Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Definition of Graduate Medical Education Graduate medical education is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. Graduate medical education transforms medical students into physician scholars who care for the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many		Definition of Graduate Medical Educa Graduate medical education is the cr development between medical schoo is in this vital phase of the continuur learn to provide optimal patient care members who not only instruct, but s compassion, cultural sensitivity, pro Graduate medical education transfor scholars who care for the patient, pa community; create and integrate new educate future generations of physic patterns established during graduate
Int.A.	years later. Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all	[None]	<i>graduate medical education has as a responsibility for patient care. The cappropriate faculty supervision and o residents to attain the knowledge, sk required for autonomous practice. Giphysicians who focus on excellence affordable, quality care; and the healt Graduate medical education values to physicians brings to medical care, ar psychologically safe learning environ Graduate medical education occurs i foundation for practice-based and life development of the physician, begunt through faculty modeling of the effact environment that emphasizes joy in or rigor, and discovery. This transformation and intellectually demanding and occurs of patients, residents, fellows,</i>
Int.A. (Continued)	members of the health care team.	[None] - (Continued)	members of the health care team.
Int.B.	Definition of Specialty Accredited programs in dermatology provide educational and practical experiences that result in delivery of superior specialized care to patients with diseases of the skin, hair, nails, and mucous membranes.	[None]	Definition of Specialty Accredited programs in dermatology pro experiences that result in delivery of sup diseases of the skin, hair, nails, and mu

cation

crucial step of professional ool and autonomous clinical practice. It um of medical education that residents re under the supervision of faculty it serve as role models of excellence, rofessionalism, and scholarship.

orms medical students into physician patient's family, and a diverse w knowledge into practice; and sicians to serve the public. Practice ate medical education persist many

s a core tenet the graded authority and care of patients is undertaken with d conditional independence, allowing skills, attitudes, judgment, and empathy Graduate medical education develops ce in delivery of safe, equitable, ealth of the populations they serve. Is the strength that a diverse group of and the importance of inclusive and ronments.

s in clinical settings that establish the lifelong learning. The professional un in medical school, continues acement of self-interest in a humanistic n curiosity, problem-solving, academic mation is often physically, emotionally, occurs in a variety of clinical learning ate medical education and the wells, faculty members, students, and all

provide educational and practical superior specialized care to patients with nucous membranes.

Roman Numeral	Pequirement Lenguege	Reformatted	Deminent
Requirement Number	Requirement Language	Requirement Number	Requiremen
			Length of Educational Program
Int.C.	The educational program in dermatology must be 36 months in length. (Core)	4.1.	The educational program in dermatology
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		
	The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education, consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respondent medical education, consistent with the
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 no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. (Core)	1.1.	The program must be sponsored by c Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for residents.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)		The program, with approval of its Spo primary clinical site. (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 agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the 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 clinica at all participating sites. (Core)
	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director.	4.5	At each participating site there must the program director as the site direc
I.B.3.a).		1.5.	education at that site, in collaboration
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all residents, of one month full tim the ACGME's Accreditation Data System
	Required rotations to participating sites that are geographically distant from the Sponsoring Institution must offer educational opportunities not available locally		Required rotations to participating sites Sponsoring Institution must offer educat
I.B.5.	that significantly augment residents' overall educational experience. (Detail)	1.6.a.	that significantly augment residents' over

bgy must be 36 months in length. (Core)

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for residents.

ponsoring Institution, must designate a

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

every 10 years. ^(Core)

designated institutional official (DIO).

ical learning and working environment

st be one faculty member, designated by ector, who is accountable for resident ion with the program director. (Core)

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

es that are geographically distant from the cational opportunities not available locally overall educational experience. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.6.	Rotational experiences occurring outside of the Sponsoring Institution should occur with a clear educational rationale that does not place learning or resident well-being at risk as a result of significant or burdensome daily travel or transit time to reach the clinical education site. (Detail)	1.6.b.	Rotational experiences occurring outside occur with a clear educational rationale well-being at risk as a result of significar time to reach the clinical education site.
	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative GME staff members, and		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi present), faculty members, senior adr
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ Resources
I.D.	Resources	1.8.	The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	The program must provide equipment for taking and reviewing clinical photographs, as well as for viewing educational materials, including portable digital cameras, a microscope with image capture system, a digital image filing and retrieval system, a laptop computer and digital projector, and a viewing room with a projection screen. (Detail)	1.8.a.	The program must provide equipment fo photographs, as well as for viewing educ digital cameras, a microscope with imag and retrieval system, a laptop computer room with a projection screen. (Detail)
I.D.1.b)	There must be adequate space available for didactic conferences. (Detail)	1.8.b.	There must be adequate space available
I.D.1.c)	There must be a sufficient number of adult and pediatric patients to ensure adequate exposure to and education in medical, pediatric, surgical, and procedural dermatology as evidenced by residents reaching graduate-level milestones by the end of the educational program. (Core)	1.8.c.	There must be a sufficient number of ad adequate exposure to and education in procedural dermatology as evidenced by milestones by the end of the educationa
I.D.1.d)	There must be a sufficient number of dermatopathology specimens available to and reviewed by residents to ensure adequate exposure to and education in dermatopathology. (Core)	1.8.d.	There must be a sufficient number of de and reviewed by residents to ensure ade dermatopathology. (Core)
	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for:		The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2. I.D.2.a)	access to food while on duty; (Core)	1.9. 1.9.a.	access to food while on duty; (Core)
1.0.2.0)	safe, quiet, clean, and private sleep/rest facilities available and accessible	1.0.4.	safe, quiet, clean, and private sleep/re
I.D.2.b)	for residents with proximity appropriate for safe patient care; (Core)	1.9.b.	for residents with proximity appropria
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core) security and safety measures appropriate to the participating site; and,	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa security and safety measures appropriate
I.D.2.d)	(Core)	1.9.d.	(Core)
I.D.2.e)	accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents with d Sponsoring Institution's policy. (Core

ide of the Sponsoring Institution should e that does not place learning or resident ant or burdensome daily travel or transit e. (Detail)

on

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

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

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

for taking and reviewing clinical ucational materials, including portable age capture system, a digital image filing er and digital projector, and a viewing

ble for didactic conferences. (Detail)

adult and pediatric patients to ensure n medical, pediatric, surgical, and by residents reaching graduate-level nal program. (Core)

lermatopathology specimens available to dequate exposure to and education in

Sponsoring Institution, must ensure ng environments that promote resident

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

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

priate to the participating site; and,

disabilities consistent with the re)

Roman Numeral Requirement Number	Poquiroment Lenguege	Reformatted	Dominomor
I.D.3.	Requirement Language Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	Requirement Number	Requiremen Residents must have ready access to appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. (Core)	1.11.	Other Learners and Health Care Person The presence of other learners and or but not limited to residents from othe advanced practice providers, must no residents' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the o with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the o with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's GMEC must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's GMEC n director and must verify the program appointment. (Core)
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.1.b)	The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)	2.3.	The program must demonstrate reten length of time adequate to maintain c stability. (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.4.	The program director and, as applical must be provided with support adequibased upon its size and configuration
	Program leadership, in aggregate, must be provided with the dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core) Number of Approved Resident Positions: 12 or fewer Minimum FTE Required: 0.2 Number of Approved Resident Positions: 13-18 Minimum FTE Required: 0.3 Number of Approved Resident Positions: 19 or more Minimum FTE Required:		Program leadership, in aggregate, must minimum time specified below for admin time spent by the program director only and one or more associate (or assistant Number of Approved Resident Positions 0.2 Number of Approved Resident Positions Number of Approved Resident Positions
II.A.2.a)	0.4	2.4.a.	0.4
II.A.2.a).(1)	The appointed term of an interim director should not exceed six months. (Core)	2.4.b.	The appointed term of an interim directo
II.A.2.a).(2)	If the temporary absence is eight weeks or longer, the Review Committee must be notified via ADS. (Core)	2.4.c.	If the temporary absence is eight weeks be notified via ADS. (Core)

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

rsonnel

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

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

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

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

ctor resides with the Review Committee.

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

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

ust be provided with the dedicated ninistration of the program. This may be ly or divided between the program director ant) program directors. (Core)

ons: 12 or fewer | Minimum FTE Required:

ons: 13-18 | Minimum FTE Required: 0.3 ons: 19 or more | Minimum FTE Required:

ctor should not exceed six months. (Core) ks or longer, the Review Committee must

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	The interim director must be a full-time faculty member, with current certification by the American Board of Dermatology, or by the American Osteopathic Board of Dermatology, with at least three years of experience educating dermatology		The interim director must be a full-time f by the American Board of Dermatology, of Dermatology, with at least three years
II.A.2.a).(3)	residents or fellows. (Core)	2.4.d.	residents or fellows. (Core) Qualifications of the Program Directo
II.A.3.	Qualifications of the program director:	2.5.	The program director must possess s years of documented educational and qualifications acceptable to the Revie
II.A.3.a)	must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)	2.5.	Qualifications of the Program Directo The program director must possess s years of documented educational and qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the specialty for which they are the program director by the American Board of Dermatology or by the American Osteopathic Board of Dermatology or specialty qualifications that are acceptable to the Review Committee; and, (Core)	2.5.a.	The program director must possess for which they are the program direct Dermatology or by the American Oster specialty qualifications that are accep (Core)
II.A.3.c)	must include ongoing clinical activity. (Core)	2.5.b.	The program director must demonstr
II.A.3.d)	must include a minimum of one year of documented experience serving as a core faculty member for an ACGME-accredited dermatology program, or specialty qualifications that are acceptable to the Review Committee. (Core)	2.5.c.	The program director must demonstrate experience serving as a core faculty me dermatology program, or specialty qualit Review Committee. (Core)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. (Core)	2.6.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; resident recruitment and sele residents, and disciplinary action; su education in the context of patient ca
II.A.4.a)	The program director must:	[None]	•
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.6.a.	The program director must be a role i
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 an consistent with the needs of the com Sponsoring Institution, and the missi
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.6.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.e.	The program director must have the a supervising interactions and/or learn standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.6.f.	The program director must submit ac required and requested by the DIO, G

e faculty member, with current certification y, or by the American Osteopathic Board ars of experience educating dermatology

tor

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

tor

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

current certification in the specialty ctor by the American Board of ceopathic Board of Dermatology or eptable to the Review Committee.

trate ongoing clinical activity. (Core)

te a minimum of one year of documented nember for an ACGME-accredited alifications that are acceptable to the

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

e model of professionalism. (Core) and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core) eter and maintain a learning of the residents in each of the ACGME

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

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

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

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Requirement Number	Requirement Language	Requirement Number	Requiremer
II.A.4.a).(7)	provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.6.g.	The program director must provide a which residents have the opportunity mistreatment, and provide feedback i appropriate, without fear of intimidati
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a resident; (Core)	2.6.h.	The program director must ensure th Sponsoring Institution's policies and due process, including when action i to promote or renew the appointment
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's	2.6.i.	The program director must ensure th Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Residents must not be required to sig restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all residents within 30 days of completion of or departure from the program; and, (Core)	2.6.j.	The program director must document residents within 30 days of completic (Core)
II.A.4.a).(11)	provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)	2.6.k.	The program director must provide ve education upon the resident's requestion
	 Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents, community, and institution. Faculty members provide levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the residents and 		Faculty Faculty members are a foundational e education – faculty members teach re Faculty members provide an importa- and become practice-ready, ensuring quality of care. They are role models by demonstrating compassion, comm- patient care, professionalism, and a c Faculty members experience the prior development of future colleagues. The the opportunity to teach and model e scholarly approach to patient care, fa medical education system, improve to population. Faculty members ensure that patients from a specialist in the field. They react the patients, residents, community, a provide appropriate levels of supervi- Faculty members create an effective professional manner and attending to
II.B.	<i>themselves.</i> There must be a sufficient number of faculty members with competence to	[None]	<i>themselves.</i> There must be a sufficient number of
II.B.1.	instruct and supervise all residents. (Core)	2.7.	instruct and supervise all residents.
II.B.2.	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty Responsibilities Faculty members must be role mode
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.8.a.	Faculty members must demonstrate equitable, high-quality, cost-effective

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

the program's compliance with the nd procedures related to grievances and n is taken to suspend or dismiss, or not ent of a resident. (Core)

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

sign a non-competition guarantee or

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

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

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

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

of faculty members with competence to s. (Core)

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

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Requirement Number	Requirement Language	Requirement Number	-
	demonstrate a strong interest in the education of residents, including		Faculty members must demonstrate a
	devoting sufficient time to the educational program to fulfill their		residents, including devoting sufficie
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.8.b.	fulfill their supervisory and teaching r
	administer and maintain an educational environment conducive to		Faculty members must administer and
II.B.2.d)	educating residents; (Core)	2.8.c.	environment conducive to educating
	regularly participate in organized clinical discussions, rounds, journal		Faculty members must regularly parti
II.B.2.e)	clubs, and conferences; and, (Core)	2.8.d.	discussions, rounds, journal clubs, a
	pursue faculty development designed to enhance their skills at least		Faculty members must pursue faculty
II.B.2.f)	annually: (Core)	2.8.e.	their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
	in quality improvement, eliminating health inequities, and patient safety;		in quality improvement, eliminating h
II.B.2.f).(2)	(Detail)	2.8.e.2.	(Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their reside
	in patient care based on their practice-based learning and improvement		in patient care based on their practice
II.B.2.f).(4)	efforts. (Detail)	2.8.e.4.	efforts. (Detail)
			Faculty Qualifications
			Faculty members must have appropri
II.B.3.	Faculty Qualifications	2.9.	hold appropriate institutional appoint
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropri
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.9.	hold appropriate institutional appoint
II.B.3.b)	Physician faculty members must:	2.10.	
			Physician faculty members must have
	have current certification in the specialty by the American Board of		by the American Board of Dermatology
	Dermatology or the American Osteopathic Board of Dermatology or possess		of Dermatology or possess qualification
II.B.3.b).(1)	qualifications judged acceptable to the Review Committee. (Core)	2.10.	Committee. (Core)
	Physician faculty members directing resident education in dermatopathology		Physician faculty members directing resi
	should have subspecialty certification in dermatopathology by the American		should have subspecialty certification in
	Board of Dermatology, or the American Osteopathic Board of Dermatology.		Board of Dermatology, or the American
II.B.3.b).(1).(a)	(Core)	2.10.a.	(Core)
	Physician faculty members directing resident education in dermatologic surgery		Physician faculty members directing resi
II.B.3.b).(1).(b)	should have advanced fellowship education in procedural dermatology. (Core)	2.10.b.	should have advanced fellowship educat
	Core Faculty		
			Core Faculty
	Core faculty members must have a significant role in the education and		Core faculty members must have a sig
	supervision of residents and must devote a significant portion of their		supervision of residents and must de
	entire effort to resident education and/or administration, and must, as a		entire effort to resident education and
	component of their activities, teach, evaluate, and provide formative		component of their activities, teach, e
II.B.4.	feedback to residents. (Core)	2.11.	feedback to residents. (Core)
	Core faculty members must complete the annual ACGME Faculty Survey.		Core faculty members must complete
II.B.4.a)	(Core)	2.11.a.	(Core)
-	There should be a core faculty member-to-resident ratio of at least one-to-three.		There should be a core faculty member-
II.B.4.b)	(Core)	2.11.b.	(Core)
,, 			Program Coordinator
1		1	

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

and maintain an educational g residents. (Core)

rticipate in organized clinical

and conferences. (Core)

Ity development designed to enhance

I)

health inequities, and patient safety;

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

oriate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

by or the American Osteopathic Board tions judged acceptable to the Review

esident education in dermatopathology in dermatopathology by the American n Osteopathic Board of Dermatology.

esident education in dermatologic surgery cation in procedural dermatology. (Core)

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

te the annual ACGME Faculty Survey.

er-to-resident ratio of at least one-to-three.

or. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	There must be a pressure coordinator (Core)	2.42	Program Coordinator
II.C.1. II.C.2.	There must be a program coordinator. (Core) 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. 2.12.a.	There must be a program coordinator The program coordinator must be pro support adequate for administration and configuration. (Core)
II.C.2.a)	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core) Number of Approved Resident Positions: 1-20 Minimum FTE Required: 0.5 Number of Approved Resident Positions: 21 or more Minimum FTE Required: 1	2.12.b.	At a minimum, the program coordinator time and support specified below for adr Number of Approved Resident Positions Number of Approved Resident Positions
и.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.	The Sponsoring Institution must ensure the availability of adequate clerical, clinical, and nursing personnel to ensure that residents' duties principally encompass the diagnosis and treatment of patients, and not duties which are primarily clerical or nursing in nature. (Core)	2.13.a.	The Sponsoring Institution must ensure clinical, and nursing personnel to ensure encompass the diagnosis and treatment primarily clerical or nursing in nature. (C
III.	Resident Appointments	Section 3	Section 3: Resident Appointments
III.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) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core)	3.2.a.	graduation from a medical school in t Liaison Committee on Medical Educat college of osteopathic medicine in the American Osteopathic Association Co Accreditation (AOACOCA); or, (Core)
	graduation from a medical school outside of the United States, and		 graduation from a medical school out meeting one of the following addition holding a currently valid certificate f Foreign Medical Graduates (ECFMG) holding a full and unrestricted licens States licensing jurisdiction in which
III.A.1.b)	meeting one of the following additional qualifications: (Core)	3.2.b.	located. (Core)

or. (Core)

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

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

ns: 1-20 | Minimum FTE Required: 0.5 ns: 21 or more | Minimum FTE Required: 1

Sponsoring Institution, must jointly personnel for the effective e)

e the availability of adequate clerical, are that residents' duties principally ant of patients, and not duties which are (Core)

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) or graduation from a the United States, accredited by the Commission on Osteopathic College e)

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			graduation from a medical school ou meeting one of the following addition
			 holding a currently valid certificate Foreign Medical Graduates (ECFMG)
III.A.1.b).(1)	holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core)	3.2.b.	 holding a full and unrestricted licen States licensing jurisdiction in which located. (Core)
			graduation from a medical school ou meeting one of the following addition
			 holding a currently valid certificate Foreign Medical Graduates (ECFMG)
III.A.1.b).(2)	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core)	3.2.b.	 holding a full and unrestricted licen States licensing jurisdiction in which located. (Core)
III.A.2.	All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. (Core)	3.3.	All prerequisite post-graduate clinica transfer into ACGME-accredited resid ACGME-accredited residency program programs, Royal College of Physician accredited or College of Family Phys residency programs located in Canad ACGME International (ACGME-I) Adva
III.A.2.a)	Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)	3.3.a.	Residency programs must receive ve competency in the required clinical fi ACGME-I Milestones evaluations from matriculation. (Core)
III.A.2.a).(1)	Prior to appointment in the program, residents must have successfully completed a broad-based clinical year (PGY-1) in an emergency medicine, family medicine, general surgery, internal medicine, obstetrics and gynecology, pediatrics, or transitional year program accredited by the ACGME, or in such a program that satisfies the requirements in III.A.2. (Core)	3.3.a.1.	Prior to appointment in the program, rescompleted a broad-based clinical year (family medicine, general surgery, international year program that satisfies the requirements
III.A.2.a).(1).(a)	During the broad-based clinical year (PGY-1), elective rotations in dermatology must not exceed a total of two months. (Core)	3.3.a.1.a.	During the broad-based clinical year (PC must not exceed a total of two months.
III.B.	Resident Complement The program director must not appoint more residents than approved by the Review Committee. (Core)	3.4.	Resident Complement The program director must not appoi the Review Committee. (Core)
	Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon		Resident Transfers The program must obtain verification and a summative competency-based acceptance of a transferring resident
III.C.	matriculation. (Core)	3.5.	matriculation. (Core)

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

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

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

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

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

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

cal education required for initial entry or sidency programs must be completed in rams, AOA-approved residency ians and Surgeons of Canada (RCPSC)ysicians of Canada (CFPC)-accredited ada, or in residency programs with dvanced Specialty Accreditation. (Core)

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

residents must have successfully r (PGY-1) in an emergency medicine, rnal medicine, obstetrics and gynecology, m accredited by the ACGME, or in such a ts in 3.3. (Core)

PGY-1), elective rotations in dermatology s. (Core)

oint more residents than approved by

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
•	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
IV.	It is recognized programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized programs may place leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricul community health.
IV.A.	Educational Components The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, residents, and faculty me
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)	4.2.b.	competency-based goals and objecti designed to promote progress on a tr These must be distributed, reviewed, members; (Core)
IV.A.3.	delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision; (Core)	4.2.c.	delineation of resident responsibilitie responsibility for patient managemen
IV.A.4. IV.A.4.a)	a broad range of structured didactic activities; and, (Core) Residents must be provided with protected time to participate in core didactic activities. (Core)	4.2.d.	a broad range of structured didactic a Didactic and Clinical Experiences Residents must be provided with pro- didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pro tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by en- trajectories in each of the Competence Milestones for each specialty.
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACG

s designed to encourage excellence I education regardless of the ocation of the program.

port the development of who provide compassionate care.

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

llowing educational components:

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

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

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

rotected time to participate in core

romote patient safety-related goals,

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

GME Competencies into the curriculum.

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
	Professionalism		ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a)	Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	Residents must demonstrate compete
			ACGME Competencies – Professiona Residents must demonstrate a comm adherence to ethical principles. (Core
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate compete
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect fo
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and auton
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, an
IV.B.1.a).(1).(f)	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	respect and responsiveness to divers not limited to diversity in gender, age national origin, socioeconomic status
IV.B.1.a).(1).(g)	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)	4.3.g.	ability to recognize and develop a pla professional well-being; and, (Core)
IV.B.1.a).(1).(h)	appropriately disclosing and addressing conflict or duality of interest. (Core)	4.3.h.	appropriately disclosing and address (Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Residents must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Residents must be able to provide pa centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Residents are expected to demonstrate the ability to manage patients:	4.4.a.	Residents are expected to demonstrate variety of roles within a health system, w serving as the principal provider, continu multi-disciplinary team of providers, a co teacher to the patient and other physicia
IV.B.1.b).(1).(a).(i)	in a variety of roles within a health system, with progressive responsibility, to include serving as the principal provider, continuity provider, the leader or member of a multi-disciplinary team of providers, a consultant to other physicians, and a teacher to the patient and other physicians. (Core)	4.4.a.	Residents are expected to demonstrate variety of roles within a health system, w serving as the principal provider, continu multi-disciplinary team of providers, a co teacher to the patient and other physicia
IV.B.1.b).(2)	Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care Residents must be able to perform all procedures considered essential for t
	Residents must demonstrate competence in skin biopsy techniques, including local anesthesia and regional blocks, destruction of benign and malignant tumors, excision of benign and malignant tumors, and closures of surgical defects using layered repairs, in patients of all ages, with attention to the		Residents must demonstrate competence local anesthesia and regional blocks, de tumors, excision of benign and malignar defects using layered repairs, in patients
I.A.1.a).(1).(a)	chronologic and developmental age of the patient. (Core)	4.5.a.	chronologic and developmental age of the

nalism mitment to professionalism and an re)

etence in:

nalism

mitment to professionalism and an re)

etence in:

for others; (Core)

at supersedes self-interest; (Core)

nomy; (Core)

and the profession; (Core)

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

ssing conflict or duality of interest.

re and Procedural Skills (Part A)

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

te the ability to manage patients in a , with progressive responsibility, to include nuity provider, the leader or member of a consultant to other physicians, and a cians. (Core)

te the ability to manage patients in a , with progressive responsibility, to include inuity provider, the leader or member of a consultant to other physicians, and a cians. (Core)

re and Procedural Skills (Part B) all medical, diagnostic, and surgical r the area of practice. (Core)

nce in skin biopsy techniques, including destruction of benign and malignant ant tumors, and closures of surgical hts of all ages, with attention to the the patient. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.A.1.a).(1).(b)	Residents must gain competence through direct clinical experiences in the application and interpretation of patch test procedures, and in counseling patients on the results. (Core)	4.5.b.	Residents must gain competence throug application and interpretation of patch te patients on the results. (Core)
I.A.1.a).(1).(c)	Residents must demonstrate competence in collecting material for and interpreting in-office microscopic studies, including KOH, Tzanck smear, scabies prep, etc. (Core)	4.5.c.	Residents must demonstrate competence interpreting in-office microscopic studies prep, etc. (Core)
I.A.1.a).(1).(d)	Residents must demonstrate competence in dermoscopic evaluation of skin lesions. (Core)	4.5.d.	Residents must demonstrate competence lesions. (Core)
I.A.1.a).(1).(e)	Residents must demonstrate competence in ordering and interpreting results of dermatology-relevant serologic testing. (Core)	4.5.e.	Residents must demonstrate competence dermatology-relevant serologic testing. (
I.A.1.a).(1).(f)	Residents must demonstrate competence in the use of and indications/contraindications for photomedicine, phototherapy, and topical/systemic pharmacologic therapies in all age groups, including infants and young children. (Core)	4.5.f.	Residents must demonstrate competence indications/contraindications for photome topical/systemic pharmacologic therapie young children. (Core)
IV.B.1.c)	Medical Knowledge Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Residents must demonstrate knowled biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
I.A.1.a).(1)	Residents must demonstrate competence in their knowledge of pathophysiology and diagnosis and management of complex medical dermatologic conditions in both adults and children. (Core)	4.6.a.	Residents must demonstrate competence and diagnosis and management of comp both adults and children. (Core)
I.A.1.a).(2)	Residents must demonstrate competence in their knowledge of risks and benefits of commonly used dermatologic therapies in infants and children compared to the risks and benefits of those therapies when used in adults. (Core)	4.6.b.	Residents must demonstrate competence benefits of commonly used dermatologic compared to the risks and benefits of the (Core)
I.A.1.a).(3)	Residents must demonstrate competence in the knowledge of diseases specific to pediatric patients, to include neonatal disorders, congenital neoplasms and hamartomas, cutaneous signs of child abuse, and cutaneous manifestations of inherited and sporadic multisystem diseases. (Core)	4.6.c.	Residents must demonstrate competend to pediatric patients, to include neonatal hamartomas, cutaneous signs of child al inherited and sporadic multisystem disea
I.A.1.a).(4)	Residents must demonstrate knowledge of proper techniques for botulinum toxin injections, soft tissue augmentation, repairs of cutaneous surgical defects using flaps and grafts, and the use of light, laser, and other energy-based modalities for skin conditions. (Core)	4.6.d.	Residents must demonstrate knowledge injections, soft tissue augmentation, repa flaps and grafts, and the use of light, las for skin conditions. (Core)
	Residents must demonstrate knowledge of indications and contraindications for, and complications and basic techniques of elective cosmetic dermatology procedures, to include chemical peels, dermabrasion, hair transplants, invasive vein therapies, liposuction, scar revision, and sclerotherapy. (Core)	4.6.e.	Residents must demonstrate knowledge and complications and basic techniques procedures, to include chemical peels, d vein therapies, liposuction, scar revision
I.A.1.a).(5)	Residents must have didactic instruction for these topics, but neither performance of these procedures nor direct observation is required. (Detail)	4.6.e.1.	Residents must have didactic instruction performance of these procedures nor dir
I.A.1.a).(5).(a) I.A.1.a).(6)	Residents must demonstrate competence in their knowledge of the interpretation of molecular diagnostic tests and direct immunofluorescence specimens. (Core)	4.6.f.	Residents must demonstrate competence of molecular diagnostic tests and direct i

ugh direct clinical experiences in the test procedures, and in counseling

nce in collecting material for and es, including KOH, Tzanck smear, scabies

nce in dermoscopic evaluation of skin

nce in ordering and interpreting results of . (Core)

nce in the use of and medicine, phototherapy, and ies in all age groups, including infants and

nowledge

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

nce in their knowledge of pathophysiology nplex medical dermatologic conditions in

nce in their knowledge of risks and gic therapies in infants and children hose therapies when used in adults.

nce in the knowledge of diseases specific al disorders, congenital neoplasms and abuse, and cutaneous manifestations of seases. (Core)

ge of proper techniques for botulinum toxin epairs of cutaneous surgical defects using aser, and other energy-based modalities

ge of indications and contraindications for, es of elective cosmetic dermatology , dermabrasion, hair transplants, invasive on, and sclerotherapy. (Core) on for these topics, but neither

direct observation is required. (Detail)

nce in their knowledge of the interpretation t immunofluorescence specimens. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Requirement Number	Practice-based Learning and Improvement	Requirement Number	ACGME Competencies – Practice-Bas
	Residents must demonstrate the ability to investigate and evaluate their		Residents must demonstrate the abili
	care of patients, to appraise and assimilate scientific evidence, and to		care of patients, to appraise and assir
	continuously improve patient care based on constant self-evaluation and		continuously improve patient care bas
IV.B.1.d)	lifelong learning; (Core)	4.7.	lifelong learning. (Core)
	Residents must demonstrate competence in:	[None]	
	identifying strengths, deficiencies, and limits in one's knowledge and		Residents must demonstrate compete
IV.B.1.d).(1).(a)	expertise; (Core)	4.7.a.	deficiencies, and limits in one's know
			Residents must demonstrate compete
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	improvement goals. (Core)
			Residents must demonstrate compete
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	appropriate learning activities. (Core)
			Residents must demonstrate compete
	systematically analyzing practice using quality improvement methods,		practice using quality improvement m
	including activities aimed at reducing health care disparities, and		reducing health care disparities, and i
IV.B.1.d).(1).(d)	implementing changes with the goal of practice improvement; (Core)	4.7.d.	of practice improvement. (Core)
	incorporating feedback and formative evaluation into daily practice; and,		Residents must demonstrate compete
IV.B.1.d).(1).(e)	(Core)	4.7.e.	formative evaluation into daily practic
			Residents must demonstrate compete
	locating, appraising, and assimilating evidence from scientific studies		assimilating evidence from scientific
IV.B.1.d).(1).(f)	related to their patients' health problems. (Core)	4.7.f.	health problems. (Core)
	Interpersonal and Communication Skills		
			ACGME Competencies – Interpersona
	Residents must demonstrate interpersonal and communication skills that		Residents must demonstrate interper
	result in the effective exchange of information and collaboration with		result in the effective exchange of infe
IV.B.1.e)	patients, their families, and health professionals. (Core)	4.8.	patients, their families, and health pro
IV.B.1.e).(1)	Residents must demonstrate competence in:	[None]	
	communicating effectively with patients and patients' families, as		Residents must demonstrate compete
	appropriate, across a broad range of socioeconomic circumstances,		with patients and patients' families, as
	cultural backgrounds, and language capabilities, learning to engage		of socioeconomic circumstances, cul
	interpretive services as required to provide appropriate care to each		capabilities, learning to engage interp
IV.B.1.e).(1).(a)	patient; (Core)	4.8.a.	appropriate care to each patient. ^(Core)
			Residents must demonstrate compete
	communicating effectively with physicians, other health professionals,		with physicians, other health professi
IV.B.1.e).(1).(b)	and health-related agencies; (Core)	4.8.b.	(Core)
	working effectively as a member or leader of a health care team or other		Residents must demonstrate compete
IV.B.1.e).(1).(c)	professional group; (Core)	4.8.c.	member or leader of a health care tea
	educating patients, patients' families, students, other residents, and other		Residents must demonstrate competer
IV.B.1.e).(1).(d)	health professionals; (Core)	4.8.d.	families, students, other residents, an
$\mathbb{N} = (1)$	acting in a consultative role to other physicians and health professionals;	190	Residents must demonstrate compete
IV.B.1.e).(1).(e)	(Core)	4.8.e.	other physicians and health professio
	maintaining comprehensive, timely, and legible health care records, if		Residents must demonstrate compete
IV.B.1.e).(1).(f)	applicable. (Core)	4.8.f.	timely, and legible health care records

ased Learning and Improvement

ility to investigate and evaluate their similate scientific evidence, and to based on constant self-evaluation and

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

etence in identifying and performing e)

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

etence in incorporating feedback and tice. (Core)

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

nal and Communication Skills ersonal and communication skills that nformation and collaboration with rofessionals. (Core)

etence in communicating effectively as appropriate, across a broad range ultural backgrounds, and language rpretive services as required to provide re)

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	counseling patients regarding their disease and treatment options, and providing appropriate anticipatory guidance to parents and, as age-appropriate,		Residents must demonstrate competence disease and treatment options, and prov
I.A.1.a).(1).(a)	to children, regarding chronic disorders, genodermatoses, and congenital cutaneous anomalies. (Core)	4.8.h.	to parents and, as age-appropriate, to ch genodermatoses, and congenital cutane
	Residents must learn to communicate with patients and patients' families		Residents must learn to communicate
	to partner with them to assess their care goals, including, when		to partner with them to assess their ca
IV.B.1.e).(2)	appropriate, end-of-life goals. (Core)	4.8.g.	appropriate, end-of-life goals. (Core)
	Systems-based Practice		
			ACGME Competencies - Systems-Bas
	Residents must demonstrate an awareness of and responsiveness to the		Residents must demonstrate an award
	larger context and system of health care, including the structural and		larger context and system of health ca
IV.B.1.f)	social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	social determinants of health, as well other resources to provide optimal he
IV.B.1.f).(1)	Residents must demonstrate competence in:	[None]	
IV.D.1.1).(1)			Residents must demonstrate compete
	working offectively in verieus bestth care delivery estimate and eveterne		health care delivery settings and syste
V = 4 f (4) (a)	working effectively in various health care delivery settings and systems	4.9.a.	specialty. ^(Core)
IV.B.1.f).(1).(a)	relevant to their clinical specialty; (Core)	4.9.a.	
			Residents must demonstrate competer across the health care continuum and
	coordinating patient care across the health care continuum and beyond as		specialty. ^(Core)
IV.B.1.f).(1).(b)	relevant to their clinical specialty; (Core)	4.9.b.	
IV = 1 + (1) (2)	advocating for quality patient care and optimal patient care systems; (Core)	4.9.c.	Residents must demonstrate competer care and optimal patient care systems
IV.B.1.f).(1).(c)	participating in identifying system errors and implementing potential	4.3.6.	Residents must demonstrate compete
IV.B.1.f).(1).(d)	systems solutions; (Core)	4.9.d.	system errors and implementing pote
19.D.1.1).(1).(d)		4.3.u.	system errors and implementing pote
	incorporating considerations of value, equity, cost awareness, delivery		Residents must demonstrate compete
	and payment, and risk-benefit analysis in patient and/or population-based		of value, equity, cost awareness, deliv
IV.B.1.f).(1).(e)	care as appropriate; (Core)	4.9.e.	analysis in patient and/or population-l
	understanding health care finances and its impact on individual patients'		Residents must demonstrate compete
IV.B.1.f).(1).(f)	health decisions; and, (Core)	4.9.f.	finances and its impact on individual
			Residents must demonstrate compete
	using tools and techniques that promote patient safety and disclosure of		that promote patient safety and disclo
IV.B.1.f).(1).(g)	patient safety events (real or simulated). (Detail)	4.9.g.	simulated). (Detail)
	Residents must learn to advocate for patients within the health care		Residents must learn to advocate for
	system to achieve the patient's and patient's family's care goals,		system to achieve the patient's and pa
IV.B.1.f).(2)	including, when appropriate, end-of-life goals. (Core)	4.9.h.	when appropriate, end-of-life goals. (C

nce in counseling patients regarding their oviding appropriate anticipatory guidance children, regarding chronic disorders, neous anomalies. (Core)

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

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

etence in working effectively in various stems relevant to their clinical

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

etence in advocating for quality patient ns. (Core)

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

etence in incorporating considerations livery and payment, and risk-benefit n-based care as appropriate. (Core) etence in understanding health care al patients' health decisions. (Core)

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

or patients within the health care patient's family's care goals, including, (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
			Curriculum Organization and Reside
			4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experi These educational experiences inclu patient care responsibilities, clinical events. (Core)
			4.11. Didactic and Clinical Experience Residents must be provided with pro didactic activities. (Core)
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	4.12. Pain Management The program must provide instruction if applicable for the specialty, includion substance use disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Structure The curriculum must be structured to experiences, the length of the experi These educational experiences inclu patient care responsibilities, clinical events. (Core)
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Core)	4.10.a.	Assignment of rotations must be structurotational transitions, and rotations mus quality educational experience, defined supervision, longitudinal relationships wassessment and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structure allows residents to function as part of a works together longitudinally with share improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instructio if applicable for the specialty, includi substance use disorder. (Core)
IV.C.2.a)	Instruction must include pain assessment and management relevant to dermatology, including appropriate use of local anesthesia and post-procedural analgesics, and recognition of the signs of substance use disorder and drug-seeking behavior. (Core)	4.12.a.	Instruction must include pain assessme dermatology, including appropriate use analgesics, and recognition of the signs seeking behavior. (Core)
IV.C.3.	A resident's time throughout each year of the program must be related to the direct care of outpatients and inpatients, to include clinical conferences and didactic lectures related to patient care, consultations, inpatient rounds, and other subspecialty rotations concerning dermatology. (Core)	4.11.a.	A resident's time throughout each year direct care of outpatients and inpatients didactic lectures related to patient care, other subspecialty rotations concerning

dent Experiences

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

nces

rotected time to participate in core

ion and experience in pain management ding recognition of the signs of

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

ctured to minimize the frequency of ust be of sufficient length to provide a ed by continuity of patient care, ongoing with faculty members, and high-quality

ured to facilitate learning in a manner that an effective interprofessional team that red goals of patient safety and quality

tion and experience in pain management Iding recognition of the signs of

nent and management relevant to se of local anesthesia and post-procedural ns of substance use disorder and drug-

ar of the program must be related to the hts, to include clinical conferences and re, consultations, inpatient rounds, and ng dermatology. (Core)

Requirement Language	Reformatted Requirement Number	Requiremer
	4.11.b.	The clinical experience must include:
consultations, inpatient rounds, dermatologic surgery, dermatopathology, pediatric dermatology, and other dermatology-related subspecialty experiences; and, (Core)	4.11.b.1.	consultations, inpatient rounds, dermate pediatric dermatology, and other dermate and, (Core)
significant exposure to other procedures, either through direct observation or as an assistant in Mohs micrographic surgery, and reconstruction of these defects, to include flaps and grafts, and the application of a wide range of lasers and other energy sources. (Core)	4.11.b.2.	significant exposure to other procedures an assistant in Mohs micrographic surge to include flaps and grafts, and the appli other energy sources. (Core)
Residents must have experiences in medical dermatology, procedural dermatology, dermatopathology, and pediatric dermatology, including: (Core)	4.11.c.	Residents must have experiences in me dermatology, dermatopathology, and pe
following a core group of individual patients throughout the majority of the program in a minimum of a once-monthly continuity of care clinic setting, as well as in follow-up of inpatients and patients seen as consults or during night or weekend call; (Core)	4.11.c.1.	following a core group of individual patie program in a minimum of a once-monthl as in follow-up of inpatients and patients weekend call; (Core)
medical dermatology encounters with patients having primary skin disease, to include immunobullous diseases, contact dermatitis, connective tissue diseases, congenital skin diseases, skin cancer, and infectious diseases, as well as medically-complicated patients displaying dermatologic manifestations of systemic disease or therapy; (Core)	4.11.c.2.	medical dermatology encounters with pa include immunobullous diseases, contac congenital skin diseases, skin cancer, a medically-complicated patients displayin systemic disease or therapy; (Core)
		pediatric dermatology encounters in diag children with neonatal skin disorders, at disorders, disorders of hair and nails, sk vascular tumors and malformations, con and other hamartomas, cutaneous signs manifestations of multisystem diseases; providing consultations for neonatal and
riovo Foovir	The clinical experience must include: consultations, inpatient rounds, dermatologic surgery, dermatopathology, pediatric dermatology, and other dermatology-related subspecialty experiences; and, (Core) significant exposure to other procedures, either through direct observation or as an assistant in Mohs micrographic surgery, and reconstruction of these defects, to include flaps and grafts, and the application of a wide range of lasers and other energy sources. (Core) Residents must have experiences in medical dermatology, procedural dermatology, dermatopathology, and pediatric dermatology, including: (Core) following a core group of individual patients throughout the majority of the program in a minimum of a once-monthly continuity of care clinic setting, as well as in follow-up of inpatients and patients seen as consults or during night or weekend call; (Core) medical dermatology encounters with patients having primary skin disease, to include immunobullous diseases, skin cancer, and infectious diseases, as well as medically-complicated patients displaying dermatologic manifestations of systemic disease or therapy; (Core) pediatric dermatology encounters in diagnosing and managing infants and children with neonatal skin disorders, atopic dermatitis, psoriasis, blistering disorders, disorders of hair and nails, skin infections (fungal, bacterial, and viral), vascular tumors and malformations, congenital and acquired pigmented lesions and other hamartomas, cutaneous signs of child abuse, and cutaneous	The clinical experience must include: 4.11.b. consultations, inpatient rounds, dermatologic surgery, dermatopathology, pediatric dermatology, and other dermatology-related subspecialty experiences; and, (Core) 4.11.b.1. significant exposure to other procedures, either through direct observation or as an assistant in Mohs micrographic surgery, and reconstruction of these defects, to include flaps and grafts, and the application of a wide range of lasers and other energy sources. (Core) 4.11.b.2. Residents must have experiences in medical dermatology, procedural dermatology, dermatopathology, and pediatric dermatology, including: (Core) 4.11.c. following a core group of individual patients throughout the majority of the program in a minimum of a once-monthly continuity of care clinic setting, as well as in follow-up of inpatients and patients seen as consults or during night or weekend call: (Core) 4.11.c.1. medical dermatology encounters with patients having primary skin disease, to include immunobullous diseases, son cancer, and infectious diseases, as well as medically-complicated patients displaying dermatologic manifestations of systemic disease or therapy; (Core) 4.11.c.2. medical dermatology encounters in diagnosing and managing infants and children with neonatal skin disorders, disk in infections (fungal, bacterial, and viral), vascular tumors and malformations, congenital and acquired pigmented lesions and other hamartomas, cutaneous signs of child abuse, and cutaneous mainfestations of multisystem diseases. (Core) 4.11.c.3.

tologic surgery, dermatopathology,
atology-related subspecialty experiences

res, either through direct observation or as rgery, and reconstruction of these defects, oplication of a wide range of lasers and

medical dermatology, procedural pediatric dermatology, including: (Core)

atients throughout the majority of the thly continuity of care clinic setting, as well nts seen as consults or during night or

patients having primary skin disease, to tact dermatitis, connective tissue diseases, , and infectious diseases, as well as ying dermatologic manifestations of

liagnosing and managing infants and atopic dermatitis, psoriasis, blistering skin infections (fungal, bacterial, and viral), congenital and acquired pigmented lesions gns of child abuse, and cutaneous es; (Core) and pediatric inpatients; (Core)

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IV.C.5.e)	exposure to procedures, either through direct observation or as an assistant at surgery, including Mohs surgery with encounters in micrographic surgery, and reconstruction of these defects, to include the use of flaps and grafts, the application of a wide range of lasers and other energy sources, botulinum toxin injections, and soft tissue procedural dermatology; and, (Core)	4.11.c.5.	exposure to procedures, either through a surgery, including Mohs surgery with en reconstruction of these defects, to includ application of a wide range of lasers and injections, and soft tissue procedural def
IV.C.5.f)	dermatopathology encounters with routinely stained histologic sections from the full spectrum of dermatologic disease. (Core)	4.11.c.6.	dermatopathology encounters with routin full spectrum of dermatologic disease. (0
IV.C.5.f).(1)	A portion of this exposure must occur in an active faculty-run sign-out setting and with the use of study sets. (Core)	4.11.c.6.a.	A portion of this exposure must occur in and with the use of study sets. (Core)
IV.C.6.	Each resident must record all required procedures and medical/surgical cases in the ACGME Case Log System, and ensure that the data entered is accurate and complete for all 36 months of the program. (Core)	4.11.d.	Each resident must record all required p the ACGME Case Log System, and ens complete for all 36 months of the progra
IV.C.7.	There should be a well-organized course of instruction in the basic sciences related to medical dermatology, surgical and aesthetic dermatology, dermatopathology, and pediatric dermatology. (Core)	4.11.e.	There should be a well-organized course related to medical dermatology, surgical dermatopathology, and pediatric dermat
IV.C.8.	The curriculum should contain instruction dedicated to ethical behavior and professionalism aspects of medicine. (Core)	4.11.f.	The curriculum should contain instructio professionalism aspects of medicine. (C
IV.C.9.	Didactic sessions should include lectures, conferences, seminars, demonstrations, clinical education rounds, book and journal reviews, patient case reviews, and histologic slide review. (Core)	4.11.g.	Didactic sessions should include lecture demonstrations, clinical education rounc case reviews, and histologic slide review
IV.C.9.a)	The majority of conference education for residents, including didactics, should occur within the program, with a clear faculty commitment. Attendance at other accredited programs' conferences, which may be appropriate to augment the conference education of residents, should be supplemental, with outsourcing of faculty member-led conferences not to exceed 25 percent of the total. (Detail)	4.11.g.1.	The majority of conference education for occur within the program, with a clear fa accredited programs' conferences, whic conference education of residents, shou faculty member-led conferences not to e
IV.C.9.b)	Topics relating to cosmetic techniques, including liposuction, scar revision, laser resurfacing, hair transplants, and invasive vein therapies, must be included in didactic sessions. (Core)	4.11.g.2.	Topics relating to cosmetic techniques, i resurfacing, hair transplants, and invasiv didactic sessions. (Core)
IV.C.9.c)	Interpretation of direct immunofluorescence specimens must be included in didactic sessions. (Core)	4.11.g.3.	Interpretation of direct immunofluoresce didactic sessions. (Core)

h direct observation or as an assistant at encounters in micrographic surgery, and ude the use of flaps and grafts, the nd other energy sources, botulinum toxin

lermatology; and, (Core)

itinely stained histologic sections from the (Core)

in an active faculty-run sign-out setting

procedures and medical/surgical cases in nsure that the data entered is accurate and ram. (Core)

rse of instruction in the basic sciences al and aesthetic dermatology,

atology. (Core)

ion dedicated to ethical behavior and (Core)

res, conferences, seminars, nds, book and journal reviews, patient

ew. (Core)

for residents, including didactics, should faculty commitment. Attendance at other ich may be appropriate to augment the ould be supplemental, with outsourcing of exceed 25 percent of the total. (Detail)

s, including liposuction, scar revision, laser sive vein therapies, must be included in

cence specimens must be included in

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	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities. S discovery, integration, application, a
IV.D.	The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expec will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop other programs might choose to utili research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.13.	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 resident and faculty involvement in scholarly activities. (Core)	4.13.a.	The program, in partnership with its s adequate resources to facilitate resid scholarly activities. (Core)
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance residents scholarly approach to evidence-base
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of
			 Research in basic science, education or population health Peer-reviewed grants Quality improvement and/or patient Systematic reviews, meta-analyses, textbooks, or case reports Creation of curricula, evaluation too electronic educational materials Contribution to professional commineditorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	Innovations in education

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

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

idence of scholarly activities consistent

idence of scholarly activities consistent

Sponsoring Institution, must allocate ident and faculty involvement in

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

grams must demonstrate of the following domains: (Core)

tion, translational science, patient care,

nt safety initiatives es, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of
	 Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants 		 Research in basic science, educatio or population health Peer-reviewed grants
	 Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports 		 Quality improvement and/or patient Systematic reviews, meta-analyses, textbooks, or case reports
	 Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards 		 Creation of curricula, evaluation too electronic educational materials Contribution to professional commit editorial boards
IV.D.2.a)	Innovations in education	4.14.	Innovations in education
			 The program must demonstrate dissected and external to the program by the formation of the program by the formation of the program by the program by the formation of the program by the
			serving as a journal reviewer, journal (Outcome)
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	 peer-reviewed publication. (Outcom
			The program must demonstrate disse and external to the program by the fo
			 faculty participation in grand round improvement presentations, podium
	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		peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(1)	serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.	 peer-reviewed publication. (Outcom

grams must demonstrate of the following domains: (Core)

ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

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

ome)

semination of scholarly activity within following methods:

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

ome)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			The program must demonstrate disse and external to the program by the fo
			 faculty participation in grand round improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servio serving as a journal reviewer, journal
			(Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.	peer-reviewed publication. (Outcon
IV.D.3.	Resident Scholarly Activity	4.15.	Resident Scholarly Activity Residents must participate in schola
IV.D.3.a)	Residents must participate in scholarship. (Core)	4.15.	Resident Scholarly Activity Residents must participate in scholar
	Basic science and clinical investigation must be included in the educational		Basic science and clinical investigation
IV.D.3.a).(1)	experience of residents. (Core)	4.15.a.	experience of residents. (Core)
	All residents should participate or have education regarding basic science		All residents should participate or have
IV.D.3.a).(1).(a)	and/or clinical research during the program. (Core)	4.15.a.1.	clinical research during the program. (C
	Residents must be provided protected time and funding to attend at least one		Residents must be provided protected ti
IV.D.3.a).(2)	national meeting during the program. (Core)	4.15.b.	national meeting during the program. (C
	Residents must prepare oral or poster presentations, or manuscripts suitable for		Residents must prepare oral or poster p
IV.D.3.a).(3)	publication in peer-reviewed journals. (Core)	4.15.c.	publication in peer-reviewed journals. (C
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Resident Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than th must be documented at least every th
V.A.1.b).(2)	Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences, such as co clinical responsibilities, must be eval at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objecti the Competencies and the specialty-s

semination of scholarly activity within following methods:

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

ome)

larship. (Core)

larship. (Core)

n must be included in the educational

ve education regarding basic science and/or
(Core)

I time and funding to attend at least one (Core)

presentations, or manuscripts suitable for (Core)

Evaluation

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

Evaluation

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

Evaluation

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

the completion of the assignment.

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

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

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

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V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	The program must use multiple evalu patients, self, and other professional
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	The program must provide that inform Committee for its synthesis of progre improvement toward unsupervised pr
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w their documented semi-annual evalua progress along the specialty-specific
V.A.1.d).(1).(a)	Review of resident Case Logs must be a part of the semiannual review. (Detail)	5.1.c.1.	Review of resident Case Logs must be a
V.A.1.d).(2)	assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist individualized learning plans to capita areas for growth. (Core)
V.A.1.d).(3)	develop plans for residents failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sun that includes their readiness to progra applicable. (Core)
V.A.1.f)	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a resident's perfor by the resident. (Core)
V.A.2.	Final Evaluation	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Con
<u>V.n.</u> 2.		5.2.	Resident Evaluation: Final Evaluation
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	The program director must provide a upon completion of the program. (Co
V.A.2.a).(1)	The specialty-specific Milestones, and when applicable the specialty- specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The specialty-specific Milestones, and specific Case Logs, must be used as engage in autonomous practice upon
V.A.2.a).(2)	The final evaluation must: become part of the resident's permanent record maintained by the	[None]	The final evaluation must become par
V.A.2.a).(2).(a)	institution, and must be accessible for review by the resident in accordance with institutional policy; (Core)	5.2.b.	maintained by the institution, and must resident in accordance with institution
V.A.2.a).(2).(b)	verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors neco (Core)
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w the program. (Core)

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

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

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

e a part of the semiannual review. (Detail)

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

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

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

ormance must be accessible for review

on

a final evaluation for each resident core)

on

a final evaluation for each resident core)

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

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

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

with the resident upon completion of

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Requirement Number	Requirement Language	Requirement Number	Requiremen
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. (Core)	5.3.a.	At a minimum, the Clinical Competent members of the program faculty, at le member. (Core)
V.A.3.a).(1)	Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents. (Core)		Additional members must be faculty r other programs, or other health profe and experience with the program's re-
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all resident evaluations at least semi-annually; (Core)	5.3.c.	The Clinical Competency Committee I at least semi-annually. (Core)
V.A.3.b).(2)	determine each resident's progress on achievement of the specialty- specific Milestones; and, (Core)	5.3.d.	The Clinical Competency Committee I progress on achievement of the speci
V.A.3.b).(3)	meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress. (Core)	5.3.e.	The Clinical Competency Committee i annual evaluations and advise the pro resident's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with the in faculty development related to their performance, professionalism, and so
V.B.1.b)	This evaluation must include written, anonymous, and confidential evaluations by the residents. (Core)	5.4.b.	This evaluation must include written, evaluations by the residents. (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 pla
			Program Evaluation and Improvement The program director must appoint the conduct and document the Annual Pr
V.C.	Program Evaluation and Improvement	5.5.	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 Improvement The program director must appoint the 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 resident. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one resident. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	

nust be appointed by the program

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

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

e must review all resident evaluations

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

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

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

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

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,

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Requirement Number	· · · · ·	Requirement Number	•
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 response
v.c. 1.0).(1)		5.5.D.	program's self-determined goals and Program Evaluation Committee respo
	guiding ongoing program improvement, including development of new		ongoing program improvement, inclu
V.C.1.b).(2)	goals, based upon outcomes; and, (Core)	5.5.c.	based upon outcomes. (Core)
			Program Evaluation Committee respo
	review of the current operating environment to identify strengths,		current operating environment to ide
	challenges, opportunities, and threats as related to the program's mission		opportunities, and threats as related
V.C.1.b).(3)	and aims. (Core)	5.5.d.	(Core)
	The Program Evaluation Committee should consider the outcomes from		The Program Evaluation Committee s
	prior Annual Program Evaluation(s), aggregate resident and faculty written		prior Annual Program Evaluation(s), a
	evaluations of the program, and other relevant data in its assessment of		evaluations of the program, and othe
V.C.1.c)	the program. (Core)	5.5.e.	the program. (Core)
	The Program Evaluation Committee must evaluate the program's mission	5.5.f.	The Program Evaluation Committee n
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core) The Annual Program Evaluation, including the action plan, must be	5.5.1.	and aims, strengths, areas for improv
	distributed to and discussed with the residents and the members of the		The Annual Program Evaluation, includistributed to and discussed with the
V.C.1.e)	teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	teaching faculty, and be submitted to
V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must complete a Self-St
	One goal of ACGME-accredited education is to educate physicians who		Board Certification One goal of ACGME-accredited education
	seek and achieve board certification. One measure of the effectiveness of		seek and achieve board certification.
	the educational program is the ultimate pass rate.		the educational program is the ultima
			, ,
	The program director should encourage all eligible program graduates to		The program director should encoura
	take the certifying examination offered by the applicable American Board		take the certifying examination offere
N O O	of Medical Specialties (ABMS) member board or American Osteopathic		of Medical Specialties (ABMS) membe
V.C.3.	Association (AOA) certifying board.	[None]	Association (AOA) certifying board.
			Board Certification
	For specialties in which the ABMS member board and/or AOA certifying		For specialties in which the ABMS me
	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		board offer(s) an annual written exam program's aggregate pass rate of tho
	time must be higher than the bottom fifth percentile of programs in that		time must be higher than the bottom
V.C.3.a)	specialty. (Outcome)	5.6.	specialty. (Outcome)
	For specialties in which the ABMS member board and/or AOA certifying		For specialties in which the ABMS me
	board offer(s) a biennial written exam, in the preceding six years, the		board offer(s) a biennial written exam
	program's aggregate pass rate of those taking the examination for the first		program's aggregate pass rate of tho
	time must be higher than the bottom fifth percentile of programs in that		time must be higher than the bottom
V.C.3.b)	specialty. (Outcome)	5.6.a.	specialty. ^(Outcome)
	For specialties in which the ABMS member board and/or AOA certifying		For specialties in which the ABMS me
	board offer(s) an annual oral exam, in the preceding three years, the		board offer(s) an annual oral exam, in
	program's aggregate pass rate of those taking the examination for the first		program's aggregate pass rate of tho
	time must be higher than the bottom fifth percentile of programs in that		time must be higher than the bottom
V.C.3.c)	specialty. (Outcome)	5.6.b.	specialty. ^(Outcome)

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

ponsibilities must include guiding cluding development of new goals,

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

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

e must evaluate the program's mission ovement, and threats. (Core) cluding the action plan, must be he residents and the members of the to the DIO. (Core)

Study and submit it to the DIO. (Core)

ication is to educate physicians who n. One measure of the effectiveness of mate pass rate.

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

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

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

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

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Requirement Number	r Requirement Language	Requirement Number	· · · · · · · · · · · · · · · · · · ·
	For specialties in which the ABMS member board and/or AOA certifying		For specialties in which the ABMS me
	board offer(s) a biennial oral exam, in the preceding six years, the		board offer(s) a biennial oral exam, in
	program's aggregate pass rate of those taking the examination for the first		program's aggregate pass rate of those
	time must be higher than the bottom fifth percentile of programs in that		time must be higher than the bottom the specialty. ^(Outcome)
V.C.3.d)		5.6.c.	. ,
	For each of the exams referenced in V.C.3.a)-d), any program whose		For each of the exams referenced in 5
	graduates over the time period specified in the requirement have achieved		graduates over the time period specif
	an 80 percent pass rate will have met this requirement, no matter the		an 80 percent pass rate will have met
V.C.3.e)		5.6.d.	percentile rank of the program for pas
	Programs must report, in ADS, board certification status annually for the		Programs must report, in ADS, board
V.C.3.f)	cohort of board-eligible residents that graduated seven years earlier. (Core)	5.6.e.	cohort of board-eligible residents that
¥.0.0.1)		0.0.6.	
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environme
	Residency education must occur in the context of a learning and working		Residency education must occur in th
	environment that emphasizes the following principles:		environment that emphasizes the follo
	• Excellence in the safety and quality of care rendered to patients by		• Excellence in the safety and quality
	residents today		residents today
	• Excellence in the safety and quality of care rendered to patients by		• Excellence in the safety and quality
	today's residents in their future practice		today's residents in their future pract
	Excellence in professionalism		• Excellence in professionalism
	 Appreciation for the privilege of caring for patients 		• Appreciation for the privilege of cari
	 Commitment to the well-being of the students, residents, faculty 		• Commitment to the well-being of the
VI.	members, and all members of the health care team	Section 6	members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
	A culture of safety requires continuous identification of vulnerabilities		Culture of Safety
	and a willingness to transparently deal with them. An effective		A culture of safety requires continuou
	organization has formal mechanisms to assess the knowledge, skills, and		a willingness to transparently deal will
VI.A.1.a).(1)	attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	has formal mechanisms to assess the its personnel toward safety in order to
•			
	The program, its faculty, residents, and fellows must actively participate in		The program, its faculty, residents, ar

nember 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.a.-c., any program whose cified in the requirement have achieved et this requirement, no matter the pass rate in that specialty. ^(Outcome)

rd certification status annually for the nat graduated seven years earlier. ^(Core)

ng Environment

ment

the context of a learning and working blowing principles:

ty of care rendered to patients by

ty of care rendered to patients by ctice

aring for patients

he students, residents, faculty ealth care team

ous identification of vulnerabilities and with them. An effective organization the knowledge, skills, and attitudes of to identify areas for improvement. and fellows must actively participate in the to a culture of safety. (Core)

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VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti- changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. ^(Core)
VI.A.1.a).(2).(b)	Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Residents must participate as team m interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improvement
VI.A.1.a).(3).(a)	Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Residents and faculty members must benchmarks related to their patient po
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, de monitor a structured chain of respons to the supervision of all patient care.
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.

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

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

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

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

tizing activities for care improvement ment efforts.

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

a ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it relates e.

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

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of can with their Sponsoring Institutions, de monitor a structured chain of respons to the supervision of all patient care.
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all residents is based on eac ability, as well as patient complexity a exercised through a variety of method (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate resident supe authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient interac
VI.A.2.b).(1).(a)	the supervising physician is physically present with the resident during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient interac
VI.A.2.b).(1).(a).(i)	PGY-1 residents must initially be supervised directly, only as described in VI.A.2.b).(1).(a). (Core)	6.7.a.	PGY-1 residents must initially be supe the above definition. (Core)
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback

a ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and msibility and accountability as it relates e.

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

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

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

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

pervision while providing for graded ogram must use the following

cally present with the resident during action.

cally present with the resident during action.

pervised directly, only as described in

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

ble to provide review of ck provided after care is delivered.

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VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.		The privilege of progressive authority independence, and a supervisory role resident must be assigned by the pro
VI.A.2.d)	(Core)	6.9.	(Core) The program director must evaluate e
VI.A.2.d).(1)	The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core)	6.9.b.	Faculty members functioning as super portions of care to residents based or skills of each resident. (Core)
VI.A.2.d).(3)	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Senior residents or fellows should se residents in recognition of their progr the needs of each patient and the skil (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ residents must communicate with the (Core)
VI.A.2.e).(1)	Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)	6.10.a.	Each resident must know the limits of circumstances under which the reside conditional independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each resid the appropriate level of patient care a
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp residents and faculty members conceresponsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp residents and faculty members conce responsibilities of physicians, includi to be appropriately rested and fit to pr patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on residents to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on residents to full the second se
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program meaning that each resident finds in the including protecting time with patient promoting progressive independence professional relationships. (Core)

sical presence of a supervising

ty and responsibility, conditional le in patient care delegated to each rogram director and faculty members.

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

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

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

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

of their scope of authority, and the dent is permitted to act with e)

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

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

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

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

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

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	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and		The program director, in partnership provide a culture of professionalism t
VI.B.3.	personal responsibility. (Core)	6.12.d.	personal responsibility. (Core)
VI.D.U.		0.12.0.	Residents and faculty members must
	Residents and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their		their personal role in the safety and w
	care, including the ability to report unsafe conditions and safety events.		care, including the ability to report un
VI.B.4.	(Core)	6.12.e.	(Core)
	Programs, in partnership with their Sponsoring Institutions, must provide		Programs, in partnership with their S
	a professional, equitable, respectful, and civil environment that is		a professional, equitable, respectful, a
	psychologically safe and that is free from discrimination, sexual and other		psychologically safe and that is free f
	forms of harassment, mistreatment, abuse, or coercion of students,		forms of harassment, mistreatment, a
VI.B.5.	residents, faculty, and staff. (Core)	6.12.f.	residents, faculty, and staff. (Core)
	Programs, in partnership with their Sponsoring Institutions, should have a		Programs, in partnership with their S
	process for education of residents and faculty regarding unprofessional		process for education of residents an
	behavior and a confidential process for reporting, investigating, and		behavior and a confidential process for
VI.B.6.	addressing such concerns. (Core)	6.12.g.	addressing such concerns. (Core)
	Well-Being		
			Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, caring
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and c
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the joy
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and r
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and		professionalism; they are also skills t
	nurtured in the context of other aspects of residency training.		nurtured in the context of other aspec
	Residents and faculty members are at risk for burnout and depression.		Residents and faculty members are a
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		responsibility to address well-being a
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and		clinical learning environment models
	prepares residents with the skills and attitudes needed to thrive		prepares residents with the skills and
VI.C.	throughout their careers.	[None]	throughout their careers.
	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts resident well-being; (Core)	6.13.a.	impacts resident well-being; (Core)
	evaluating workplace safety data and addressing the safety of residents		evaluating workplace safety data and
VI.C.1.b)	and faculty members; (Core)	6.13.b.	and faculty members; (Core)
	policies and programs that encourage optimal resident and faculty		policies and programs that encourage
VI.C.1.c)	member well-being; and, (Core)	6.13.c.	member well-being; and, (Core)
	Residents must be given the opportunity to attend medical, mental health,		Residents must be given the opportu
	and dental care appointments, including those scheduled during their		and dental care appointments, includi
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents and faculty me

o with the Sponsoring Institution, must in that supports patient safety and

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

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

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

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

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of residents

ge optimal resident and faculty

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

nembers in:

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	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-so
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affor
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including a
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (C
VI.C.2.	There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. (Core)		There are circumstances in which res including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for resi care responsibilities. (Core)
	The program must have policies and procedures in place to ensure		The program must have policies and
VI.C.2.a)		6.14.a.	coverage of patient care and ensure c
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. (Core)		These policies must be implemented consequences for the resident who is work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all residents of the signs of fatigue and sleep depri fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all residents of the signs of fatigue and sleep depri fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient		Clinical Responsibilities The clinical responsibilities for each r patient safety, resident ability, severit illness/condition, and available suppo
VI.E.1.a)	Assuming that the severity and complexity of illnesses or conditions and available support services are comparable for the patients cared for by residents at each level of education, then PGY-2 residents are expected to carry a clinical case load equal to at least 50 percent of that of PGY-4 residents, and PGY-3 residents are expected to carry a clinical case load equal to at least 75 percent of that of PGY-4 residents. (Detail)	6.17.a.	Assuming that the severity and complexi available support services are comparab at each level of education, then PGY-2 re case load equal to at least 50 percent of residents are expected to carry a clinical of that of PGY-4 residents. (Detail)
VI.E.2.	Teamwork Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. (Core)	6.18.	Teamwork Residents must care for patients in ar communication and promotes safe, in the specialty and larger health system

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Irnout, depression, and substance use ntial for violence, including means to conditions; (Core)

nemselves and how to seek appropriate

screening. (Core)

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

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

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

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

s and faculty members in recognition privation, alertness management, and I)

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

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

exity of illnesses or conditions and able for the patients cared for by residents 2 residents are expected to carry a clinical of that of PGY-4 residents, and PGY-3 cal case load equal to at least 75 percent

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

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VI.E.2.a)	Programs must maintain a process that results in referral of patients from a broad group of specialty areas outside of dermatology. Residents must be an integral part of the care of these referred patients, and must play key roles in diagnostic work-up, treatment decisions, measurement of treatment outcomes, and the communication and coordination of these activities with program faculty and referring sources. (Detail)	6.18.a.	Programs must maintain a process that broad group of specialty areas outside of integral part of the care of these referred diagnostic work-up, treatment decisions and the communication and coordination and referring sources. (Detail)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fr
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that residents are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that residents with team members in the hand-off pr
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ad
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)
VI.F.2.a)	Residents should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)
VI.F.2.b)	Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Residents must have at least 14 hours after 24 hours of in-house call. (Core)
VI.F.2.c)	Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Residents must be scheduled for a m clinical work and required education home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic

at results in referral of patients from a of dermatology. Residents must be an ed patients, and must play key roles in ns, measurement of treatment outcomes, ion of these activities with program faculty

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

gnments to optimize transitions in frequency, and structure. (Core) Sponsoring Institutions, must ensure and-off processes to facilitate both y. (Core)

ts are competent in communicating process. (Outcome)

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

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

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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 resident education. Additional patient care responsibilities must not be assigned to a resident during this time. (Core)	6.22.a.	Up to four hours of additional time map patient safety, such as providing effe resident education. Additional patien assigned to a resident during this tim
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	In rare circumstances, after handing resident, on their own initiative, may site in the following circumstances: t severely ill or unstable patient; to giv a patient or patient's family; or to atte (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	In rare circumstances, after handing or resident, on their own initiative, may site in the following circumstances: t severely ill or unstable patient; to giv a patient or patient's family; or to atte (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee for Dermatology will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	The Review Committee for Dermatology exceptions to the 80-hour limit to the res
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.b)	Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by residents in internal ar in the ACGME Glossary of Terms) mu maximum weekly limit. (Core)
VI.F.5.c)	PGY-1 residents are not permitted to moonlight. (Core)	6.25.b.	PGY-1 residents are not permitted to
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the con seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequence Residents must be scheduled for in-h every third night (when averaged ove

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

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

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VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities count toward the 80-hour maximum v call is not subject to the every-third-n requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities count toward the 80-hour maximum v call is not subject to the every-third-n requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each reach r

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es by residents on at-home call must n weekly limit. The frequency of at-home d-night limitation, but must satisfy the ree of clinical work and education, when

es by residents on at-home call must n weekly limit. The frequency of at-home d-night limitation, but must satisfy the ree of clinical work and education, when

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