Number - Pre-		Reformatted	Requi
Reformatting	Requirement Language	Requirement Number	Lan
nt.A.	Definition of Post-Doctoral Education Post-doctoral education in a medical-related field is the crucial step of professional development between medical school or graduate school and autonomous contributions to clinical care. It is in this vital phase of the continuum of medical-related education that post-doctoral fellows learn to contribute to optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. This education transforms medical students or graduate students into specialists who contribute to the care of the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of specialists to serve the public. Practice patterns established during post-doctoral education persist many years later.	[None]	Definition of Post-Doctoral Education Post-doctoral education in a medical professional development between m and autonomous contributions to cli the continuum of medical-related edu learn to contribute to optimal patient members who not only instruct, but s compassion, cultural sensitivity, pro This education transforms medical s specialists who contribute to the car a diverse community; create and inte and educate future generations of sp patterns established during post-doc later.
	Post-doctoral education in a medical-related field has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing post-doctoral fellows to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Post-doctoral education develops specialists who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. Post-doctoral education values the strength that a diverse group of specialists brings to medical care, and the importance of inclusive and psychologically safe learning environments. This education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the specialist, begun in pre-doctoral education, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to post-doctoral education and the well-being of patients, residents, post-doctoral fellows, fellows, faculty members,		Post-doctoral education in a medical graded authority and responsibility f undertaken with appropriate faculty s independence, allowing post-doctora skills, attitudes, judgment, and empa practice. Post-doctoral education de excellence in delivery of safe, equital health of the populations they serve. strength that a diverse group of spect the importance of inclusive and psyce environments. This education occurs in clinical sett practice-based and lifelong learning. specialist, begun in pre-doctoral edu modeling of the effacement of self-in that emphasizes joy in curiosity, pro- discovery. This transformation is ofte intellectually demanding and occurs environments, post-doctoral fell

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al-related field is the crucial step of medical school or graduate school linical care. It is in this vital phase of ducation that post-doctoral fellows at care under the supervision of faculty t serve as role models of excellence, ofessionalism, and scholarship.

students or graduate students into re of the patient, patient's family, and tegrate new knowledge into practice; pecialists to serve the public. Practice octoral education persist many years

al-related field has as a core tenet the for patient care. The care of patients is supervision and conditional ral fellows to attain the knowledge, athy required for autonomous evelops specialists who focus on able, affordable, quality care; and the e. Post-doctoral education values the ecialists brings to medical care, and rchologically safe learning

ttings that establish the foundation for g. The professional development of the ucation, continues through faculty interest in a humanistic environment oblem-solving, academic rigor, and ften physically, emotionally, and s in a variety of clinical learning octoral education and the well-being of flows, fellows, faculty members, ealth care team.

Number - Pre-		Reformatted	Requi
Reformatting	Requirement Language	Requirement Number	Lan
Int.B.	Definition of Specialty Clinical biochemical genetics is a laboratory-based discipline that focuses on the screening, diagnosis, evaluation, and management of patients with inborn errors of metabolism and their families. Clinical biochemical genetics programs provide post-doctoral education in the skills and knowledge necessary to perform and interpret biochemical analyses relevant to the diagnosis and management of human genetic diseases. Upon successful completion of such a program, clinical biochemical geneticists have the skills and knowledge to function as technical supervisors of clinical laboratories and clinical consultants in the diagnosis and treatment of patients with these types of disorders, and may, in many jurisdictions, be deemed qualified to direct specialty laboratories.	[None]	Definition of Specialty <i>Clinical biochemical genetics is a labora</i> <i>the screening, diagnosis, evaluation, an</i> <i>errors of metabolism and their families.</i> <i>provide post-doctoral education in the s</i> <i>perform and interpret biochemical analy</i> <i>management of human genetic disease</i> <i>program, clinical biochemical geneticist</i> <i>function as technical supervisors of clini</i> <i>in the diagnosis and treatment of patier</i> <i>may, in many jurisdictions, be deemed</i>
	Length of Educational Program		Length of Program
Int.C.	The educational program in clinical biochemical genetics must be 24 months in length. (Core)	4.1.	The educational program in clinical bioc length. (Core)
I	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of post- doctoral education, consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp doctoral education, consistent with t Requirements.
I.A.	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 primary clinical site.	[None]	When the Sponsoring Institution is n most commonly utilized site of clinic primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by o
I.A.1.	Institution.	1.1.	Institution.
I.B.		[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 Spe primary clinical site. (Core)
I.B.1.a)	Institutions sponsoring clinical biochemical genetics programs should also sponsor ACGME-accredited programs in medical genetics and genomics. (Core)	1.2.a.	Institutions sponsoring clinical biochemi sponsor ACGME-accredited programs i (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of ag and each participating site that gover program and the participating site pr
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinicated at all participating sites. (Core)

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bratory-based discipline that focuses on and management of patients with inborn s. Clinical biochemical genetics programs e skills and knowledge necessary to alyses relevant to the diagnosis and ses. Upon successful completion of such a sists have the skills and knowledge to linical laboratories and clinical consultants ents with these types of disorders, and d qualified to direct specialty laboratories.

ochemical genetics must be 24 months in

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

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

one ACGME-accredited Sponsoring

ion providing educational experiences ons for post-doctoral fellows.

Sponsoring Institution, must designate a

mical genetics programs should also s in medical genetics and genomics.

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

every 10 years. ^(Core) designated institutional official (DIO).

ical learning and working environment

Number - Pre-		Reformatted	Requi
Reformatting	Requirement Language	Requirement Number	Lang
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for post- doctoral fellow education at that site, in collaboration with the program director. ^(Core)	1.5.	At each participating site there must by the program director as the site di doctoral fellow education at that site director. (Core)
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all post-doctoral 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 post-doctoral fellows, of one n more through the ACGME's Accredit
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 post-doctoral fellows, residents and fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its s in practices that focus on mission-dr and retention of a diverse and inclust fellows, residents and fellows (if pres administrative GME staff members, a academic community. (Core)
I.D.	Resources	1.8.	Resources The program, in partnership with its the availability of adequate resources (Core)
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for post-doctoral fellow education. (Core)	1.8.	Resources The program, in partnership with its the availability of adequate resources (Core)
I.D.1.a)	All laboratories affiliated with the program must be Clinical Laboratory Improvement Amendment (CLIA)-certified. (Core)	1.8.a.	All laboratories affiliated with the progra Improvement Amendment (CLIA)-certifi
I.D.1.b)	Laboratory facilities and resources appropriate for the discipline must be available to post-doctoral fellows at on-site laboratories, including:	1.8.b.	Laboratory facilities and resources appr available to post-doctoral fellows at on-s
I.D.1.b).(1)	education facilities, to include office space, meeting rooms, classrooms, laboratory space, and research facilities; (Core)	1.8.b.1.	education facilities, to include office spa laboratory space, and research facilities
I.D.1.b).(2) I.D.1.b).(3)	appropriate instrumentation to perform biochemical genetics testing; and, (Core) access to computer-based genetic interpretive tools and systems. (Core)	1.8.b.2. 1.8.b.3.	appropriate instrumentation to perform taccess to computer-based genetic inter
I.D.1.D).(3)	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote post- doctoral fellow well-being and provide for:	1.9.	The program, in partnership with its shealthy and safe learning and workin doctoral fellow well-being and provid
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 post-doctoral fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	b.safe, quiet, clean, and private sleep accessible for post-doctoral fellows v patient care; (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 lactation with proximity appropriate for safe particular terms of the safe particular terms of ter
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for post-doctoral fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for post-doctoral fe the Sponsoring Institution's policy. (

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st be one faculty member, designated
director, who is accountable for post-
te, in collaboration with the program
any additions or deletions of
ng an educational experience, required
month full time equivalent (FTE) or
litation Data System (ADS). (Core)
ion
s Sponsoring Institution, must engage
driven, ongoing, systematic recruitment
isive workforce of post-doctoral
esent), faculty members, senior
and other relevant members of its
s Spansoring Institution must ansura
s Sponsoring Institution, must ensure es for post-doctoral fellow education.
s Sponsoring Institution, must ensure
es for post-doctoral fellow education.
ram must be Clinical Laboratory
ified. (Core)
propriate for the discipline must be
n-site laboratories, including:
pace, meeting rooms, classrooms,
es; (Core)
n biochemical genetics testing; and, (Core)
erpretive tools and systems. (Core)
s Sponsoring Institution, must ensure
ing environments that promote post-
ride for:
e)
ep/rest facilities available and
s with proximity appropriate for safe
tion that have refrigeration capabilities,
patient care; (Core)

opriate to the participating site; and,

fellows with disabilities consistent with . (Core)

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Reformatting	Requirement Language	Requirement Number	
	Post-doctoral fellows must have ready access to appropriate reference material in print or electronic format. This must include access to		Post-doctoral fellows must have read material in print or electronic format.
I.D.3.	electronic medical literature databases with full text capabilities. (Core)	1.10.	electronic medical literature database
	Other Learners and Health Care Personnel		
	The presence of other learners and other health care personnel including		Other Learners and Health Care Pers
	The presence of other learners and other health care personnel, including but not limited to post-doctoral fellows from other programs, residents,		The presence of other learners and of but not limited to post-doctoral fellow
	subspecialty fellows, and advanced practice providers, must not negatively		subspecialty fellows, and advanced p
I.E.	impact the appointed post-doctoral fellows' education. (Core)	1.11.	negatively impact the appointed post
II.	Personnel	Section 2	Section 2: Personnel
			Program Director
			There must be one faculty member ap
			authority and accountability for the o
II.A.	Program Director	2.1.	with all applicable program requireme
	There must be one faculty member annointed on pressure director with		Program Director
	There must be one faculty member appointed as program director with		There must be one faculty member ap
II.A.1.	authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	authority and accountability for the over with all applicable program requirements
	The Sponsoring Institution's GMEC must approve a change in program	2.1.	The Sponsoring Institution's GMEC m
	director and must verify the program director's licensure and clinical		director and must verify the program
II.A.1.a)	appointment. (Core)	2.2.	appointment. (Core)
	Final approval of the program director resides with the Review Committee.		Final approval of the program directo
II.A.1.a).(1)		2.2.a.	(Core)
	The program must demonstrate retention of the program director for a		The program must demonstrate reten
	length of time adequate to maintain continuity of leadership and program	• •	length of time adequate to maintain c
II.A.1.b)		2.3.	stability. (Core)
	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program		The program director and, as applical must be provided with support adequ
II.A.2.		2.4.	based upon its size and configuration
	Program leadership, in aggregate, must be provided with support equal to a		Program leadership, in aggregate, must
	dedicated minimum of 20 percent time. This may be time spent by the program		dedicated minimum of 20 percent time.
	director only or divided among the program director and one or more associate		director only or divided among the progr
II.A.2.a)		2.4.a.	(or assistant) program directors. (Core)
			Qualifications of the Program Directo
			The program director must possess s
	Qualifications of the pressure directory	о г	years of documented educational and
II.A.3.	Qualifications of the program director:	2.5.	qualifications acceptable to the Revie
	must include specialty expertise and at least three years of documented		Qualifications of the Program Directo
	educational and/or administrative experience, or qualifications acceptable		The program director must possess s years of documented educational and
II.A.3.a)	to the Review Committee; (Core)	2.5.	qualifications acceptable to the Revie

ady access to appropriate reference t. This must include access to ses with full text capabilities. (Core)

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other health care personnel, including ows from other programs, residents, I practice providers, must not st-doctoral fellows' education. (Core)

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

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

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

tor resides with the Review Committee.

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

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

st be provided with support equal to a e. This may be time spent by the program gram director and one or more associate

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

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

Number - Pre- Reformatting	Requirement Language	Reformatted Requirement Number	Requi
	must include current certification in the specialty for which they are the program director by the American Board of Medical Genetics and Genomics (ABMGG) if available for their field of study, or specialty qualifications that are acceptable to the Review Committee; (Core)		The program director must possess for which they are the program direc Genetics and Genomics (ABMGG) if av specialty qualifications that are acce (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]	2.5.a.	[Note that while the Common Program certifying board of the American Osteop there is no AOA board that offers certifie
II.A.3.b).(1)	The program director must be certified by the ABMGG and actively participating in the ABMGG's Continuing Certification Program in clinical biochemical genetics. (Core)	2.5.a.1.	The program director must be certified in the ABMGG's Continuing Certification genetics. (Core)
II.A.3.c)	must include ongoing contributions to clinical care. (Core)	2.5.b.	The program director must demonst
II.A.3.d)	The program director should be a full-time faculty member, and must be based at the primary clinical site. (Detail)	2.5.c.	The program director should be a full-tir at the primary clinical site. (Detail)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; post-doctoral fellow recruitment and selection, evaluation, and promotion of post-doctoral fellows, and disciplinary action; supervision of post-doctoral fellows; and post-doctoral fellow education in the context of contributions to patient care. (Core)	2.6.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; post-doctoral fellow recruitm promotion of post-doctoral fellows, a post-doctoral fellows; and post-doctor contributions to patient care. (Core)
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.6.a.	The program director must be a role
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.6.b.	The program director must design ar consistent with the needs of the com Sponsoring Institution, and the miss
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the post-doctoral fellows in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must administern environment conducive to educating the ACGME Competency domains. (C
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)		The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to ev (Core)
II.A.4.a).(5)	have the authority to remove post-doctoral fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.e.	The program director must have the fellows from supervising interactions do not meet the standards of the pro
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.6.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which post-doctoral fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.6.g.	The program director must provide a which post-doctoral fellows have the mistreatment, and provide feedback appropriate, without fear of intimidat

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s current certification in the specialty ector by the American Board of Medical available for their field of study, or ceptable to the Review Committee.

Requirements deem certification by a opathic Association (AOA) acceptable, fication in this specialty]

by the ABMGG and actively participating on Program in clinical biochemical

strate ongoing clinical activity. (Core)

time faculty member, and must be based

sponsibility, authority, and nd operations; teaching and scholarly tment and selection, evaluation, and , and disciplinary action; supervision of ctoral fellow education in the context of)

e model of professionalism. (Core)

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

ster and maintain a learning ng the post-doctoral fellows in each of (Core)

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

e authority to remove post-doctoral ns and/or learning environments that rogram. (Core)

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

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

Number - Pre- Reformatting	Requirement Language	Reformatted Requirement Number	Requ Lan
Reformating	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure th
II.A.4.a).(8)	policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a post-doctoral fellow; (Core)	2.6.h.	Sponsoring Institution's policies and and due process, including when act not to promote or renew the appoint
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.6.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Post-doctoral fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Post-doctoral fellows must not be re guarantee or restrictive covenant. (C
II.A.4.a).(10)	document verification of education for all post-doctoral fellows within 30 days of completion of or departure from the program; (Core)	2.6.j.	The program director must documen doctoral fellows within 30 days of co program. (Core)
II.A.4.a).(11)	provide verification of an individual post-doctoral fellow's education upon the post-doctoral fellow's request, within 30 days; and, (Core)	2.6.k.	The program director must provide v doctoral fellow's education upon the 30 days. (Core)
II.A.4.a).(12)	provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s). (Core)	2.6.1.	The program director must provide a interview with information related to specialty board examination(s). (Core
ІІ.В.		[None]	Faculty Faculty members are a foundational faculty members teach post-doctoral patients. Faculty members provide a doctoral fellows to grow and become ensuring that patients receive the hig models for future generations of spe compassion, commitment to excelled professionalism, and a dedication to experience the pride and joy of foste future colleagues. The care they prov to teach and model exemplary behav approach to patient care, faculty men education system, improve the healt Faculty members ensure that patient from a specialist in the field. They re- the patients, post-doctoral fellows, c members provide appropriate levels safety. Faculty members create an eff acting in a professional manner and post-doctoral fellows and themselved.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all post-doctoral fellows. (Core)	2.7.	There must be a sufficient number of instruct and supervise all post-docto
II.B.2.	Faculty members must:	[None]	Feerila Deenses ikilikis
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty Responsibilities Faculty members must be role mode

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the program's compliance with the nd procedures related to grievances action is taken to suspend or dismiss, or ntment of a post-doctoral fellow. (Core)

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

required to sign a non-competition (Core)

ent verification of education for all postcompletion of or departure from the

e verification of an individual postne post-doctoral fellow's request, within

e applicants who are offered an to their eligibility for the relevant pre)

al element of post-doctoral education – ral fellows how to contribute to care for an important bridge allowing postme prepared to provide clinical care, highest quality of care. They are role becialists by demonstrating lence in teaching and patient care, to lifelong learning. Faculty members tering the growth and development of rovide is enhanced by the opportunity avior. By employing a scholarly bembers, through the post-doctoral alth of the individual and the population.

nts receive the level of care expected recognize and respond to the needs of community, and institution. Faculty ls of supervision to promote patient effective learning environment by d attending to the well-being of the res.

of faculty members with competence to toral fellows. (Core)

dels of professionalism. (Core)

Number - Pre-		Reformatted	Requi
Reformatting	Requirement Language	Requirement Number	Lang
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.8.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of post-doctoral fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate post-doctoral fellows, including devo program to fulfill their supervisory ar
II.B.2.d)	administer and maintain an educational environment conducive to educating post-doctoral fellows; (Core)	2.8.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)	2.8.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually: (Core)	2.8.e.	Faculty members must pursue facult their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating h (Detail)
II.B.2.f).(3)	in fostering their own and their post-doctoral fellows' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their post- (Detail)
II.B.2.f).(4)	as contributors to patient care based on their practice-based learning and improvement efforts. (Detail)	2.8.e.4.	as contributors to patient care based improvement efforts. (Detail)
II.B.3.	Faculty Qualifications	2.9.	Faculty Qualifications Faculty members must have appropr hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.9.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a).(1)	Faculty members must have current certification in the discipline by the ABMGG,	2.9.a.	Faculty members must have current cer ABMGG, or possess qualifications judge (Core)
II.B.3.a).(2)	Associate program directors must be actively participating in the ABMGG MOC program in the specialty in which they are certified. (Core)	2.9.b.	Associate program directors must be ac program in the specialty in which they a
II.B.3.b)	Faculty members must:	[None]	
	have current certification in the specialty by the American Board of Medical Genetics and Genomics, if available for their field of study, or possess qualifications judged acceptable to the Review Committee. (Core)		Faculty members must have current of American Board of Medical Genetics a field of study, or possess qualificatio Committee (Core)
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]	2.10.	[Note that while the Common Program I certifying board of the American Osteop there is no AOA board that offers certific
II.B.3.c)	Faculty members responsible for post-doctoral fellow education in biochemical genetics must have current ABMGG certification in clinical biochemical genetics. (Core)	2.10.a.	Faculty members responsible for post-d genetics must have current ABMGG cer (Core)

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

e a strong interest in the education of voting sufficient time to the educational and teaching responsibilities. (Core)

and maintain an educational

g post-doctoral fellows. (Core)

rticipate in organized clinical

and conferences. (Core)

Ity development designed to enhance

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health inequities, and patient safety;

t-doctoral fellows' well-being; and,

ed on their practice-based learning and

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

ertification in the discipline by the ged acceptable to the Review Committee.

actively participating in the ABMGG MOC are certified. (Core)

t certification in the specialty by the and Genomics, if available for their ions judged acceptable to the Review

Requirements deem certification by a pathic Association (AOA) acceptable, fication in this specialty]

-doctoral fellow education in biochemical ertification in clinical biochemical genetics.

Number - Pre-	Demuinement Lenguere	Reformatted	Requi
Reformatting	Requirement Language	Requirement Number	Lang
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of post-doctoral fellows and must devote a significant portion of their entire effort to post-doctoral fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to post-doctoral fellows. (Core)	2.11.	Core Faculty Core faculty members must have a si supervision of post-doctoral fellows a of their entire effort to post-doctoral f administration, and must, as a compo evaluate, and provide formative feedb
II.B.4.a)	Core faculty members must complete the annual ACGME Faculty Survey. (Core)	2.11.a.	Core faculty members must complete (Core)
II.B.4.b)	The program must have at least three core faculty members. (Core)	2.11.b.	The program must have at least three co
II.C.	Program Coordinator	2.12.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.12.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.12.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
II.C.2.a)	The program coordinator must be provided with support equal to a dedicated minimum of 20 percent time for administration of the program. (Core)	2.12.a.1.	The program coordinator must be provid minimum of 20 percent time for administ
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.13.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
II.D.1.	Genetic counselors, nurses, dieticians, lab technologists and other health care professionals who are involved in the provision of clinical and medical biochemical genetics services should be available to collaborate on a regular basis with post-doctoral fellows. (Detail)	2.13.a.	Genetic counselors, nurses, dieticians, l professionals who are involved in the pro biochemical genetics services should be basis with post-doctoral fellows. (Detail)
III.	Post-Doctoral Fellow Appointments	Section 3	Section 3: Post-Doctoral Fellow Appo
II.A.	Eligibility Requirements	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred
III.A.1.	An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred
III.A.1.a)	graduation from a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME); graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or graduation from an accredited doctoral program in a clinically related discipline; or, (Core)	3.2.a.	graduation from a medical school in t Liaison Committee on Medical Educa college of osteopathic medicine in the American Osteopathic Association Co Accreditation (AOACOCA); or gradua program in a clinically related discipli
III.A.1.a).(1)	Post-doctoral fellows entering clinical biochemical genetics programs must hold an MD, DO, or PhD (or equivalent) degree. (Core)	3.2.a.1.	Post-doctoral fellows entering clinical bio an MD, DO, or PhD (or equivalent) degre
III.A.1.a).(1).(a)	The PhD (or equivalent) degree must be in either genetics or a related field. (Core)	3.2.a.1.a.	The PhD (or equivalent) degree must be (Core)

uirement
nguage
significant role in the education and
s and must devote a significant portion
I fellow education and/or
ponent of their activities, teach,
dback to post-doctoral fellows. (Core)
ete the annual ACGME Faculty Survey.
core faculty members. (Core)
or. (Core)
or. (Core)
provided with dedicated time and n of the program based upon its size
vided with support equal to a dedicated
istration of the program. (Core)
s Sponsoring Institution, must jointly personnel for the effective re)
, lab technologists and other health care provision of clinical and medical be available to collaborate on a regular il)
pointments
following qualifications to be eligible edited program: (Core)

following qualifications to be eligible edited program: (Core)

n the United States, accredited by the cation (LCME); graduation from a the United States, accredited by the Commission on Osteopathic College uation from an accredited doctoral pline; or, (Core)

biochemical genetics programs must hold gree. (Core)

be in either genetics or a related field.

Number - Pre-		Reformatted	Requi
Reformatting	Requirement Language	Requirement Number	
III.A.1.b)	graduation from a medical school outside of the United States, and holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment. (Core)	3.2.b.	graduation from a medical school our holding a currently valid certificate fr Foreign Medical Graduates (ECFMG)
	Post-Doctoral Fellow Complement		
III.B.	The program director must not appoint more post-doctoral fellows than approved by the Review Committee. (Core)	3.4.	Post-Doctoral Fellow Complement The program director must not appoi approved by the Review Committee.
	Post-Doctoral Fellow Transfers		
III.C.	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring post-doctoral fellow, and Milestones evaluations upon matriculation. (Core)	3.5.	Post-Doctoral Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring post-doc evaluations upon matriculation. (Core
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in post-doctoral education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in post-doctoral educ affiliation, size, or location of the prog
	The educational program must support the development of knowledgeable, skillful specialists who contribute to compassionate care.		The educational program must suppo knowledgeable, skillful specialists wi
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates.	Section 4	It is recognized that programs may p leadership, public health, etc. It is exp reflect the nuanced program-specific
IV.A.	Educational Components The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, post-doctoral fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, post-doctoral fellows, and
	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to post-doctoral fellows		competency-based goals and objectin designed to promote progress on a tr These must be distributed, reviewed,
IV.A.2.		4.2.b.	fellows and faculty members; (Core)
IV.A.3.	delineation of post-doctoral fellow responsibilities for patient care, progressive responsibility for contributions to patient care, and graded supervision; and, (Core)	4.2.c.	delineation of post-doctoral fellow re- progressive responsibility for contrib supervision; (Core)
IV.A.4.	a broad range of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured didactic a
IV.A.4.a)	Post-doctoral fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Post-doctoral fellows must be provid in core 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 prop tools, and techniques. (Core)

outside of the United States, and from the Educational Commission for B) prior to appointment. (Core)

oint more post-doctoral fellows than . (Core)

on of previous educational experiences of performance evaluation prior to octoral fellow, and Milestones ore)

s designed to encourage excellence Ication regardless of the organizational rogram.

port the development of who contribute to compassionate care.

place different emphasis on research, xpected that the program aims will ic goals for it and its graduates.

llowing educational components:

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

tives for each educational experience trajectory to autonomous practice. d, and available to post-doctoral

responsibilities for patient care, ibutions to patient care, and graded

activities; and, (Core)

ided with protected time to participate

omote patient safety-related goals,

Number - Pre-		Reformatted	Requi
Reformatting	Requirement Language	Requirement Number	Lanç
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concep required domains for a trusted specie These Competencies are core to the the specifics are further defined by e trajectories in each of the Competence Milestones for each specialty.
	The program must integrate the following ACGME Competencies into the	[]	
IV.B.1.	curriculum:	[None]	The program must integrate all ACG
IV.B.1.a)	Professionalism Post-doctoral fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Post-doctoral fellows must demonstr and an adherence to ethical principle
IV.B.1.a).(1)	Post-doctoral fellows must demonstrate competence in:	4.3.	ACGME Competencies – Professiona Post-doctoral fellows must demonstr and an adherence to ethical principle
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	Post-doctoral fellows must demonstr integrity, and respect for others. (Cor
IV.B.1.a).(1).(b)	responsiveness to patient care needs that supersedes self-interest; (Core)	4.3.b.	Post-doctoral fellows must demonstr patient care needs that supersedes s
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	Post-doctoral fellows must demonstr (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	Post-doctoral fellows must demonstr privacy and autonomy. (Core)
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	Post-doctoral fellows must demonstr patients, society, and the profession.
IV.B.1.a).(1).(f)	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	Post-doctoral fellows must demonstr responsiveness to diverse patient po diversity in gender, age, culture, race socioeconomic status, and sexual or
IV.B.1.a).(1).(g)	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)	4.3.g.	Post-doctoral fellows must demonstr recognize and develop a plan for one well-being. (Core)
	appropriately disclosing and addressing conflict or duality of interest.	4.0.1-	Post-doctoral fellows must demonstr
IV.B.1.a).(1).(h) IV.B.1.b)	(Core) Patient Care and Procedural Skills	4.3.h. [None]	disclosing and addressing conflict or
IV.B.1.b).(1)	Post-doctoral fellows must be able to contribute to patient care in a way that is patient- and family-centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)		ACGME Competencies – Patient Care Post-doctoral fellows must be able to that is patient- and family-centered, o appropriate, and effective for the trea promotion of health. (Core)
IV.B.1.b).(1).(a)	Post-doctoral fellows must demonstrate competence in:	[None]	
IV.B.1.b).(1).(a).(i)	pre-analytic, quality control, analytic, and interpretive laboratory skills; and, (Core)	4.4.a.	Post-doctoral fellows must demonstrate control, analytic, and interpretive labora
IV.B.1.b).(1).(a).(ii)	post-analytic reporting skills. (Core)	4.4.b.	Post-doctoral fellows must demonstrate skills. (Core)

eptual framework describing the cialist to enter autonomous practice. he practice of all specialists, although reach specialty. The developmental encies are articulated through the

GME Competencies into the curriculum.

nalism strate a commitment to professionalism bles. (Core)

nalism

strate a commitment to professionalism bles. (Core)

strate competence in compassion, core)

strate competence in responsiveness to self-interest. (Core)

strate competence in cultural humility.

strate competence in respect for patient

strate competence in accountability to on. (Core)

strate competence in respect and populations, including but not limited to ce, religion, disabilities, national origin, orientation. (Core)

strate competence in ability to ne's own personal and professional

strate competence in appropriately or duality of interest. (Core)

are and Procedural Skills (Part A)

to contribute to patient care in a way , compassionate, equitable, eatment of health problems and the

te competence in pre-analytic, quality ratory skills. (Core)

te competence in post-analytic reporting

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IV.B.1.b).(2)	Post-doctoral fellows must be able to perform all procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care Post-doctoral fellows must be able to essential for the area of practice. (Co
	Post-doctoral fellows must demonstrate competence in the principles and techniques of specimen selection, sample preparation, analysis, and results		Post-doctoral fellows must demonstrate techniques of specimen selection, samp
IV.B.1.b).(2).(a)	interpretation and reporting for: (Core)	4.5.a.	interpretation and reporting for: (Core)
IV.B.1.b).(2).(a).(i)	acylcarnitine analysis; (Core)	4.5.a.1.	acylcarnitine analysis; (Core)
IV.B.1.b).(2).(a).(ii)	amino acid analysis; (Core)	4.5.a.2.	amino acid analysis; (Core)
IV.B.1.b).(2).(a).(iii)	enzyme-based analysis; and, (Core)	4.5.a.3.	enzyme-based analysis; and, (Core)
IV.B.1.b).(2).(a).(iv)	organic acid analysis. (Core)	4.5.a.4.	organic acid analysis. (Core)
IV.B.1.c)	Medical Knowledge Post-doctoral 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 in their contributions to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Post-doctoral fellows must demonstr evolving biomedical, clinical, epidem sciences, including scientific inquiry, knowledge in their contributions to p
IV.B.1.c).(1)	Post-doctoral fellows must demonstrate knowledge of general principles of biology and genetics as related to biochemical genetics, including: (Core)	4.6.a.	Post-doctoral fellows must demonstrate biology and genetics as related to bioch
IV.B.1.c).(1).(a)	biochemical pathways and how they interrelate; (Core)	4.6.a.1.	biochemical pathways and how they inte
	enzyme kinetics; and, (Core)	4.6.a.2.	enzyme kinetics; and, (Core)
IV.B.1.c).(1).(b)	principles of population-based screening. (Core)	4.6.a.3.	principles of population-based screening
IV.B.1.c).(1).(c)		4.0.a.3.	
IV.B.1.c).(2)	Post-doctoral fellows must demonstrate knowledge of the clinical, biochemical, pathophysiologic, diagnostic, and treatment features of biochemical genetic conditions, including disorders of: (Core)	4.6.b.	Post-doctoral fellows must demonstrate pathophysiologic, diagnostic, and treatm conditions, including disorders of: (Core
IV.B.1.c).(2).(a)	carbohydrate metabolism (e.g., glycogen storage disorders); (Core)	4.6.b.1.	carbohydrate metabolism (e.g., glycoge
IV.B.1.c).(2).(b)	cofactor and metal metabolism and transport (e.g., B12 deficiency); (Core)	4.6.b.2.	cofactor and metal metabolism and tran
IV.B.1.c).(2).(c)	complex molecule metabolism (e.g., lysosomal storage disorders, and congenital disorders of glycosylation); (Core)	4.6.b.3.	complex molecule metabolism (e.g., lyse congenital disorders of glycosylation); (0
IV.B.1.c).(2).(d)	energy metabolism (e.g., mitochondrial myopathies); (Core)	4.6.b.4.	energy metabolism (e.g., mitochondrial
IV.B.1.c).(2).(e)	small molecule metabolism (e.g., neurotransmitter disorders); and, (Core)	4.6.b.5.	small molecule metabolism (e.g., neurot
IV.B.1.c).(2).(f)	treatment options for all metabolic disorders. (Core)	4.6.b.6.	treatment options for all metabolic disord
IV.B.1.c).(3)	Post-doctoral fellows must demonstrate knowledge of the principles and applications of newborn screening and confirmatory follow-up testing and reporting. (Core)	4.6.c.	Post-doctoral fellows must demonstrate applications of newborn screening and c reporting. (Core)
10.0.1.0).(0)		4.0.0.	
IV.B.1.d)	Practice-based Learning and Improvement Post-doctoral fellows must demonstrate the ability to investigate and evaluate their contributions to the 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 Post-doctoral fellows must demonstr evaluate their contributions to the car assimilate scientific evidence, and to based on constant self-evaluation and
IV.B.1.d).(1)	Post-doctoral fellows must demonstrate competence in:	[None]	
IV.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one's knowledge and		Post-doctoral fellows must demonstr strengths, deficiencies, and limits in (Core)
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	Post-doctoral fellows must demonstr and improvement goals. (Core)

re and Procedural Skills (Part B) to perform all procedures considered core)

te competence in the principles and nple preparation, analysis, and results

nowledge

strate knowledge of established and miological and social-behavioral ry, as well as the application of this patient care. (Core)

te knowledge of general principles of chemical genetics, including: (Core) nterrelate; (Core)

ng. (Core)

te knowledge of the clinical, biochemical, tment features of biochemical genetic re)

en storage disorders); (Core)

ansport (e.g., B12 deficiency); (Core)

vsosomal storage disorders, and (Core)

al myopathies); (Core)

otransmitter disorders); and, (Core)

orders. (Core)

te knowledge of the principles and d confirmatory follow-up testing and

ased Learning and Improvement strate the ability to investigate and care of patients, to appraise and to continuously improve patient care and lifelong learning. (Core)

strate competence in identifying none's knowledge and expertise.

strate competence in setting learning

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Reformatting	Requirement Language	Requirement Number	
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	Post-doctoral fellows must demonstr performing appropriate learning activ
IV.B.1.d).(1).(d)	systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement; (Core)	4.7.d.	Post-doctoral fellows must demonstr analyzing their contributions to care including activities aimed at reducing implementing changes with the goal
IV.B.1.d).(1).(e)	incorporating feedback and formative evaluation into daily practice; and,	4.7.e.	Post-doctoral fellows must demonstr feedback and formative evaluation in
IV.B.1.d).(1).(f)	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)	4.7.f.	Post-doctoral fellows must demonstr appraising, and assimilating evidence their patients' health problems. (Core
IV.B.1.e)		4.8.	ACGME Competencies – Interperson Post-doctoral fellows must demonstr skills that result in the effective excha with patients, their families, and heal
IV.B.1.e).(1)	-	[None]	
IV.B.1.e).(1).(a)	communicating effectively with patients and patients' families, as appropriate, across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient; (Core)	4.8.a.	Post-doctoral fellows must demonstr effectively with patients and patients broad range of socioeconomic circur language capabilities, learning to eng to provide appropriate care to each p
IV.B.1.e).(1).(b)	communicating effectively with physicians, other health professionals, and health-related agencies; (Core)	4.8.b.	Post-doctoral fellows must demonstr effectively with physicians, other hea agencies. (Core)
IV.B.1.e).(1).(c)	working effectively as a member or leader of a health care team or other professional group; (Core)	4.8.c.	Post-doctoral fellows must demonstr effectively as a member or leader of a professional group. (Core)
IV.B.1.e).(1).(d)	educating patients, patients' families, students, other residents, and other health professionals; (Core)	4.8.d.	Post-doctoral fellows must demonstr patients, patients' families, students, (Core)
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Post-doctoral fellows must demonstr consultative role to other physicians
IV.B.1.e).(1).(f)	maintaining comprehensive, timely, and legible health care records, if applicable. (Core)	4.8.f.	Post-doctoral fellows must demonstr comprehensive, timely, and legible he (Core)
IV.B.1.e).(2)	Post-doctoral fellows must generate comprehensive and timely laboratory reports. (Core)	4.8.g.	Post-doctoral fellows must generate con reports. (Core)
IV.B.1.f).		4.9.	ACGME Competencies - Systems-Bas Post-doctoral fellows must demonstr responsiveness to the larger context the structural and social determinant effectively collaborate with other pro- optimal health care. (Core)
IV.B.1.f).(1)	Post-doctoral fellows must demonstrate competence in:	[None]	

uirement

nguage

trate competence in identifying and tivities. (Core)

strate competence in systematically e using quality improvement methods, ng health care disparities, and al of practice improvement. (Core)

trate competence in incorporating into daily practice. (Core)

trate competence in locating, ce from scientific studies related to re)

nal and Communication Skills strate interpersonal and communication shange of information and collaboration alth professionals. (Core)

strate competence in communicating ts' families, as appropriate, across a umstances, cultural backgrounds, and ngage interpretive services as required patient. (Core)

strate competence in communicating ealth professionals, and health-related

trate competence in working f a health care team or other

strate competence in educating s, and other health professionals.

strate competence in acting in a s and health professionals. (Core)

trate competence in maintaining health care records, if applicable.

omprehensive and timely laboratory

ased Practice strate an awareness of and xt and system of health care, including nts of health, as well as the ability to roviders and use resources to provide

Number - Pre- Reformatting	Requirement Language	Reformatted Requirement Number	Requi Lang
IV.B.1.f).(1).(a)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	Post-doctoral fellows must demonstr effectively in various health care deliv their clinical specialty. (Core)
IV.B.1.f).(1).(a).(i)	Post-doctoral fellows must:	[None]	
IV.B.1.f).(1).(a).(i).(a)	participate in interactions with external regulatory agencies, including any inspections of the labs during their training; (Core)	4.9.a.	Post-doctoral fellows must participate in agencies, including any inspections of the
IV.B.1.f).(1).(a).(i).(b)	demonstrate knowledge of the function and interaction of laboratory information systems, electronic health records, and billing systems; and, ^(Core)	4.9.b.	Post-doctoral fellows must demonstrate interaction of laboratory information syst billing systems. (Core)
IV.B.1.f).(1).(a).(i).(c)	demonstrate expertise in their knowledge of basic economic and business principles needed to function effectively in the practice setting. (Core)	4.9.c.	Post-doctoral fellows must demonstrate economic and business principles neede setting. (Core)
IV.B.1.f).(1).(b)	helping to coordinate patient care across the health care continuum and beyond as relevant to their specialty; (Core)	4.9.b.	Post-doctoral fellows must demonstr coordinate patient care across the he relevant to their specialty. (Core)
IV.B.1.f).(1).(c)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Post-doctoral fellows must demonstra quality patient care and optimal patient
IV.B.1.f).(1).(d)	participating in identifying system errors and implementing potential systems solutions; (Core)	4.9.d.	Post-doctoral fellows must demonstr identifying system errors and implem (Core)
IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;(Core)	4.9.e.	Post-doctoral fellows must demonstrations of value, equity, cost and risk-benefit analysis in patient an appropriate. (Core)
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Post-doctoral fellows must demonstration health care finances and its impact or decisions. (Core)
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Post-doctoral fellows must demonstratechniques that promote patient safet events (real or simulated). (Detail)
IV.B.1.f).(1).(h)	actively participating in laboratory inspections; and, (Core)	4.9.i.	Post-doctoral fellows must demonstrate laboratory inspections. (Core)
IV.B.1.f).(1).(i)	participating in laboratory quality management, including quality control and quality assurance. (Core)	4.9.j.	Post-doctoral fellows must demonstrate laboratory quality management, includin (Core)
IV.B.1.f).(2)	Post-doctoral fellows must learn to advocate for patients within the health care system, directly or through collaboration with other providers, to achieve the patient's and patient's family's care goals. (Core)	4.9.h.	Post-doctoral fellows must learn to ac care system, directly or through colla achieve the patient's and patient's far

trate competence in working livery settings and systems relevant to

in interactions with external regulatory the labs during their training. (Core) te knowledge of the function and ystems, electronic health records, and

te expertise in their knowledge of basic eded to function effectively in the practice

trate competence in helping to nealth care continuum and beyond as

trate competence in advocating for ient care systems. (Core)

trate competence in participating in menting potential systems solutions.

trate competence in incorporating at awareness, delivery and payment, and/or population-based care as

trate competence in understanding on individual patients' health

trate competence in using tools and fety and disclosure of patient safety

te competence in actively participating in

te competence in participating in ling quality control and quality assurance.

advocate for patients within the health llaboration with other providers, to amily's care goals. (Core)

Number - Pre-		Reformatted	Requi
Reformatting	Requirement Language	Requirement Number	Lang
			Curriculum Organization and Fellow 4.10. Curriculum Structure The curriculum must be structured to educational experiences, the length of supervisory continuity. These educat appropriate blend of supervised patie teaching, and didactic educational ev
IV.C.	Curriculum Organization and Post-Doctoral Fellow Experiences	4.10 4.11.	4.11. Didactic and Clinical Experience Post-doctoral fellows must be provid in core didactic activities. (Core)
IV.C.1.	The curriculum must be structured to optimize post-doctoral fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	4.10. Curriculum Structure The curriculum must be structured to educational experiences, the length of supervisory continuity. These educat appropriate blend of supervised patie teaching, and didactic educational ev
IV.C.1.a)	The program must ensure:	[None]	
IV.C.1.a).(1)	adequate supervision during times of transition and hand-offs; (Core)	4.10.a.	The program must ensure adequate sup hand-offs. (Core)
IV.C.1.a).(2)	continuity of supervision at all participating sites; and, (Core)	4.10.b.	The program must ensure continuity of s (Core)
IV.C.1.a).(3)	exposure to and sufficient time in specialty clinics for post-doctoral fellows. (Core)	4.10.c.	The program must ensure exposure to a post-doctoral fellows. (Core)
IV.C.2.	A program in clinical biochemical genetics must provide the necessary formal education and clinical laboratory-based experience to allow post-doctoral fellows to develop the knowledge, skills, and professional attitudes required for the practice in the field. (Core)	4.11.a.	A program in clinical biochemical genetic education and clinical laboratory-based fellows to develop the knowledge, skills, the practice in the field. (Core)
IV.C.2.a)	There must be a minimum of 18 months in the clinical biochemical laboratory, to include: (Core)	4.11.b.	There must be a minimum of 18 months include: (Core)
IV.C.2.a).(1)	a four-week rotation in laboratory genetics and genomics; (Core)	4.11.b.1.	a four-week rotation in laboratory genetic
IV.C.2.a).(2)	clinical rotations or experience in the laboratory; and, (Core)	4.11.b.2.	clinical rotations or experience in the lab
IV.C.2.a).(3)	didactic course work and other educational opportunities. (Core)	4.11.b.3.	didactic course work and other educatio
IV.C.2.b)	Development of clinical laboratory methods or tests should be a component of training. (Detail)	4.11.c.	Development of clinical laboratory methor training. (Detail)
IV.C.2.c)	There must be no more than six months of activities designed to gain additional clinical or research skills, including additional rotations to learn new skills or assays, development of new assays in the laboratory, or to complete a research project pertinent to the field of clinical biochemical genetics. (Core)	4.11.d.	There must be no more than six months clinical or research skills, including addit assays, development of new assays in t project pertinent to the field of clinical bio
IV.C.3.	Post-doctoral fellows should gain experience in a wide array of techniques at the primary on-site laboratory. (Core)	4.11.e.	Post-doctoral fellows should gain experi the primary on-site laboratory. (Core)
IV.C.4.	Direct Patient Experience in Medical Genetics and Genomics	4.11.f.	Direct Patient Experience in Medical Ge Post-doctoral fellows must have direct e patients, medical decision making, and g

uirement	
nguage	

Experiences

to optimize post-doctoral fellow of the experiences, and the ational experiences include an tient care responsibilities, clinical events. (Core)

ces

ided with protected time to participate

to optimize post-doctoral fellow of the experiences, and the ational experiences include an tient care responsibilities, clinical events. (Core)

upervision during times of transition and

f supervision at all participating sites.

and sufficient time in specialty clinics for

etics must provide the necessary formal d experience to allow post-doctoral ls, and professional attitudes required for

ns in the clinical biochemical laboratory, to

etics and genomics; (Core)

aboratory; and, (Core)

ional opportunities. (Core)

hods or tests should be a component of

ns of activities designed to gain additional ditional rotations to learn new skills or n the laboratory, or to complete a research biochemical genetics. (Core)

rience in a wide array of techniques at

Genetics and Genomics exposure to the clinical evaluation of d genetic counseling. (Core)

Number - Pre- Reformatting	Requirement Language	Reformatted Requirement Number	Requi Lan
IV.C.4.a)	Post-doctoral fellows must have direct exposure to the clinical evaluation of patients, medical decision making, and genetic counseling. (Core)	4.11.f.	Direct Patient Experience in Medical Ge Post-doctoral fellows must have direct e patients, medical decision making, and
IV.C.4.a).(1)	Post-doctoral fellows must participate in a minimum of 10 patient case conferences and the equivalent of 10 half-day metabolic clinics (i.e., 40 hours). (Core) 4.11.f.1.		Post-doctoral fellows must participate in conferences and the equivalent of 10 ha (Core)
IV.C.4.a).(2)	Post-doctoral fellows should have direct exposure to patients with inborn errors of metabolism in the inpatient and/or outpatient setting. (Detail) 4.11.f.2.		Post-doctoral fellows should have direct of metabolism in the inpatient and/or ou
IV.C.5.	Didactic Education The didactic curriculum must include:	4.11.g.	Didactic Education The didactic curriculum must include clin formal sessions on clinical laboratory to rounds, journal clubs, and follow-up con
IV.C.5.a)	clinical teaching conferences, to include formal sessions on clinical laboratory topics, medical genetics and genomics rounds, journal clubs, and follow-up		Didactic Education The didactic curriculum must include clin formal sessions on clinical laboratory to rounds, journal clubs, and follow-up con
IV.C.5.b)	lectures or other didactic sessions on the following topics including: (Core)	4.11.h.	The didactic curriculum must include lect following topics including: (Core)
IV.C.5.b).(1)	basic mechanisms of inheritance, to include sex chromosomes, autosomes, and		basic mechanisms of inheritance, to incl mitochondrial DNA; ^(Core)
IV.C.5.b).(2)	basic molecular biology techniques pertinent to clinical testing and understanding genetic research; (Core)	4.11.h.2.	basic molecular biology techniques pert understanding genetic research; (Core)
IV.C.5.b).(3)	Bayesian analysis and other methods of genetic risk assessment; (Core)	4.11.h.3.	Bayesian analysis and other methods o
IV.C.5.b).(4)	behavior of genes in a population, to include Hardy Weinberg equilibria of alleles; (Core)	4.11.h.4.	behavior of genes in a population, to inc alleles; (Core)
IV.C.5.b).(5)	bioinformatic approaches to interpreting molecular test results, to include methods to assign causation to novel findings; (Core)	4.11.h.5.	bioinformatic approaches to interpreting methods to assign causation to novel fir
IV.C.5.b).(6)	disorders of amino acid metabolism; (Core)	4.11.h.6.	disorders of amino acid metabolism; (Co
IV.C.5.b).(7)	disorders of carbohydrate metabolism; (Core)	4.11.h.7.	disorders of carbohydrate metabolism; (
IV.C.5.b).(8)	disorders of fatty acid oxidation; (Core)	4.11.h.8.	disorders of fatty acid oxidation; (Core)
IV.C.5.b).(9)	DNA, RNA, and protein chemistry, to include DNA repair; (Core)	4.11.h.9.	DNA, RNA, and protein chemistry, to inc
IV.C.5.b).(10)	gene expression and mechanisms of regulation of genes and genomes, to include epigenetic regulation; (Core)	4.11.h.10.	gene expression and mechanisms of reg include epigenetic regulation; (Core)
IV.C.5.b).(11)	genetic counseling; (Core)	4.11.h.11.	genetic counseling; (Core)
IV.C.5.b).(12)	genetic linkage, mapping, and association studies; (Core)	4.11.h.12.	genetic linkage, mapping, and association
IV.C.5.b).(13)	human embryology and development; (Core)	4.11.h.13.	human embryology and development; (
IV.C.5.b).(14)	inheritance of complex traits and genetic variation; (Core)	4.11.h.14.	inheritance of complex traits and genetic
IV.C.5.b).(15)	lysosomal storage diseases; (Core)	4.11.h.15.	lysosomal storage diseases; (Core)
IV.C.5.b).(16)	/.C.5.b).(16)management of IEM (acute and long-term); (Core)4.7		management of IEM (acute and long-ter
IV.C.5.b).(17)			mechanisms of chromosomal rearrange
IV.C.5.b).(18)			mitochondrial disorders; (Core)
IV.C.5.b).(19)	molecular diagnosis; (Core)	4.11.h.19.	molecular diagnosis; (Core)
IV.C.5.b).(20)	molecular organization of the genome, to include molecular evolution mechanisms; (Core)	4.11.h.20.	molecular organization of the genome, t mechanisms; (Core)
IV.C.5.b).(21)	peroxisomal disorders and other inborn errors of metabolism (IEM); (Core)	4.11.h.21.	peroxisomal disorders and other inborn
IV.C.5.b).(22)	population and newborn screening; (Core)	4.11.h.22.	population and newborn screening; (Co
IV.C.5.b).(23)	principles of biochemical genetics and metabolism; (Core)	4.11.h.23.	principles of biochemical genetics and n

Genetics and Genomics t exposure to the clinical evaluation of d genetic counseling. (Core)

in a minimum of 10 patient case half-day metabolic clinics (i.e., 40 hours).

ect exposure to patients with inborn errors outpatient setting. (Detail)

clinical teaching conferences, to include topics, medical genetics and genomics onferences for genetic clinics. (Core)

clinical teaching conferences, to include topics, medical genetics and genomics onferences for genetic clinics. (Core) lectures or other didactic sessions on the

nclude sex chromosomes, autosomes, and

ertinent to clinical testing and e)

of genetic risk assessment; (Core)

nclude Hardy Weinberg equilibria of

ng molecular test results, to include findings; (Core)

Core)

(Core)

)

nclude DNA repair; (Core)

regulation of genes and genomes, to

ation studies; (Core) (Core)

etic variation; (Core)

term); (Core) gement; (Core)

to include molecular evolution

n errors of metabolism (IEM); (Core)

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metabolism; (Core)

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	principles of replication, recombination, and segregation of alleles during		principles of replication, recombination,
IV.C.5.b).(24)	meiosis; and, (Core)	4.11.h.24.	meiosis; and, (Core)
IV.C.5.b).(25)	the cell cycle and molecular genetics of cancer. (Core)	4.11.h.25.	the cell cycle and molecular genetics of
IV.C.6.	Research seminars should be provided as part of the educational experience. (Core)	4.11.i.	Research seminars should be provided a (Core)
IV.C.7.	Other Educational Opportunities Post-doctoral fellows should participate in a minimum of 20 hours over a period of 24 months in other educational opportunities, such as seminars, journal clubs, rotations in a clinical chemistry laboratory, topics of which should broadly relate to clinical biochemical genetics and genomics education. (Detail)	4.11.j.	Other Educational Opportunities Post-doctoral fellows should participate i of 24 months in other educational opport clubs, rotations in a clinical chemistry lat relate to clinical biochemical genetics an
IV.D.	ScholarshipMedicine is both an art and a science. 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 post- doctoral fellow participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.The ACGME recognizes the diversity of post-doctoral education programs and anticipates that programs prepare specialists for a variety of roles, including contributors to clinical care, 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 critically, evaluate the literature, appr and practice lifelong learning. The pro- environment that fosters the acquisiti doctoral fellow participation in schola may include discovery, integration, ap The ACGME recognizes the diversity and anticipates that programs prepar- including contributors to clinical care expected that the program's scholars aims, and the needs of the community programs may concentrate their schol improvement, population health, and/ might choose to utilize more classic f focus for scholarship.
			Program Responsibilities The program must demonstrate evide
IV.D.1.	Program Responsibilities	4.12.	with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.12.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.b)	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate post-doctoral fellow and faculty involvement in scholarly activities. (Core)	4.12.a.	The program, in partnership with its S adequate resources to facilitate post- involvement in scholarly activities. (C
IV.D.1.c)	The program must advance post-doctoral fellows' knowledge and practice of the scholarly approach to evidence-based contributions to patient care. (Core)	4.12.b.	The program must advance post-doct of the scholarly approach to evidence (Core)

n, and segregation of alleles during

of cancer. (Core)

d as part of the educational experience.

e in a minimum of 20 hours over a period ortunities, such as seminars, journal laboratory, topics of which should broadly and genomics education. (Detail)

ce. This requires the ability to think propriately assimilate new knowledge, program and faculty must create an sition of such skills through postplarly activities. Scholarly activities application, and teaching.

ty of post-doctoral education programs are specialists for a variety of roles, are, scientists, and educators. It is rship will reflect its mission(s) and hity it serves. For example, some holarly activity on quality d/or teaching, while other programs c forms of biomedical research as the

dence of scholarly activities consistent

dence of scholarly activities consistent

S Sponsoring Institution, must allocate st-doctoral fellow and faculty (Core)

octoral fellows' knowledge and practice ce-based contributions to patient care.

Number - Pre-		Reformatted	Requirement
Reformatting	Requirement Language	Requirement Number	Language
			 Faculty Scholarly Activity Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) Research in basic science, education, translational science, patient care or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards
IV.D.2.	Faculty Scholarly Activity	4.13.	Innovations in education
IV.D.2.a)	 Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.13.	 Faculty Scholarly Activity Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.13.a.	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor. (Outcome)	4.13.a.1.	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)
IV.D.3.	Post-Doctoral Fellow Scholarly Activity	4.14.	Post-Doctoral Fellow Scholarly Activity Post-doctoral fellows must participate in scholarship. (Core)
IV.D.3.a)	Post-doctoral fellows must participate in scholarship. (Core)	4.14.	Post-Doctoral Fellow Scholarly Activity Post-doctoral fellows must participate in scholarship. (Core)
IV.D.3.a).(1)	Each post-doctoral fellow must demonstrate scholarship through at least one scientific presentation, abstract, or publication. (Core)	4.14.a.	Each post-doctoral fellow must demonstrate scholarship through at least one scientific presentation, abstract, or publication. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation

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/.A.	Post-Doctoral Fellow Evaluation	5.1.	Post-Doctoral Fellow Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on post-doctoral fellow performance during each rotation or similar educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Post-Doctoral Fellow Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on post-doctoral fellow performance during each rotation or similar educational assignment. (Core)
/.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on post-doctoral fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Post-Doctoral Fellow Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on post-doctoral fellow performance during each rotation or similar educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the completion of the assignment. (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)
/.A.1.b).(2)	Longitudinal experiences must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences must be evaluated at least every three months and at completion. (Core)
/.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones. (Core)
/.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	The program must use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members). (Core)
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive post-doctoral fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	The program must provide that information to the Clinical Competency Committee for its synthesis of progressive post-doctoral fellow performance and improvement toward unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each post-doctoral fellow their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designee, with input from the Clinical Competency Committee, must meet with and review with each post- doctoral fellow their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones. (Core)
V.A.1.d).(2)	assist post-doctoral fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designee, with input from the Clinical Competency Committee, must assist post-doctoral fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth. (Core)
V.A.1.d).(3)	develop plans for post-doctoral fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designee, with input from the Clinical Competency Committee, must develop plans for post-doctoral fellows failing to progress, following institutional policies and procedures. (Core)
/.A.1.e)	The evaluations of a post-doctoral fellow's performance must be accessible for review by the post-doctoral fellow. (Core)	5.1.f.	At least annually, there must be a summative evaluation of each post- doctoral fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)
V.A.1.f).	The evaluations of a resident's performance must be accessible for review	5.1.g.	The evaluations of a post-doctoral fellow's performance must be accessible for review by the post-doctoral fellow. (Core)
			Final Evaluation
V.A.2.	Final Evaluation	5.2.	The program director must provide a final evaluation for each post- doctoral fellow upon completion of the program. (Core)

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Reformatting	Requirement Language	Requirement Number	Lang
			Final Evaluation
V.A.2.a)	The program director must provide a final evaluation for each post- doctoral fellow upon completion of the program. (Core)	5.2.	The program director must provide a doctoral fellow upon completion of the
V.A.2.a).(1)	The specialty-specific Milestones, and, when applicable, the specialty- specific Case Logs, must be used as tools to ensure post-doctoral fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The specialty-specific Milestones, an specific Case Logs, must be used as are able to engage in autonomous pr program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the post-doctoral fellow's permanent record maintained by the institution, and must be accessible for review by the post-doctoral fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become pa permanent record maintained by the for review by the post-doctoral fellow policy. (Core)
V.A.2.a).(2).(b)	verify that the post-doctoral fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that f demonstrated the knowledge, skills, autonomous practice. (Core)
V.A.2.a).(2).(c)	be shared with the post-doctoral fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared v completion of the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee m director. (Core)
V.A.3.a)	At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)	5.3.a.	At a minimum, the Clinical Competen members of the program faculty, at le member. (Core)
V.A.3.a).(1)	Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's post-doctoral fellows. (Core)	5.3.b.	Additional members must be faculty other programs, or other health profe and experience with the program's pe
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all post-doctoral fellow evaluations at least semi-annually; (Core)	5.3.c.	The Clinical Competency Committee evaluations at least semi-annually. (C
V.A.3.b).(2)	determine each post-doctoral fellow's progress on achievement of the specialty-specific Milestones; and, (Core)	5.3.d.	The Clinical Competency Committee fellow's progress on achievement of (Core)
V.A.3.b).(3)	meet prior to the post-doctoral fellows' semi-annual evaluations and advise the program director regarding each post-doctoral fellow's progress. (Core)	5.3.e.	The Clinical Competency Committee fellows' semi-annual evaluations and regarding each post-doctoral fellow's
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educ (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 performance as it relates to the educe (Core)

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e a final evaluation for each postthe program. (Core)

and, when applicable, the specialtyas tools to ensure post-doctoral fellows practice upon completion of the

part of the post-doctoral fellow's ne institution, and must be accessible ow in accordance with institutional

t the post-doctoral fellow has s, and behaviors necessary to enter

with the post-doctoral fellow upon

must be appointed by the program

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

ty members from the same program or ofessionals who have extensive contact post-doctoral fellows. (Core)

ee must review all post-doctoral fellow (Core)

ee must determine each post-doctoral of the specialty-specific Milestones.

ee must meet prior to the post-doctoral nd advise the program director v's progress. (Core)

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

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

Number - Pre-		Reformatted	Requi
Reformatting	Requirement Language	Requirement Number	-
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 thei specialist, professionalism, and scho
v.b.i.a)	This evaluation must include written, confidential evaluations by the post-	J.4.a.	This evaluation must include written.
V.B.1.b)	doctoral fellows. (Core)	5.4.b.	doctoral 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.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one post-doctoral fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one post-doctoral fellow.
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, inclu based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to 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 resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee n and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the post-doctoral fellows and members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the of the teaching faculty, and be submit
V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must complete a Self-St

uirement
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ew of the faculty member's clinical the educational program, participation eir skills as an educator and clinical nolarly activities. (Core)
n, confidential evaluations by the post-
back on their evaluations at least
valuations should be incorporated into

plans. (Core) ent

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

ent

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

e must be composed of at least two one of whom is a core faculty member, w. (Core)

ponsibilities must include review of the Id progress toward meeting them.

ponsibilities must include guiding luding development of new goals,

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

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

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

cluding the action plan, must be he post-doctoral fellows and members nitted to the DIO. (Core) Study and submit it to the DIO. (Core)

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

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Ication is to educate specialists who n. One measure of the effectiveness of nate certifying exam pass rate.

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

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

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

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

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

n 5.6. – 5.6.c., any program whose cified in the requirement have achieved et this requirement, no matter the bass rate in that specialty. (Outcome)

rd certification status annually for the rail fellows that graduated seven years

Number - Pre-		Reformatted	Requi
Reformatting	Requirement Language	Requirement Number	Lang
	The Learning and Working Environment		Section 6. The Learning and Working
	The Learning and Working Environment		Section 6: The Learning and Working
	Post-doctoral education must occur in the context of a learning and		Post-doctoral education must occur
	working environment that emphasizes the following principles:		working environment that emphasize
	• Excellence in the safety and quality of contributions to care of patients		• Excellence in the safety and quality
	by post-doctoral fellows today		by post-doctoral fellows today
	• Excellence in the safety and quality of care rendered to patients by		• Excellence in the safety and quality
	today's post-doctoral fellows in their future practice		today's post-doctoral fellows in their
	• Excellence in professionalism		• Excellence in professionalism
	 Appreciation for the privilege of providing care for patients 		• Appreciation for the privilege of pro
	 Commitment to the well-being of the students, post-doctoral fellows, 		• Commitment to the well-being of the
VI	faculty members, and all members of the health care team	Section 6	faculty members, and all members of
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]	
	Culture of Safety		
	A sulture of selectivities continuous identification of vulnerabilities and		Culture of Safety A culture of safety requires continuo
	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization		a willingness to transparently deal w
	has formal mechanisms to assess the knowledge, skills, and attitudes of		has formal mechanisms to assess th
VI.A.1.a).(1)	its personnel toward safety in order to identify areas for improvement.	[None]	its personnel toward safety in order t
	The program, its faculty, post-doctoral fellows, residents, and fellows must		The program, its faculty, post-doctor
	actively participate in patient safety systems and contribute to a culture of		must actively participate in patient sa
VI.A.1.a).(1).(a)	safety. (Core)	6.1.	culture of safety. (Core)
	Patient Safety Events		
	Reporting, investigation, and follow-up of safety events, near misses, and		Patient Safety Events Reporting, investigation, and follow-
	unsafe conditions are pivotal mechanisms for improving patient safety,		unsafe conditions are pivotal mechan
	and are essential for the success of any patient safety program. Feedback		and are essential for the success of a
	and experiential learning are essential to developing true competence in		and experiential learning are essentia
	the ability to identify causes and institute sustainable systems-based		the ability to identify causes and inst
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities.	[None]	changes to ameliorate patient safety
	Post-doctoral fellows, residents, fellows, faculty members, and other		
VI.A.1.a).(2).(a)	clinical staff members must:	[None]	
	know their recommendation in reporting potient enfoty events and upofe		Post-doctoral fellows, residents, fello
	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and,		clinical staff members must know the safety events and unsafe conditions
VI.A.1.a).(2).(a).(i)	(Core)	6.2.	report such events. (Core)
			Post-doctoral fellows, residents, fello
	be provided with summary information of their institution's patient safety		clinical staff members must be provide
VI.A.1.a).(2).(a).(ii)	reports. (Core)	6.2.a.	institution's patient safety reports. (C

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r in the context of a learning and zes the following principles:

ity of contributions to care of patients

ity of care rendered to patients by eir future practice

roviding care for patients

the students, post-doctoral fellows, of the health care team

Jous identification of vulnerabilities and with them. An effective organization the knowledge, skills, and attitudes of r to identify areas for improvement.

oral fellows, residents, and fellows safety systems and contribute to a

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

llows, faculty members, and other heir responsibilities in reporting patient is at the clinical site, including how to

llows, faculty members, and other vided with summary information of their (Core)

Number - Pre-	Poquirement Lenguere	Reformatted	Requ
Reformatting	Requirement Language	Requirement Number	
	Post-doctoral fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement		Post-doctoral fellows must participal simulated interprofessional clinical p
	activities, such as root cause analyses or other activities that include		activities, such as root cause analys
VI.A.1.a).(2).(b)	•	6.3.	analysis, as well as formulation and
	Quality Metrics		
			Quality Metrics
	Access to data is essential to prioritizing activities for care improvement		Access to data is essential to prioriti
VI.A.1.a).(3)	and evaluating success of improvement efforts.	[None]	and evaluating success of improvem
	Post-doctoral fellows and faculty members must receive data on quality		Post-doctoral fellows and faculty me
VI.A.1.a).(3).(a)	metrics and benchmarks related to their patient populations. (Core)	6.4.	metrics and benchmarks related to the
			Supervision and Accountability Although the attending specialist is a the patient, every specialist shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon relates to the supervision of all contri Supervision in the setting of post-do effective contributions to care of pat
			fellow's development of the skills, kr
			enter the unsupervised participation
VI.A.2.	Supervision and Accountability	[None]	for continued professional growth.
	Although the attending specialist is ultimately responsible for the care of the patient, every specialist 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 contributions to patient care.		Supervision and Accountability Although the attending specialist is a the patient, every specialist shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon relates to the supervision of all contr
	Supervision in the setting of post-doctoral education provides safe and		Supervision in the setting of post-do
	effective contributions to care of patients; ensures each post-doctoral		effective contributions to care of pat
	fellow's development of the skills, knowledge, and attitudes required to		fellow's development of the skills, kr
\/I A 2 a)	enter the unsupervised participation in care; and establishes a foundation	[Nono]	enter the unsupervised participation for continued professional growth.
VI.A.2.a)	for continued professional growth.	[None]	
VI.A.2.a).(1)	Post-doctoral fellows and faculty members must ensure patients are informed of the specialist involved in their care, and of their respective roles in contributing to patient care. (Core)	6.5.	Post-doctoral fellows and faculty me informed of the specialist involved ir roles in contributing to patient care. post-doctoral fellows, faculty member team, and patients. (Core)
VI.A.2.a).(1).(a)	This information must be available to post-doctoral fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Post-doctoral fellows and faculty me informed of the specialist involved ir roles in contributing to patient care. post-doctoral fellows, faculty member team, and patients. (Core)

bate as team members in real and/or I patient safety and quality improvement vses or other activities that include d implementation of actions. (Core)

itizing activities for care improvement efforts.

nembers must receive data on quality their patient populations. (Core)

s ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it ntributions to patient care.

loctoral education provides safe and atients; ensures each post-doctoral knowledge, and attitudes required to on in care; and establishes a foundation

s ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it ntributions to patient care.

loctoral education provides safe and atients; ensures each post-doctoral knowledge, and attitudes required to on in care; and establishes a foundation

nembers must ensure patients are in their care, and of their respective e. This information must be available to bers, other members of the health care

nembers must ensure patients are in their care, and of their respective e. This information must be available to bers, other members of the health care

Number - Pre- Reformatting	Requirement Language	Reformatted Requirement Number	Requi Lang
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all post-doctoral fellows is based on each post-doctoral 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	·	The program must demonstrate that place for all post-doctoral fellows is I level of training and ability, as well as Supervision may be exercised throug appropriate to the situation. (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate post-doctoral 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 post-doctora for graded authority and responsibili following classification of supervisio
VI.A.2.b).(1)	Direct Supervision	6.7.	Direct Supervision The supervising specialist is physical fellow during the key portions of the The supervising specialist and/or pat post-doctoral fellow and the supervisi monitoring the patient care through a technology.
VI.A.2.b).(1).(a)	the supervising specialist is physically present with the post-doctoral fellow during the key portions of the interactions around patient care; or,	6.7.	Direct Supervision The supervising specialist is physical fellow during the key portions of the The supervising specialist and/or pat post-doctoral fellow and the supervision monitoring the patient care through a technology.
	Post-doctoral fellows must initially be supervised directly, only as		Post-doctoral fellows must initially be
VI.A.2.b).(1).(a).(i)		6.7.a.	described in the above definition. (Co
VI.A.2.b).(1).(a).(ii)	Hands-on wet lab work performed by post-doctoral fellows must be done under direct supervision where the supervising specialist is physically present. (Core)	6.7.a.1.	Hands-on wet lab work performed by po direct supervision where the supervising
			Direct Supervision The supervising specialist is physica fellow during the key portions of the
VI.A.2.b).(1).(b)	the supervising specialist and/or patient is not physically present with the post-doctoral fellow and the supervising specialist is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising specialist and/or pat post-doctoral fellow and the supervis monitoring the patient care through a technology.
VI.A.2.b).(1).(b).(i)	Direct supervision through appropriate telecommunication technology must be limited to:	6.7.b.	Direct supervision through appropriate t limited to:
VI.A.2.b).(1).(b).(i).(a)	discussions with faculty members, staff members, and other health care professionals regarding report interpretations; (Core)	6.7.b.1.	discussions with faculty members, staff professionals regarding report interpreta
VI.A.2.b).(1).(b).(i).(b)	clinic appointments held via telehealth methods; and, (Core)	6.7.b.2.	clinic appointments held via telehealth n
VI.A.2.b).(1).(b).(i).(c)	remotely viewing laboratory data in the course of interpreting results and issuing	6.7.b.3.	remotely viewing laboratory data in the oreports. (Core)

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at the appropriate level of supervision in s based on each post-doctoral fellow's as patient complexity and acuity. ugh a variety of methods, as

oral fellow supervision while providing ility, the program must use the ion.

cally present with the post-doctoral the interactions around patient care.

batient is not physically present with the vising specialist is concurrently h appropriate telecommunication

cally present with the post-doctoral in interactions around patient care.

patient is not physically present with the vising specialist is concurrently h appropriate telecommunication

be supervised directly, only as Core)

post-doctoral fellows must be done under ng specialist is physically present. (Core)

cally present with the post-doctoral ne interactions around patient care.

batient is not physically present with the vising specialist is concurrently h appropriate telecommunication

telecommunication technology must be

ff members, and other health care etations; (Core)

methods; and, (Core)

e course of interpreting results and issuing

Number - Pre-		Reformatted	Requi
Reformatting	Requirement Language	Requirement Number	Lanç
VI.A.2.b).(2)	Indirect Supervision: the supervising specialist is not providing physical or concurrent visual or audio supervision but is immediately available to the post-doctoral fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising specialist is not pro- or audio supervision but is immediat fellow for guidance and is available to supervision.
VI.A.2.b).(3)	Oversight – the supervising specialist is available to provide review of post doctoral fellow involvement in procedures/encounters, with feedback provided after care is delivered.	[None]	Oversight The supervising specialist is availabl fellow involvement in procedures/end after care is delivered.
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic specialist is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in contributions to patient care delegated to each post-doctoral fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role delegated to each post-doctoral fellor director and faculty members. (Core)
VI.A.2.d).(1)	The program director must evaluate each post-doctoral fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate of based on specific criteria, guided by
VI.A.2.d).(2)	Faculty members functioning as supervising specialists must delegate portions of care involvement to post-doctoral fellows based on contributions to care needed and the skills of each post-doctoral fellow. (Core)	6.9.b.	Faculty members functioning as super portions of care involvement to post- contributions to care needed and the (Core)
VI.A.2.d).(3)	Senior post-doctoral fellows should serve in a supervisory role to junior post-doctoral fellows in recognition of their progress toward independence, based on the contributions to care needed for each patient and the skills of the individual post-doctoral fellow or fellow. (Detail)	6.9.c.	Senior post-doctoral fellows should s post-doctoral fellows in recognition of independence, based on the contribu and the skills of the individual post-d
VI.A.2.e)	Programs must set guidelines for circumstances and events in which post- doctoral fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for cire doctoral fellows must communicate v member(s). (Core)
VI.A.2.e).(1)	Each post-doctoral fellow must know the limits of their scope of authority, and the circumstances under which the post-doctoral fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each post-doctoral fellow must know and the circumstances under which t to act with conditional independence
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each post-doctoral fellow and to delegate to the post-doctoral fellow the appropriate level of involvement in patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mu the knowledge and skills of each pos the post-doctoral fellow the appropria care authority and responsibility. (Co
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S post-doctoral fellows and faculty mer and ethical responsibilities of special obligation to be appropriately rested their patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate post-doctoral fellows and faculty members concerning the professional and ethical responsibilities of specialists, 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 post-doctoral fellows and faculty mer and ethical responsibilities of special obligation to be appropriately rested their patients. (Core)

roviding physical or concurrent visual ately available to the post-doctoral to provide appropriate direct

ble to provide review of post-doctoral encounters, with feedback provided

vsical presence of a supervising

rity and responsibility, conditional ole in contributions to patient care low must be assigned by the program re)

e each post-doctoral fellow's abilities y the Milestones. (Core)

Ipervising specialists must delegate st-doctoral fellows based on he skills of each post-doctoral fellow.

a serve in a supervisory role to junior of their progress toward outions to care needed for each patient -doctoral fellow or fellow. (Detail)

ircumstances and events in which postwith the supervising faculty

bw the limits of their scope of authority, In the post-doctoral fellow is permitted ce. (Outcome)

nust be of sufficient duration to assess ost-doctoral fellow and to delegate to riate level of involvement in patient Core)

Sponsoring Institutions, must educate nembers concerning the professional sialists, including but not limited to their ed and fit to provide the care required by

Sponsoring Institutions, must educate nembers concerning the professional ialists, including but not limited to their ed and fit to provide the care required by

Number - Pre- Reformatting	Requirement Language	Reformatted Requirement Number	Requ Lan
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on post-doctoral fellows to fulfill non-specialist obligations; (Core)	6.12.a.	The learning objectives of the progra excessive reliance on post-doctoral f obligations. (Core)
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the progra care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each post-doctoral fellow finds in the experience of being a specialist, 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 post-doctoral being a specialist, including protection administrative support, promoting po flexibility, and enhancing profession
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 personal responsibility. (Core)
VI.B.4.	Post-doctoral 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.	Post-doctoral fellows and faculty me understanding of their personal role entrusted to their care, including the and safety events. (Core)
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, post-doctoral fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free forms of harassment, mistreatment, a doctoral fellows, faculty, and staff. (C
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of post-doctoral 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 post-doctor unprofessional behavior and a confic investigating, and addressing such c
	 Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient specialist and require proactive attention to life inside and outside of medicine. Well-being requires that specialists retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of post-doctoral education. Post-doctoral fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, bave the came responsibility to address well being an other aspects of post-doctoral partnership with their Sponsoring Institutions, 		Well-Being Psychological, emotional, and physic development of the competent, carin proactive attention to life inside and requires that specialists retain the jo own real-life stresses. Self-care and i members of the health care team are professionalism; they are also skills nurtured in the context of other aspe Post-doctoral fellows and faculty me depression. Programs, in partnership
VI.C.	have the same responsibility to address well-being as other aspects of post-doctoral fellow competence. Specialists 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 post-doctoral fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	have the same responsibility to addr post-doctoral fellow competence. Sp health care team share responsibility positive culture in a clinical learning behaviors, and prepares post-doctor needed to thrive throughout their car

ram must be accomplished without I fellows to fulfill non-specialist

ram must ensure manageable patient

ram must include efforts to enhance al fellow finds in the experience of sting time with patients, providing progressive independence and onal relationships. (Core)

ip with the Sponsoring Institution, must m that supports patient safety and

nembers must demonstrate an le in the safety and welfare of patients ne ability to report unsafe conditions

Sponsoring Institutions, must provide al, and civil environment that is the from discrimination, sexual and other t, abuse, or coercion of students, post-(Core)

Sponsoring Institutions, should have a oral fellows and faculty regarding fidential process for reporting, concerns. (Core)

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

nembers are at risk for burnout and hip with their Sponsoring Institutions, dress well-being as other aspects of Specialists and all members of the ity for the well-being of each other. A og environment models constructive oral fellows with the skills and attitudes careers.

Number - Pre-		Reformatted	Requirement
Reformatting	Requirement Language	Requirement Number	-
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in partnersh Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts post-doctoral fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity, and wo impacts post-doctoral fellow well-being; (Core
VI.C.1.b)	evaluating workplace safety data and addressing the safety of post- doctoral fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and addressi doctoral fellows and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal post-doctoral fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage optimal faculty member well-being; and, (Core)
VI.C.1.c).(1)	Post-doctoral fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Post-doctoral fellows must be given the oppor mental health, and dental care appointments, i during their working hours. (Core)
VI.C.1.d)	education of post-doctoral fellows and faculty members in:	6.13.d.	education of post-doctoral fellows and faculty
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burnout, dep disorders, suicidal ideation, or potential for vic assist those who experience these conditions;
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in themselves care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-screening.
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affordable mo counseling, and treatment, including access to 24 hours a day, seven days a week. (Core)
VI.C.2.	There are circumstances in which post-doctoral fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for post-doctoral fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which post-doctor attend work, including but not limited to fatigu emergencies, and medical, parental, or caregiv must allow an appropriate length of absence for unable to perform their patient care responsib
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of their contributions to patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and procedur coverage of their contributions to patient care patient care. (Core)
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the post-doctoral fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented without for consequences for the post-doctoral fellow when the clinical work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all post-doctoral fellow recognition of the signs of fatigue and sleep de management, and fatigue mitigation processes
VI.D.1.	Programs must educate all post-doctoral fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all post-doctoral fellow recognition of the signs of fatigue and sleep de management, and fatigue mitigation processes
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for post-doctoral fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Sponsorir adequate sleep facilities and safe transportation fellows who may be too fatigued to safely return
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	

ship with the Sponsoring

work compression that re)

ssing the safety of post-

al post-doctoral fellow and

ortunity to attend medical, , including those scheduled

ty members in:

epression, and substance use violence, including means to is; (Core)

es and how to seek appropriate

g. (Core)

mental health assessment, to urgent and emergent care

oral fellows may be unable to jue, illness, family

jiver leave. Each program for post-doctoral fellows ibilities. (Core)

ures in place to ensure re and ensure continuity of

fear of negative ho is or was unable to provide

ows and faculty members in deprivation, alertness es. (Detail)

ows and faculty members in deprivation, alertness es. (Detail)

ring Institution, must ensure tion options for post-doctoral turn home. (Core)

Number - Pre-		Reformatted	Requirement
Reformatting	Requirement Language	Requirement Number	Language
VI.E.1.	Clinical Responsibilities The clinical care contributions for each post-doctoral fellow must be based on PGY level, patient safety, post-doctoral fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical care contributions for each post-d based on PGY level, patient safety, post-docto and complexity of patient illness/condition, an services. (Core)
	Teamwork Post-doctoral fellows must contribute to care for patients in an environment that maximizes communication and promotes safe,		Teamwork Post-doctoral fellows must contribute to care environment that maximizes communication a
VI.E.2.	interprofessional, team-based care in the specialty and larger health system. (Core)	6.18.	interprofessional, team-based care in the spec system. (Core)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignments to patient care involvement, including their safet (Core)
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care involvement, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assignments to patient care involvement, including their safet (Core)
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 Sponsorin and monitor effective, structured hand-off pro continuity of care and patient safety. (Core)
VI.E.3.c)	Programs must ensure that post-doctoral fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that post-doctoral fello communicating with team members in the har
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide post-doctoral 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 Sponsorin an effective program structure that is configur fellows with educational and clinical experient reasonable opportunities for rest and persona
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 Educational W Clinical and educational work hours must be I hours per week, averaged over a four-week pe house clinical and educational activities, clinic and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work and Edu Post-doctoral fellows should have eight hours clinical work and education periods. (Detail)
VI.F.2.a)	Post-doctoral fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work and Edu Post-doctoral fellows should have eight hours clinical work and education periods. (Detail)
VI.F.2.b)	Post-doctoral fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Post-doctoral fellows must have at least 14 ho education after 24 hours of in-house call. (Cor
VI.F.2.c)	Post-doctoral fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)	6.21.b.	Post-doctoral fellows must be scheduled for a seven free of clinical work and required educa four weeks). At-home call cannot be assigned

ach post-doctoral fellow must be post-doctoral fellow ability, severity ndition, and available support

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

ctoral fellows are competent in in the hand-off process. (Outcome)

Sponsoring Institutions, must design is configured to provide post-doctoral I experience opportunities, as well as ad personal activities.

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

rk and Education eight hours off between scheduled . (Detail)

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Number - Pre-		Reformatted	Requ
Reformatting	Requirement Language	Requirement Number	Lang
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work period exceed 24 hours of continuous schee
VI.F.3.a)	Clinical and educational work periods for post-doctoral fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work period exceed 24 hours of continuous schee
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 post- doctoral fellow education. Additional patient care responsibilities must not be assigned to a post-doctoral fellow during this time. (Core)	6.22.a.	Up to four hours of additional time m patient safety, such as providing effe doctoral fellow education. Additional be assigned to a post-doctoral fellow
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing doctoral fellow, on their own initiative clinical site in the following circumst care to a single severely ill or unstab attention to the needs of a patient or educational events. (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a post- doctoral fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to help 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)		Clinical and Educational Work Hour E In rare circumstances, after handing doctoral fellow, on their own initiative clinical site in the following circumst care to a single severely ill or unstab attention to the needs of a patient or educational events. (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80 hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Medical Genetics and Genomics will not consider requests for exceptions to the 80-hour limit to a post-doctoral fellow's work week.	6.24.	A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sour The Review Committee for Medical Ger requests for exceptions to the 80-hour li week.
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with to achieve the goals and objectives o not interfere with the post-doctoral fe compromise patient safety. (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the post-doctoral fellow to achieve the goals and objectives of the educational program, and must not interfere with the post-doctoral fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with to achieve the goals and objectives o not interfere with the post-doctoral fe compromise patient safety. (Core)
VI.F.5.b)	Time spent by post-doctoral 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 post-doctoral fellows i (as defined in the ACGME Glossary o 80-hour maximum weekly limit. (Core
VI.F.5.c)	PGY-1 post-doctoral fellows are not permitted to moonlight. (Core)	6.25.b.	PGY-1 post-doctoral fellows are not p

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stances: to continue to help provide
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ot permitted to moonlight. (Core)

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Reformatting	Requirement Language	Requirement Number	Lang
	In-House Night Float		
VI.F.6.	Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Post-doctoral 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 Post-doctoral fellows must be schedu frequently than every third night (whe (Core)
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities b call must count toward the 80-hour m of at-home call is not subject to the ev satisfy the requirement for one day in education, when averaged over four v
VI.F.8.a)	Time spent on patient care activities by post-doctoral 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 b call must count toward the 80-hour m of at-home call is not subject to the ev satisfy the requirement for one day in education, when averaged over four w
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 post-doctoral fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each po
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities b call must count toward the 80-hour m of at-home call is not subject to the ev satisfy the requirement for one day in education, when averaged over four v
VI.F.8.a)	Time spent on patient care activities by post-doctoral 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 b call must count toward the 80-hour m of at-home call is not subject to the ev satisfy the requirement for one day in education, when averaged over four v
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 post-doctoral fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each po

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