d
umber Requirement
Definition of Graduate Medical Educat Fellowship is advanced graduate med residency program for physicians who practice. Fellowship-trained physician subspecialty care, which may also ind community resource for expertise in t new knowledge into practice, and edu physicians. Graduate medical educati group of physicians brings to medical inclusive and psychologically safe lea Fellows who have completed residence in their core specialty. The prior medical fellows distinguish them from physici care of patients within the subspecial
faculty supervision and conditional in serve as role models of excellence, co professionalism, and scholarship. The knowledge, patient care skills, and ex area of practice. Fellowship is an inter- clinical and didactic education that fo of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, f members of the health care team.
In addition to clinical education, many fellows' skills as physician-scientists. knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient care expertise achieved, fellows develop m infrastructure that promotes collabora
itin

ation

edical education beyond a core who desire to enter more specialized ans serve the public by providing include core medical care, acting as a in their field, creating and integrating ducating future generations of ation values the strength that a diverse cal care, and the importance of learning environments.

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

ny fellowship programs advance ts. While the ability to create new eclusive to fellowship-educated ce expands a physician's abilities to inquiry that results in contributions to pre. Beyond the clinical subspecialty mentored relationships built on an orative research.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	- Requiremen
Int.B.	Definition of Subspecialty Sports medicine fellowships provide advanced education to allow fellows to acquire competence in preventing, diagnosing, and treating injuries related to participation in sports and/or exercise. In addition to the study of those fields that focus on prevention, diagnosis, treatment, and management of injuries, sports medicine deals with illnesses and diseases that might stem from and have effects on health and physical performance. Fellows also develop skills in the evaluation and management of those illnesses and diseases that might affect health and athletic performance. Sports medicine fellowships embrace the concept that "exercise is medicine" and the necessity of promoting physical activity in diverse patients with or without disease.	[None]	Definition of Subspecialty Sports medicine fellowships provide adv acquire competence in preventing, diago participation in sports and/or exercise. In that focus on prevention, diagnosis, trea sports medicine deals with illnesses and have effects on health and physical perf the evaluation and management of thos affect health and athletic performance. So the concept that "exercise is medicine" a activity in diverse patients with or without
	Length of Educational Program		
Int.C.	The educational program in sports medicine must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in sports medi (Core)
I.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the When the Sponsoring Institution is no most commonly utilized site of clinica
I.A.	primary clinical site. The program must be sponsored by one ACGME-accredited Sponsoring	[None]	<i>primary clinical site.</i> The program must be sponsored by c
I.A.1.	Institution. ^(Core)	1.1.	Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	The Sponsoring Institution must also sponsor an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency program in emergency medicine, family medicine, pediatrics, or physical medicine and rehabilitation. (Core)	1.2.a.	The Sponsoring Institution must also spo Graduate Medical Education (ACGME)- emergency medicine, family medicine, p rehabilitation. (Core)

advanced education to allow fellows to agnosing, and treating injuries related to . In addition to the study of those fields reatment, and management of injuries, and diseases that might stem from and erformance. Fellows also develop skills in ose illnesses and diseases that might e. Sports medicine fellowships embrace er and the necessity of promoting physical pout disease.

edicine must be 12 months in length.

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

sponsor an Accreditation Council for -accredited residency program in , pediatrics, or physical medicine and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.1.a).(1)	The sports medicine program must function as an integral part of an ACGME- accredited residency program in emergency medicine, family medicine, pediatrics, or physical medicine and rehabilitation. (Core)	1.2.a.1.	The sports medicine program must func accredited residency program in emerge pediatrics, or physical medicine and reh
I.B.2. I.B.2.a)	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core) The PLA must:	1.3. [None]	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a).(1) I.B.2.a).(2)	be renewed at least every 10 years; and, (Core) be approved by the designated institutional official (DIO). (Core)	1.3.a. 1.3.b.	The PLA must be renewed at least even The PLA must be approved by the des (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, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is accou site, in collaboration with the progran
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusiv fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	There must be an identifiable sports medicine clinic that offers continuing care to patients who seek consultation regarding sports- or exercise-related health problems. (Core)	1.8.a.	There must be an identifiable sports mee to patients who seek consultation regard problems. (Core)

nction as an integral part of an ACGMEgency medicine, family medicine, habilitation. (Core)

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

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

cal learning and working environment

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

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

on

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

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

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

redicine clinic that offers continuing care and a sports- or exercise-related health

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.1.a).(1)	The sports medicine clinic must have up-to-date diagnostic imaging and functional rehabilitation services available and accessible to clinic patients. (Core)	1.8.a.1.	The sports medicine clinic must have up functional rehabilitation services availab (Core)
I.D.1.a).(2)	Consultation in medical and surgical specialties and subspecialties must be readily available. (Core)	1.8.a.2.	Consultation in medical and surgical spe readily available. (Core)
I.D.1.b)	The program must have access to sporting events, team sports, and mass- participation events. (Core)	1.8.b.	The program must have access to sporti participation events. (Core)
I.D.1.c)	There must be an acute care facility that provides access to the full range of services typically found in an acute care general hospital. (Core)	1.8.c.	There must be an acute care facility that services typically found in an acute care
I.D.1.d)	There must be a patient population that includes patients of all ages and physical abilities, as well as ethnic and gender diversity, and is adequate in number and variety to meet the needs of the educational program. (Core)	1.8.d.	There must be a patient population that i physical abilities, as well as ethnic and g number and variety to meet the needs of
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate are assigned in-house call; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropr (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core)
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in print include access to electronic medical I capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and he not limited to residents from other pro advanced practice providers, must no fellows' education. (Core)
П.	Personnel	Section 2	Section 2: Personnel

up-to-date diagnostic imaging and uble and accessible to clinic patients.

pecialties and subspecialties must be

rting events, team sports, and mass-

at provides access to the full range of re general hospital. (Core)

at includes patients of all ages and I gender diversity, and is adequate in of the educational program. (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

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

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

priate to the participating site; and,

sabilities consistent with the re)

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

sonnel

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	r Requirement
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicat must be provided with support adequa based upon its size and configuration
II.A.2.a)	At a minimum, the program director must be provided with the salary support equal to a dedicated minimum of 20 percent FTE of non-clinical time to the administration of the program. (Core)	2.3.a.	At a minimum, the program director must equal to a dedicated minimum of 20 perc administration of the program. (Core)
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation or by the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neuromusculoskeletal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or subspecialty qualifications that are acceptable to the Review Committee. (Core)	2.4.a.	The program director must possess c subspecialty for which they are the pr Board of Emergency Medicine, Family M or Physical Medicine and Rehabilitation of Board of Emergency Medicine, Family F Neuromusculoskeletal Medicine, Pediatri Rehabilitation, or subspecialty qualification Review Committee. (Core)

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

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

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

tor resides with the Review Committee.

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

ust be provided with the salary support ercent FTE of non-clinical time to the

tor:

subspecialty expertise and iew Committee. (Core)

tor s subspecialty expertise and /iew Committee. (Core)

a current certification in the program director by the American / Medicine, Internal Medicine, Pediatrics, n or by the American Osteopathic / Physicians, Internal Medicine, atrics, or Physical Medicine and ications that are acceptable to the

Roman Numeral Requirement	Poguizement Lenguege	Reformatted	Densin
Number	Requirement Language	Requirement Number	Requiremen
	Program Director Responsibilities		Program Director Responsibilities
	The program director must have responsibility, authority, and		The program director must have resp
	accountability for: administration and operations; teaching and scholarly		accountability for: administration and
	activity; fellow recruitment and selection, evaluation, and promotion of		activity; fellow recruitment and select fellows, and disciplinary action; supe
II.A.4.	fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
	design and conduct the program in a fashion consistent with the needs of		The program director must design an
	the community, the mission(s) of the Sponsoring Institution, and the		consistent with the needs of the com
II.A.4.a).(2)	mission(s) of the program; (Core)	2.5.b.	Sponsoring Institution, and the mission
			The program director must administe
	administer and maintain a learning environment conducive to educating		environment conducive to educating
II.A.4.a).(3)	the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	Competency domains. (Core)
			The program director must have the a
	have the authority to approve or remove physicians and non-physicians		physicians and non-physicians as fac
	as faculty members at all participating sites, including the designation of		sites, including the designation of co
II.A.4.a).(4)	core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	develop and oversee a process to eva (Core)
		2.0.0.	
	have the authority to remove fellows from supervising interactions and/or		The program director must have the a
	learning environments that do not meet the standards of the program;		supervising interactions and/or learni
II.A.4.a).(5)	(Core)	2.5.e.	the standards of the program. (Core)
	aubmit accurate and complete information required and requested by the		The pressure director must submit as
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
		2.0.1.	
	provide a learning and working environment in which fellows have the		The program director must provide a
	opportunity to raise concerns, report mistreatment, and provide feedback		which fellows have the opportunity to
	in a confidential manner as appropriate, without fear of intimidation or		and provide feedback in a confidentia
II.A.4.a).(7)	retaliation; (Core)	2.5.g.	of intimidation or retaliation. (Core)
	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure the
	policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the		Sponsoring Institution's policies and and due process, including when acti
II.A.4.a).(8)	appointment of a fellow; (Core)	2.5.h.	not to promote, or renew the appointr
			The program director must ensure the
	ensure the program's compliance with the Sponsoring Institution's		Sponsoring Institution's policies and
II.A.4.a).(9)	policies and procedures on employment and non-discrimination; (Core)	2.5.i.	discrimination. (Core)

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

model of professionalism. (Core)

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

ter and maintain a learning g the fellows 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 fellows from ning environments that do not meet

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

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

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

he program's compliance with the discrete discre

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request, v
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide an interview with information related to t specialty board examination(s). (Core
П.В.	 Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves. 	[None]	Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an importan and become practice ready, ensuring quality of care. They are role models to by demonstrating compassion, comm patient care, professionalism, and a d Faculty members experience the pride development of future colleagues. The the opportunity to teach and model ex- scholarly approach to patient care, fa- medical education system, improve the population. Faculty members ensure that patients from a specialist in the field. They rec the patients, fellows, community, and provide appropriate levels of supervise Faculty members create an effective I 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.		2.6.	instruct and supervise all fellows.

n a non-competition guarantee or

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

verification of an individual fellow's , within 30 days. (Core)

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

I element of graduate medical fellows how to care for patients. ant bridge allowing fellows to grow og that patients receive the highest is for future generations of physicians mitment to excellence in teaching and 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 graduate the health of the individual and the

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

of faculty members with competence to Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.1.a)	In addition to the sports medicine program director, there must be at least one sports medicine faculty member with current subspecialty certification in sports medicine by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neuromusculoskeletal Medicine, Pediatrics, or Physical Medicine and Rehabilitation. (Core)	2.6.a.	In addition to the sports medicine progra sports medicine faculty member with cur medicine by the American Board of Emer Internal Medicine, Pediatrics, or Physica American Osteopathic Board of Emerge Internal Medicine, Neuromusculoskeleta Medicine and Rehabilitation. (Core)
II.B.1.b)	The faculty must include at least one American Board of Orthopaedic Surgery- or American Osteopathic Board of Orthopaedic Surgery-certified orthopaedic surgeon who is engaged in the operative management of sports injuries and other conditions and who is readily available to teach and provide consultation to the fellows. (Detail)	2.6.b.	The faculty must include at least one An or American Osteopathic Board of Ortho surgeon who is engaged in the operative other conditions and who is readily avail to the fellows. (Detail)
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching i
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly parti discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue faculty their skills. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	Subspecialty physician faculty memb

gram director, there must be at least one current subspecialty certification in sports mergency Medicine, Family Medicine, ical Medicine and Rehabilitation, or the gency Medicine, Family Physicians, etal Medicine, Pediatrics, or Physical

American Board of Orthopaedic Surgeryhopaedic Surgery-certified orthopaedic ive management of sports injuries and ailable to teach and provide consultation

els of professionalism. (Core)

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

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

and maintain an educational Ig fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

priate qualifications in their field and intments. (Core)

oriate qualifications in their field and ntments. (Core) nbers must:

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neuromusculoskeletal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boar Medicine, Internal Medicine, Pediatrics, or the American Osteopathic Board o Physicians, Internal Medicine, Neuromu Physical Medicine and Rehabilitation, or acceptable to the Review Committee.
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member I Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or admi of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)
II.B.4.b)	The program must maintain a ratio of at least one core faculty member to every two fellows appointed to the program. (Core)	2.10.b.	The program must maintain a ratio of at two fellows appointed to the program. (C
II.B.4.c)	At a minimum, each required core faculty member, excluding program leadership, must be provided with support equal to a dedicated minimum of 10 percent FTE for educational and administrative responsibilities that do not involve direct patient care. (Core)	2.10.c.	At a minimum, each required core facult leadership, must be provided with suppo percent FTE for educational and adminis involve direct patient care. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be administrative support
II.C.1. II.C.1.a)	There must be administrative support for program coordination. (Core)There must be a program coordinator. (Core)	2.11. 2.11.a.	Program Coordinator There must be administrative support There must be a program coordinator. (0
II.C.1.b)	The program coordinator must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. (Core)	2.11.b.	The program coordinator must be provid minimum of 20 percent FTE for administ

nbers

nbers must have current certification in oard of Emergency Medicine, Family s, or Physical Medicine and Rehabilitation, I of Emergency Medicine, Family nusculoskeletal Medicine, Pediatrics, or or possess qualifications judged ee. (Core)

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

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

e annual ACGME Faculty Survey.

at least one core faculty member to every (Core)

ulty member, excluding program port equal to a dedicated minimum of 10 nistrative responsibilities that do not

ort for program coordination. (Core)

ort for program coordination. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective		Other Program Personnel The program, in partnership with its S ensure the availability of necessary pe
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core)
II.D.1.	The sports medicine team must include certified athletic trainers with whom the fellows interact. (Core)	2.12.a.	The sports medicine team must include of fellows interact. (Core)
II.D.2.	Programs should have access to qualified staff members in disciplines such as: behavioral science; neuropsychology; biomechanics; clinical imaging; exercise physiology; nutrition; and physical therapy. (Detail)	2.12.b.	Programs should have access to qualifie behavioral science; neuropsychology; bio physiology; nutrition; and physical therap
111.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	 Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core) Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or 	3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an AC an AOA-approved residency program, International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canad program located in Canada. (Core) Fellowship programs must receive ver level of competence in the required fie
III.A.1.a)	CanMEDS Milestones evaluations from the core residency program. (Core) Prior to appointment in the program, fellows should have completed a residency program in emergency medicine, family medicine, internal medicine, osteopathic neuromusculoskeletal medicine, pediatrics, or physical medicine and rehabilitation that satisfies III.A.1. (Core)		CanMEDS Milestones evaluations from Prior to appointment in the program, fello program in emergency medicine, family r neuromusculoskeletal medicine, pediatric rehabilitation that satisfies 3.2. (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Emergency Medicine, Family Medicine, Pediatrics, and Physical Medicine and Rehabilitation will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Emergency and Physical Medicine and Rehabilitatior the fellowship eligibility requirements
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship prog qualified international graduate applic eligibility requirements listed in 3.2., b following additional qualifications and

Sponsoring Institution, must jointly personnel for the effective

e certified athletic trainers with whom the

fied staff members in disciplines such as: biomechanics; clinical imaging; exercise apy. (Detail)

p Programs

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

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

ellows should have completed a residency y medicine, internal medicine, osteopathic trics, or physical medicine and

cy Medicine, Family Medicine, Pediatrics, ion will allow the following exception to ts:

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

Roman Numeral		Defermention	
Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	evaluation by the program director and fellowship selection committee of		evaluation by the program director ar
	the applicant's suitability to enter the program, based on prior training and		the applicant's suitability to enter the
	review of the summative evaluations of training in the core specialty; and,		review of the summative evaluations
III.A.1.c).(1).(a)	(Core)	3.2.b.1.a.	(Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
,,,,,,			
	Applicants accepted through this exception must have an evaluation of		Applicants accepted through this exc
	their performance by the Clinical Competency Committee within 12 weeks		their performance by the Clinical Con
III.A.1.c).(2)	of matriculation. (Core)	3.2.b.2.	of matriculation. (Core)
	Fellow Complement		
	The program director must not appoint more follows then approved by the		Fellow Complement The program director must not appoin
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Review Committee. (Core)
		0.0.	
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence		The ACGME accreditation system is a
	and innovation in graduate medical education regardless of the		and innovation in graduate medical e
	organizational affiliation, size, or location of the program.		organizational affiliation, size, or loca
	The educational program must support the development of		The educational program must suppo
	knowledgeable, skillful physicians who provide compassionate care.		knowledgeable, skillful physicians wh
	It is recognized that programs may place different emphasis on research,		It is recognized that programs may pl
	leadership, public health, etc. It is expected that the program aims will		leadership, public health, etc. It is exp
	reflect the nuanced program-specific goals for it and its graduates; for		reflect the nuanced program-specific
	example, it is expected that a program aiming to prepare physician-		example, it is expected that a program
	scientists will have a different curriculum from one focusing on		scientists will have a different curricu
IV.	community health.	Section 4	community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
	a set of program aims consistent with the Sponsoring Institution's		a set of program aims consistent with
	mission, the needs of the community it serves, and the desired distinctive		mission, the needs of the community
	capabilities of its graduates, which must be made available to program		capabilities of its graduates, which m
IV.A.1.	applicants, fellows, and faculty members; (Core)	4.2.a.	applicants, fellows, and faculty memb
	competency-based goals and objectives for each educational experience		competency-based goals and objectiv
	designed to promote progress on a trajectory to autonomous practice in		designed to promote progress on a tr
	their subspecialty. These must be distributed, reviewed, and available to		their subspecialty. These must be dis
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	fellows and faculty members; (Core)

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

nt's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requiremen
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow I Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acquired
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGN
IV.B.1.a) IV.B.1.b)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	ACGME Competencies – Professiona Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in the diagnosis and non-operative management of medical illnesses and injuries related to sports and exercise, including hematomas, sprains and strains, stress fractures, traumatic fractures and dislocations, and osteoarthritis and tendon disorders. (Core)	4.4.a.	Fellows must demonstrate competence management of medical illnesses and in including hematomas, sprains and strain and dislocations, and osteoarthritis and
IV.B.1.b).(1).(b)	Fellows should learn to work with special patient populations, such as adaptive athletes and athletes with intellectual disabilities. (Detail)	4.4.b.	Fellows should learn to work with specia athletes and athletes with intellectual dis

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

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

ected time to participate in core

romote patient safety-related goals,

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

GME Competencies into the curriculum.

nalism itment to professionalism and an ore)

re

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

e in the diagnosis and non-operative injuries related to sports and exercise, ains, stress fractures, traumatic fractures d tendon disorders. (Core)

cial patient populations, such as adaptive disabilities. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.b).(1).(c)	Fellows must demonstrate competence in evaluating sports-related injuries using diagnostic ultrasound. (Core)	4.4.c.	Fellows must demonstrate competence i using diagnostic ultrasound. (Core)
IV.B.1.b).(1).(c).(i)	This should include ultrasound of the shoulder, elbow, wrist, hand, hip, knee, ankle, and foot, and extended focused assessment with sonography for trauma examination. (Core)	4.4.c.1.	This should include ultrasound of the sho ankle, and foot, and extended focused as examination. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all me procedures considered essential for the
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in the diagnosis and timely referral for operative treatment of sports-related injuries, including hematomas, stress fractures, surgical sprains and strains, traumatic fractures and dislocations, and comprehensive care of osteoarthritis and tendon disorders. (Core)	4.5.a.	Fellows must demonstrate competence in operative treatment of sports-related inju fractures, surgical sprains and strains, tra comprehensive care of osteoarthritis and
IV.B.1.b).(2).(b)	Fellows must learn to evaluate and utilize splinting, bracing, and casting for musculoskeletal injuries. (Core)	4.5.b.	Fellows must learn to evaluate and utilize musculoskeletal injuries. (Core)
IV.B.1.b).(2).(c)	Fellows should learn to interpret results from useful tests and procedures, including Nerve Conduction Velocity/Electromyogram (NCV/EMG), Exercise Tolerance Test (ETT), Cardiopulmonary Exercise Test (CPET), neuropsychology evaluation, and gait analysis. (Detail)	4.5.c.	Fellows should learn to interpret results f including Nerve Conduction Velocity/Elec Tolerance Test (ETT), Cardiopulmonary neuropsychology evaluation, and gait an
IV.B.1.b).(2).(d)	Fellows must demonstrate competence in performing ultrasound-guided procedures for the treatment of sports-related injuries. (Core)	4.5.d.	Fellows must demonstrate competence i procedures for the treatment of sports-re
IV.B.1.b).(2).(d).(i)	These should include injuries to the shoulder, elbow, wrist, hand, hip, knee, ankle, and foot. (Detail)	4.5.d.1.	These should include injuries to the shou ankle, and foot. (Detail)
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Know Fellows must demonstrate knowledge biomedical, clinical, epidemiological, a including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate a level of expertise in the knowledge of those areas appropriate for a subspecialist in sports medicine, specifically, fellows should understand key aspects of sports cardiology, concussion, and neurologic conditions in sport, as well as the dermatologic, endocrinologic, immunologic, infectious, rheumatologic, pulmonary, and other medical conditions that may complicate and require special care for individuals who exercise or participate in sports. (Core)	4.6.a.	Fellows must demonstrate a level of expe appropriate for a subspecialist in sports r understand key aspects of sports cardiol conditions in sport, as well as the dermat infectious, rheumatologic, pulmonary, an complicate and require special care for ir sports. (Core)
IV.B.1.c).(2)	Fellows must demonstrate competence in: (Core)	[None]	

e in evaluating sports-related injuries

houlder, elbow, wrist, hand, hip, knee, assessment with sonography for trauma

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

e in the diagnosis and timely referral for njuries, including hematomas, stress traumatic fractures and dislocations, and nd tendon disorders. (Core)

ize splinting, bracing, and casting for

s from useful tests and procedures, lectromyogram (NCV/EMG), Exercise ry Exercise Test (CPET), analysis. (Detail)

e in performing ultrasound-guided related injuries. (Core) oulder, elbow, wrist, hand, hip, knee,

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

xpertise in the knowledge of those areas s medicine, specifically, fellows should iology, concussion, and neurologic natologic, endocrinologic, immunologic, and other medical conditions that may r individuals who exercise or participate in

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.c).(2).(a)	anatomy, exercise physiology, and biomechanics of exercise; (Core)	4.6.b.	Fellows must demonstrate competence biomechanics of exercise. (Core)
IV.B.1.c).(2).(b)	basic nutritional principles (such as dietary analysis) and their application to exercise; (Core)	4.6.c.	Fellows must demonstrate competence dietary analysis) and their application to
IV.B.1.c).(2).(c)	psychological aspects of exercise, performance, and competition; (Core)	4.6.d.	Fellows must demonstrate competence performance, and competition. (Core)
IV.B.1.c).(2).(d)	guidelines for appropriate history-taking and physical evaluation prior to participation in exercise and sport; (Core)	4.6.e.	Fellows must demonstrate competence taking and physical evaluation prior to pa
IV.B.1.c).(2).(e)	physical conditioning requirements for various exercise related activities and sports; (Core)	4.6.f.	Fellows must demonstrate competence various exercise related activities and sp
IV.B.1.c).(2).(f)	special considerations related to age, gender, race, population health, health disparity, disability, and other health inequities; (Core)	4.6.g.	Fellows must demonstrate competence gender, race, population health, health c inequities. (Core)
IV.B.1.c).(2).(g)	pathology and pathophysiology of illness and injury as they relate to exercise; (Core)	4.6.h.	Fellows must demonstrate competence illness and injury as they relate to exerci
IV.B.1.c).(2).(h)	effects of disease on exercise and the use of exercise prescription and rehabilitation in the care of medical and musculoskeletal problems to promote and maintain health in all ages and special patient populations; (Core)	4.6.i.	Fellows must demonstrate competence use of exercise prescription and rehabili musculoskeletal problems to promote ar special patient populations. (Core)
IV.B.1.c).(2).(i)	prevention, evaluation, management, and rehabilitation of injuries and sports- related illnesses; (Core)	4.6.j.	Fellows must demonstrate competence and rehabilitation of injuries and sports-r
IV.B.1.c).(2).(j)	clinical pharmacology relevant to sports medicine and the effects of therapeutic, performance-enhancing, and mood-altering drugs; (Core)	4.6.k.	Fellows must demonstrate competence sports medicine and the effects of therap mood-altering drugs. (Core)
IV.B.1.c).(2).(k)	promotion of physical fitness, strength training, flexibility, and healthy lifestyles; (Core)	4.6.1.	Fellows must demonstrate competence training, flexibility, and healthy lifestyles.
IV.B.1.c).(2).(I)	ethical principles as applied to exercise and sports; (Core)	4.6.m.	Fellows must demonstrate competence exercise and sports. (Core)
IV.B.1.c).(2).(m)	medicolegal aspects of exercise and sports; (Core)	4.6.n.	Fellows must demonstrate competence sports. (Core)
IV.B.1.c).(2).(n)	environmental effects on exercise; (Core)	4.6.0.	Fellows must demonstrate competence (Core)
IV.B.1.c).(2).(o)	growth and development related to exercise; (Core)	4.6.p.	Fellows must demonstrate competence exercise. (Core)
IV.B.1.c).(2).(p)	the role of exercise in maintaining the health and function of the elderly; (Core)	4.6.q.	Fellows must demonstrate competence health and function of the elderly. (Core)

e in anatomy, exercise physiology, and

- e in basic nutritional principles (such as to exercise. (Core)
- e in psychological aspects of exercise,
- e in guidelines for appropriate historyparticipation in exercise and sport. (Core)
- e in physical conditioning requirements for sports. (Core)
- e in special considerations related to age, disparity, disability, and other health
- e in pathology and pathophysiology of rcise. (Core)
- e in effects of disease on exercise and the vilitation in the care of medical and and maintain health in all ages and
- e in prevention, evaluation, management, s-related illnesses. (Core)
- e in clinical pharmacology relevant to rapeutic, performance-enhancing, and
- e in promotion of physical fitness, strength es. (Core)
- e in ethical principles as applied to
- e in medicolegal aspects of exercise and
- e in environmental effects on exercise.
- e in growth and development related to
- e in the role of exercise in maintaining the re)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.c).(2).(q)	exercise programs in school-age children; (Core)	4.6.r.	Fellows must demonstrate competence children. (Core)
IV.B.1.c).(2).(r)	science of orthobiologics care in sports medicine; (Core)	5.6.s.	Fellows must demonstrate competence sports medicine. (Core)
IV.B.1.c).(2).(s)	musculoskeletal radiology; and, (Core)	4.6.t.	Fellows must demonstrate competence
IV.B.1.c).(2).(t)	orthopaedic injuries that occur in sports common to their patient populations. (Core)	4.6.u.	Fellows must demonstrate competence sports common to their patient population
IV.B.1.c).(3)	Fellows must demonstrate knowledge in the basic principles of sports ultrasound, and the sonographic appearance of normal and pathologic adipose, fascia, muscle, tendon, bone, cartilage, joint, vasculature, and nerves. (Core)	4.6.v.	Fellows must demonstrate knowledge in ultrasound, and the sonographic appear fascia, muscle, tendon, bone, cartilage,
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care ba lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of inf patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Ba Fellows must demonstrate an awaren larger context and system of health c social determinants of health, as well other resources to provide optimal he

ce in exercise programs in school-age

ce in science of orthobiologics care in

ce in musculoskeletal radiology. (Core)

ce in orthopaedic injuries that occur in itions. (Core)

e in the basic principles of sports earance of normal and pathologic adipose, e, joint, vasculature, and nerves. (Core)

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

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

Based Practice

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical events. (Core)
			 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protection didactic activities. (Core) 4.12. Curriculum Organization and Fe The program must provide instruction management if applicable for the sub
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow I The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Core)	4.10.a.	Rotations must be of sufficient length to experience, defined by continuity of pati longitudinal relationships with faculty me and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows the fellows 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.b.	Clinical experiences should be structure allows the fellows to function as part of a works together longitudinally with shared improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow I The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.3.	Curriculum Organization	4.11.a.	Curriculum Organization There must be conferences, seminars, a specifically designed to augment fellows
IV.C.3.a)	There must be conferences, seminars, and/or workshops in sports medicine specifically designed to augment fellows' clinical experiences. (Core)	4.11.a.	Curriculum Organization There must be conferences, seminars, a specifically designed to augment fellows
IV.C.3.b)	Clinical activities in sports medicine must represent a minimum of 60 percent of fellows' time in the program. (Core)	4.11.a.1.	Clinical activities in sports medicine mus fellows' time in the program. (Core)

ent Language Fellow Experiences – Curriculum to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised teaching, and didactic educational Fellow Experiences – Didactic and ected time to participate in core Fellow Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of . (Core) Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised teaching, and didactic educational to provide a quality educational atient care, ongoing supervision, members, and high-quality assessment red to facilitate learning in a manner that an effective interprofessional team that ed goals of patient safety and quality Experiences – Pain Management ion and experience in pain Ibspecialty, including recognition of . (Core) and/or workshops in sports medicine vs' clinical experiences. (Core) and/or workshops in sports medicine vs' clinical experiences. (Core)

ust represent a minimum of 60 percent of

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requirement Language
IV.C.3.b).(1)	The remainder of the time should be spent in didactic and scholarly activities, and in the practice of the fellow's primary specialty. (Detail)	4.11.a.1.a.	The remainder of the time should be spent in didactic and scholarly activities, and in the practice of the fellow's primary specialty. (Detail)
IV.C.3.c)	Fellows must spend at least one half-day and no more than two half-days per week maintaining their skills in their primary specialty areas. (Core)	4.11.a.2.	Fellows must spend at least one half-day and no more than two half-days per week maintaining their skills in their primary specialty areas. (Core)
IV.C.3.d)	Fellows should learn the principles of practice management as it relates to sports medicine and appropriate coding and billing practices. (Detail)	4.11.a.3.	Fellows should learn the principles of practice management as it relates to sports medicine and appropriate coding and billing practices. (Detail)
IV.C.4.	Fellow Experiences	[None]	
IV.C.4.a)	Fellows must participate in conducting pre-participation physical evaluations of athletes. (Core)	4.11.b.	Fellows must participate in conducting pre-participation physical evaluations of athletes. (Core)
IV.C.4.b)	Fellows must have experience with procedures relevant to the practice of sports medicine. (Core)	4.11.c.	Fellows must have experience with procedures relevant to the practice of sports medicine. (Core)
IV.C.4.b).(1)	Fellows must assist with, observe, and perform outpatient non-operative interventional procedures clinically relevant to the practice of sports medicine. (Core)	4.11.c.1.	Fellows must assist with, observe, and perform outpatient non-operative interventional procedures clinically relevant to the practice of sports medicine. (Core)
IV.C.4.b).(2)	Fellows must assist with and/or observe operative musculoskeletal procedures clinically relevant to the practice of sports medicine. (Core)	4.11.c.2.	Fellows must assist with and/or observe operative musculoskeletal procedures clinically relevant to the practice of sports medicine. (Core)
IV.C.4.c)	Fellows must have a sports medicine clinic experience. (Core)	4.11.d.	Fellows must have a sports medicine clinic experience. (Core)
IV.C.4.c).(1)	Fellows must provide sports medicine clinic patients with continuing, comprehensive care and provide consultation for health problems related to sports and exercise. (Core)	4.11.d.1.	Fellows must provide sports medicine clinic patients with continuing, comprehensive care and provide consultation for health problems related to sports and exercise. (Core)
IV.C.4.c).(2)	Each fellow must spend at least one day per week for 10 months in a single sports medicine clinic providing care to patients. (Core)	4.11.d.2.	Each fellow must spend at least one day per week for 10 months in a single sports medicine clinic providing care to patients. (Core)
IV.C.4.c).(3)	If a fellow's sports medicine clinic patients are hospitalized, the fellow must either follow them during their inpatient stay and resume outpatient care following the hospitalization or remain in active communication with the inpatient care team regarding management and treatment decisions and resume outpatient care following the hospitalization. (Core)	4.11.d.3.	If a fellow's sports medicine clinic patients are hospitalized, the fellow must either follow them during their inpatient stay and resume outpatient care following the hospitalization or remain in active communication with the inpatient care team regarding management and treatment decisions and resume outpatient care following the hospitalization. (Core)
IV.C.4.d)	Fellows must have experience providing on-site sports care. (Core)	4.11.e.	Fellows must have experience providing on-site sports care. (Core)
IV.C.4.d).(1)	Fellows must assist with the planning and implementation of all aspects of medical care at various sporting events. (Core)	4.11.e.1.	Fellows must assist with the planning and implementation of all aspects of medical care at various sporting events. (Core)
IV.C.4.d).(2)	Fellows must participate in providing comprehensive and continuing care to a single sports team where medical care can be provided across seasons, or to several sports teams across seasons. (Core)	4.11.e.2.	Fellows must participate in providing comprehensive and continuing care to a single sports team where medical care can be provided across seasons, or to several sports teams across seasons. (Core)
IV.C.4.d).(3)	Fellows must have clinical experiences that provide exposure to and facilitate skill development in the appropriate recognition, on-field management, and medical transportation of sports medicine urgencies and emergencies. (Core)	4.11.e.3.	Fellows must have clinical experiences that provide exposure to and facilitate skill development in the appropriate recognition, on-field management, and medical transportation of sports medicine urgencies and emergencies. (Core)
IV.C.4.d).(4)	Each fellow must function as a team physician and have experience managing patients in the training room. (Outcome)‡	4.11.e.4.	Each fellow must function as a team physician and have experience managing patients in the training room. (Outcome)
IV.C.4.e)	Fellows must participate in mass-participation events. (Core)	4.11.f.	Fellows must participate in mass-participation events. (Core)
IV.C.4.e).(1)	Fellows must assist with the planning and implementation of all aspects of medical care for at least one mass-participation sports event. (Core)	4.11.f.1.	Fellows must assist with the planning and implementation of all aspects of medical care for at least one mass-participation sports event. (Core)
IV.C.4.e).(2)	Fellows must have experience providing medical consultation, direct care planning, event planning, protection of participants, and coordination with local Emergency Medical Systems. (Core)	4.11.f.2.	Fellows must have experience providing medical consultation, direct care planning, event planning, protection of participants, and coordination with local Emergency Medical Systems. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.4.f)	Fellows must have experience working in a community sports medicine network involving parents, coaches, athletic trainers, allied health personnel, residents, and physicians. (Core)	4.11.g.	Fellows must have experience working i involving parents, coaches, athletic train and physicians. (Core)
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The program environment that fosters the acquisiti participation in scholarly activities as Program Requirements. Scholarly activities integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity The faculty must establish and maintain scholarship with an active research com
IV.D.2.a)	The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)	4.14.	Faculty Scholarly Activity The faculty must establish and maintain scholarship with an active research com
IV.D.2.a).(1)	The members of the faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Core)	4.14.a.	The members of the faculty must regular discussions, rounds, journal clubs, and o

in a community sports medicine network iners, allied health personnel, residents,

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

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

dence of scholarly activities, aims. (Core)

dence of scholarly activities, aims. (Core)

in an environment of inquiry and popponent. (Core)

in an environment of inquiry and omponent. (Core) Ilarly participate in organized clinical

conferences. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			The program director and core faculty n annually, in at least one of the following
			•peer-reviewed funding;
			 publication of original research or revie chapters in textbooks; or,
IV.D.2.a).(1).(a)	The program director and core faculty members must demonstrate scholarship annually, in at least one of the following: (Core)	4.14.b.	•publication or presentation of case reported regional, or national professional and so
			The program director and core faculty m annually, in at least one of the following
			•peer-reviewed funding;
			 publication of original research or review chapters in textbooks; or,
IV.D.2.a).(1).(a).(i)	peer-reviewed funding; (Detail)	4.14.b.	•publication or presentation of case reported regional, or national professional and so
			The program director and core faculty m annually, in at least one of the following
			•peer-reviewed funding;
			 publication of original research or review chapters in textbooks; or,
IV.D.2.a).(1).(a).(ii)	publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; or, (Detail)	4.14.b.	•publication or presentation of case reported regional, or national professional and so
			The program director and core faculty m annually, in at least one of the following:
			•peer-reviewed funding;
			•publication of original research or revier chapters in textbooks; or,
IV.D.2.a).(1).(a).(iii)	publication or presentation of case reports clinical series or posters at state, regional, or national professional and scientific society meetings. (Detail)	4.14.b.	•publication or presentation of case reported regional, or national professional and so
IV.D.2.a).(1).(b)	Faculty members should encourage and support fellows in scholarly activity. (Detail)	4.14.c.	Faculty members should encourage and (Detail)
IV.D.2.a).(1).(c)	Faculty members should participate in national committees or educational organizations. (Detail)	4.14.d.	Faculty members should participate in n organizations. (Detail)

members must demonstrate scholarship

view articles in peer-reviewed journals, or

eports clinical series or posters at state, scientific society meetings. (Core)

members must demonstrate scholarship

view articles in peer-reviewed journals, or

ports clinical series or posters at state, scientific society meetings. (Core)

members must demonstrate scholarship

view articles in peer-reviewed journals, or

ports clinical series or posters at state, scientific society meetings. (Core)

members must demonstrate scholarship

view articles in peer-reviewed journals, or

eports clinical series or posters at state, scientific society meetings. (Core) and support fellows in scholarly activity.

national committees or educational

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Each fellow must complete a scholarly c program. (Outcome)
IV.D.3.a)	Each fellow must complete a scholarly or quality improvement project during the program. (Outcome)	4.15.	Fellow Scholarly Activity Each fellow must complete a scholarly c program. (Outcome)
			Evidence of scholarly activity must inclu
			•peer-reviewed funding and research;
			•publication of original research or review
IV.D.3.a).(1)	Evidence of scholarly activity must include at least one of the following: (Core)	4.15.a.	•presentation(s) or poster(s) at local, sta scientific society meetings. (Core)
			Evidence of scholarly activity must inclue
			•peer-reviewed funding and research;
			•publication of original research or review
IV.D.3.a).(1).(a)	peer-reviewed funding and research; (Core)	4.15.a.	•presentation(s) or poster(s) at local, sta scientific society meetings. (Core)
			Evidence of scholarly activity must inclue
			•peer-reviewed funding and research;
			•publication of original research or review
IV.D.3.a).(1).(b)	publication of original research or review article(s) and book chapter(s); or, (Core)	4.15.a.	•presentation(s) or poster(s) at local, sta scientific society meetings. (Core)
			Evidence of scholarly activity must inclue
			•peer-reviewed funding and research;
			•publication of original research or review
IV.D.3.a).(1).(c)	presentation(s) or poster(s) at local, state regional, or national professional and scientific society meetings. (Core)	4.15.a.	•presentation(s) or poster(s) at local, sta scientific society meetings. (Core)
	Independent Practice		Independent Practice
IV.E.	Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.	[None]	Fellowship programs may assign fello practice of their core specialty during
IV.E.1.	If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)	4.16.	If programs permit their fellows to uti it must not exceed 20 percent of their academic year. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation

or quality improvement project during the

or quality improvement project during the

ude at least one of the following:

iew article(s) and book chapter(s); or,

tate regional, or national professional and

ude at least one of the following:

iew article(s) and book chapter(s); or,

tate regional, or national professional and

ude at least one of the following:

iew article(s) and book chapter(s); or,

tate regional, or national professional and

ude at least one of the following:

iew article(s) and book chapter(s); or,

tate regional, or national professional and

llows to engage in the independent ng their fellowship program.

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
			Fellow Evaluation: Feedback and Eva
			Faculty members must directly obser
			feedback on fellow performance duri
V.A.	Fellow Evaluation	5.1.	educational assignment. (Core)
			Fellow Evaluation: Feedback and Eva
			Faculty members must directly obser
V.A.1.	Feedback and Evaluation	5.1.	feedback on fellow performance durineducational assignment. (Core)
<u></u>		0.1.	Fellow Evaluation: Feedback and Eva
	Faculty members must directly observe, evaluate, and frequently provide		Faculty members must directly obser
	feedback on fellow performance during each rotation or similar		feedback on fellow performance durin
V.A.1.a)	educational assignment. (Core)	5.1.	educational assignment. (Core)
	Evaluation must be documented at the completion of the assignment.		Evaluation must be documented at th
V.A.1.b)	(Core)	5.1.a.	(Core)
V.A.1.b).(1)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at lea
	The program must provide an objective performance evaluation based on		The program must provide an objecti
V.A.1.c)	the Competencies and the subspecialty-specific Milestones, and must:	5.1.b.	the Competencies and the subspecial
V.A.1.C)	(Core) use multiple evaluators (e.g., faculty members, peers, patients, self, and	5.1.0.	(Core) use multiple evaluators (e.g., faculty i
V.A.1.c).(1)	other professional staff members); and, (Core)	5.1.b.1.	other professional staff members); ar
	provide that information to the Clinical Competency Committee for its		provide that information to the Clinica
	synthesis of progressive fellow performance and improvement toward		synthesis of progressive fellow perfo
V.A.1.c).(2)	unsupervised practice. (Core)	5.1.b.2.	unsupervised practice. (Core)
	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 fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-		Competency Committee, must meet w documented semi-annual evaluation
V.A.1.d).(1)	specific Milestones; (Core)	5.1.c.	along the subspecialty-specific Miles
			The program director or their designed
	develop plans for fellows failing to progress, following institutional		Competency Committee, must develo
V.A.1.d).(2)	policies and procedures. (Core)	5.1.d.	progress, following institutional polic
	The evaluations of a fellow's performance must be accessible for review		The evaluations of a fellow's perform
V.A.1.e)	by the fellow. (Core)	5.1.e.	by the fellow. (Core)
			Fellow Evaluation: Final Evaluation
V.A.2.	Final Evaluation	5.2	The program director must provide a
v.A.2.		5.2.	completion of the program. (Core) Fellow Evaluation: Final Evaluation
	The program director must provide a final evaluation for each fellow upon		The program director must provide a
V.A.2.a)	completion of the program. (Core)	5.2.	completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, mus
	are able to engage in autonomous practice upon completion of the		are able to engage in autonomous pra
V.A.2.a).(1)	program. (Core)	5.2.a.	program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	

valuation erve, evaluate, and frequently provide rring each rotation or similar

valuation

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

valuation

serve, evaluate, and frequently provide Iring each rotation or similar

the completion of the assignment.

east every three months. (Core)

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

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

ical Competency Committee for its formance and improvement toward

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

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mus fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the final evaluation must verify that the knowledge, skills, and behaviors nece (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competenc members, at least one of whom is a co be faculty members from the same pro health professionals who have extens program's fellows. (Core)
, V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee r least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee r progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee r annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to o performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p

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

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

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

e must review all fellow evaluations at

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

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

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

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

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

back on their evaluations at least

ent

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the the fellows, and be submitted to the D
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima
V.C.3.	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 Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offered of Medical Specialties (ABMS) member Association (AOA) certifying board.
	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of		Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wri years, the program's aggregate pass for the first time must be higher than t
V.C.3.a)	programs in that subspecialty. (Outcome)	5.6.	programs in that subspecialty. (Outco

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

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

oonsibilities must include review of the dependent of the

bonsibilities must include guiding luding development of new goals,

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

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

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

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

elf-Study and submit it to the DIO.

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual or the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Section 6: The Learning and Working Fellowship education must occur in the environment that emphasizes the follo
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	

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

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

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

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

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

g Environment

the context of a learning and working blowing principles:

of care rendered to patients by

i of care rendered to patients by ce

oviding care for patients

e students, residents, fellows, faculty ealth care team

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Culture of Safety		
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou a willingness to transparently deal wit has formal mechanisms to assess the its personnel toward safety in order to
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 mechan and are essential for the success of a and experiential learning are essential the ability to identify causes and instit changes to ameliorate patient safety v
	Residents, fellows, faculty members, and other clinical staff members		
VI.A.1.a).(2).(a) VI.A.1.a).(2).(a).(i)	must: know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; (Core)	[None] 6.2.	Residents, fellows, faculty members, a must know their responsibilities in rep unsafe conditions at the clinical site, i (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, a must be provided with summary inform safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mem interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re- benchmarks related to their patient po

ous identification of vulnerabilities and with them. An effective organization he knowledge, skills, and attitudes of to identify areas for improvement.

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

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

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

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

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

izing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons relates to the supervision of all patien
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, del monitor a structured chain of respons relates to the supervision of all patien
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requin practice of medicine; and establishes professional growth.
	Fellows and faculty members must inform each patient of their respective		Fellows and faculty members must in
VI.A.2.a).(1)	This information must be available to fellows, faculty members, other	6.5.	roles in that patient's care when provi This information must be available to
VI.A.2.a).(1).(a)	members of the health care team, and patients. (Core)	6.5.a.	members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the place for all fellows is based on each as well as patient complexity and acui- through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it ent care.

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

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it ent care.

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

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

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

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)		Programs must set guidelines for circle fellows must communicate with the set
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	

cally present with the fellow during the on.

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

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

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

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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the progra excessive reliance on fellows to fulfil
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the progra
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the progra the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe of
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)
	Well-Being <i>Psychological, emotional, and physical well-being are critical in the</i> <i>development of the competent, caring, and resilient physician and require</i> <i>proactive attention to life inside and outside of medicine. Well-being</i> <i>requires that physicians retain the joy in medicine while managing their</i> <i>own real-life stresses. Self-care and responsibility to support other</i> <i>members of the health care team are important components of</i> <i>professionalism; they are also skills that must be modeled, learned, and</i> <i>nurtured in the context of other aspects of fellowship training.</i>		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills to nurtured in the context of other aspect
VI.C.	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	Fellows and faculty members are at ri Programs, in partnership with their S same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and at 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:

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

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

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

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

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

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

ical well-being are critical in the ng, and resilient physician and require I outside of medicine. Well-being oy in medicine while managing their responsibility to support other e important components of s that must be modeled, learned, and ects of fellowship training.

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

n partnership with the Sponsoring

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourag
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their		Fellows must be given the opportunit and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
,	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
VI.C.1.e)	counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	counseling, and treatment, including 24 hours a day, seven days a week. (
1.0.1.0)	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fell
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)
	The program must have policies and procedures in place to ensure		The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure of
	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical		These policies must be implemented consequences for the fellow who is o
VI.C.2.b)	work. (Core)	6.14.b.	work. (Core)
			Fatigue Mitigation
			Programs must educate all fellows ar
			the signs of fatigue and sleep depriva
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
			Fatigue Mitigation
	Programs must educate all fellows and faculty members in recognition of		Programs must educate all fellows ar
VI.D.1.	the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	the signs of fatigue and sleep deprivation fatigue mitigation processes. (Detail)
VI.D.1.	The program, in partnership with its Sponsoring Institution, must ensure	0.13.	
	adequate sleep facilities and safe transportation options for fellows who		The program, in partnership with its s adequate sleep facilities and safe tran
VI.D.2.	may be too fatigued to safely return home. (Core)	6.16.	may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		
			Clinical Responsibilities
	The clinical responsibilities for each fellow must be based on PGY level,		The clinical responsibilities for each
	patient safety, fellow ability, severity and complexity of patient	C 47	patient safety, fellow ability, severity
VI.E.1.	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available suppo

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

mbers in:

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

nemselves and how to seek appropriate

screening. (Core)

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

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

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

ed without fear of negative or was unable to provide the clinical

and faculty members in recognition of ivation, alertness management, and il)

and faculty members in recognition of ivation, alertness management, and il)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.E.1.a)	The program director must have the authority and responsibility to set appropriate clinical responsibilities (i.e., patient caps) for each fellow. (Core)	6.17.a.	The program director must have the aut appropriate clinical responsibilities (i.e.,
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sy
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fro
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assigr patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows an team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience of opportunities for rest and personal ad
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educ Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off t education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off k education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic

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uthority and responsibility to set
e., patient caps) for each fellow. (Core)
n environment that maximizes
, interprofessional, team-based care in system. (Core)
system. (core)
gnments to optimize transitions in
frequency, and structure. (Core)
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gnments to optimize transitions in
frequency, and structure. (Core)
Sponsoring Institutions, must ensure
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are competent in communicating with
ess. (Outcome)
Sponsoring Institutions, must design
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e opportunities, as well as reasonable activities.
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ucational Work per Week s must be limited to no more than 80
bur-week period, inclusive of all in-
vities, clinical work done from home,
ork and Education
f between scheduled clinical work and
ork and Education
f between scheduled clinical work and
s free of clinical work and education
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inimum of one day in seven free of
on (when averaged over four weeks). At-
nese free days. (Core)
tion Period Length
ods for fellows must not exceed 24
nical assignments. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effect education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re- the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing c on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
·	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical an individual programs based on a sound
VI.F.4.c)	The Review Committees for Emergency Medicine, Family Medicine, Pediatrics, and Physical Medicine and Rehabilitation will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committees for Emergency and Physical Medicine and Rehabilitation exceptions to the 80-hour limit to the fello
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)

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

nay be used for activities related to fective transitions of care, and/or fellow esponsibilities must not be assigned to

Exceptions

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

Exceptions

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

lucation must be counted toward the

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

cy Medicine, Family Medicine, Pediatrics, ion will not consider requests for ellows' work week.

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged ove
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities 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
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fel

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