of Care Programs must design clinical assign
VI.E.3.a)	patient care, including their safety, frequency, and structure. (Core)	6.19.	patient care, including their safety, free
<u></u>	Programs, in partnership with their Sponsoring Institutions, must ensure	0.10.	Programs, in partnership with their S
	and monitor effective, structured hand-off processes to facilitate both		and monitor effective, structured han
VI.E.3.b)	continuity of care and patient safety. (Core)	6.19.a.	continuity of care and patient safety.
	Programs must ensure that residents are competent in communicating		Programs must ensure that residents
VI.E.3.c)	with team members in the hand-off process. (Outcome)	6.19.b.	with team members in the hand-off pr
			······ ·······························
	Clinical Experience and Education		Clinical Experience and Education
	Programs, in partnership with their Sponsoring Institutions, must design		Programs, in partnership with their S
	an effective program structure that is configured to provide residents with		an effective program structure that is
1	educational and clinical experience opportunities, as well as reasonable		educational and clinical experience o
VI.F.	opportunities for rest and personal activities.	[None]	opportunities for rest and personal ad
	Maximum Hours of Clinical and Educational Work per Week		
			Maximum Hours of Clinical and Educa
	Clinical and educational work hours must be limited to no more than 80		Clinical and educational work hours r
	hours per week, averaged over a four-week period, inclusive of all in-		hours per week, averaged over a four
	house clinical and educational activities, clinical work done from home,		house clinical and educational activit
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core)
			Mandatory Time Free of Clinical Work
			Residents should have eight hours of
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	and education periods. (Detail)
			Mandatory Time Free of Clinical Work
	Residents should have eight hours off between scheduled clinical work		Residents should have eight hours of
VI.F.2.a)	and education periods. (Detail)	6.21.	and education periods. (Detail)
	Residents must have at least 14 hours free of clinical work and education		Residents must have at least 14 hours
VI.F.2.b)	after 24 hours of in-house call. (Core)	6.21.a.	after 24 hours of in-house call. (Core)
	Residents must be scheduled for a minimum of one day in seven free of		Residents must be scheduled for a m
	clinical work and required education (when averaged over four weeks). At-		clinical work and required education
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	home call cannot be assigned on the
			Maximum Clinical Work and Educatio
			Clinical and educational work periods
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	hours of continuous scheduled clinic
			Maximum Clinical Work and Educatio
l	Clinical and educational work periods for residents must not exceed 24		Clinical and educational work periods
VI.F.3.a)	hours of continuous scheduled clinical assignments. (Core)	6.22.	hours of continuous scheduled clinic
	Up to four hours of additional time may be used for activities related to		Up to four hours of additional time ma
	patient safety, such as providing effective transitions of care, and/or		patient safety, such as providing effe
	resident education. Additional patient care responsibilities must not be		resident education. Additional patient
VI.F.3.a).(1)	assigned to a resident during this time. (Core)	6.22.a.	assigned to a resident during this tim

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

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

ts are competent in communicating process. (Outcome)

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

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

ork and Education off between scheduled clinical work

rk and Education off between scheduled clinical work

urs free of clinical work and education e)

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

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

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

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

Requirement Number		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing resident, on their own initiative, may clinical site in the following circumsta a single severely ill or unstable patien needs of a patient or patient's family; events. (Detail)
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 Hour E In rare circumstances, after handing or resident, on their own initiative, may clinical site in the following circumsta a single severely ill or unstable patier needs of a patient or patient's family; events. (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee for Radiation Oncology will not consider requests for exceptions to the 80-hour limit to the residents' work week. (Core)	6.24.	The Review Committee for Radiation Or exceptions to the 80-hour limit to the res
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness for safety. (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.b)	Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by residents in internal ar in the ACGME Glossary of Terms) mu maximum weekly limit. (Core)
VI.F.5.c)	PGY-1 residents are not permitted to moonlight. (Core)	6.25.b.	PGY-1 residents are not permitted to
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the con 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 Frequenc Residents must be scheduled for in-h every third night (when averaged ove

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

Oncology will not consider requests for residents' work week. (Core)

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

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

to moonlight. (Core)

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

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

<b>Requirement Number</b>		Reformatted	
- Roman Numerals	Requirement Language	Requirement Number	Requiremen
VI.F.8.	At-Home Call		At-Home Call Time spent on patient care activities I count toward the 80-hour maximum v home call is not subject to the every- the requirement for one day in seven when averaged over four weeks. (Cor
	Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each res

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

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