Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requiremen
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of		Definition of Graduate Medical Educa Fellowship is advanced graduate med residency program for physicians wh practice. Fellowship-trained physician subspecialty care, which may also ind community resource for expertise in to new knowledge into practice, and edu
	physicians. 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.		physicians. Graduate medical educati group of physicians brings to medica inclusive and psychologically safe lea
Int.A.	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Fellows who have completed resident in their core specialty. The prior medi fellows distinguish them from physical care of patients within the subspecial faculty supervision and conditional in serve as role models of excellence, co professionalism, and scholarship. The knowledge, patient care skills, and ex area of practice. Fellowship is an inte clinical and didactic education that fo of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, f members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, many fellows' skills as physician-scientists. knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient care expertise achieved, fellows develop m infrastructure that promotes collabora

ation

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Definition of Subspecialty		Definition of Subspecialty
Int.B.	Neuromuscular medicine is a subspecialty of neurology and physical medicine and rehabilitation that includes abnormalities of the motor neuron, nerve roots, peripheral nerves, neuromuscular junction, and muscle, including disorders that affect adults and children. Specialists in neuromuscular medicine possess specialized knowledge in the science, clinical evaluation, and management of these disorders. This encompasses the knowledge of the pathology, diagnosis, and treatment of these disorders at a level that is significantly beyond that expected of a general neurologist, pediatric neurologist, or physical medicine and rehabilitation physician.	[None]	Neuromuscular medicine is a subspecia and rehabilitation that includes abnorma peripheral nerves, neuromuscular junction affect adults and children. Specialists in specialized knowledge in the science, cli these disorders. This encompasses the and treatment of these disorders at a leve expected of a general neurologist, pedia and rehabilitation physician.
	Length of Educational Program		
Int.C.	The educational program in neuromuscular medicine must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in neuromuscu length. (Core)
Ι.	Oversight	Section 1	Section 1: Oversight
I.A.	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the When the Sponsoring Institution is no most commonly utilized site of clinica 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 fellows. The program, with approval of its Sponsoring Institution, must designate a	[None]	Participating Sites A participating site is an organization or educational assignments/rotations The program, with approval of its Spo
I.B.1.	primary clinical site. (Core)	1.2.	primary clinical site. (Core)
I.B.1.a)	The Sponsoring Institution must also sponsor an ACGME-accredited residency in either child neurology, neurology, or physical medicine and rehabilitation. (Core)	1.2.a.	The Sponsoring Institution must also spo in either child neurology, neurology, or p (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)

cialty of neurology and physical medicine malities of the motor neuron, nerve roots, ction, and muscle, including disorders that in neuromuscular medicine possess clinical evaluation, and management of he knowledge of the pathology, diagnosis, level that is significantly beyond that diatric neurologist, or physical medicine

cular medicine must be 12 months in

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

sponsor an ACGME-accredited residency r physical medicine and rehabilitation.

greement (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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is accoust site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
	Workforce Recruitment and Retention		Workforce Recruitment and Retentior
I.C.	The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	There must be adequate inpatient and outpatient facilities, examining areas, conference rooms, research laboratories, and office space for faculty members and residents. (Core)	1.8.a.	There must be adequate inpatient and o conference rooms, research laboratories and residents. (Core)
I.D.1.b)	There must be access to adequate diagnostic resources and related therapeutic services, including neuromuscular pathology interpretation, other laboratory diagnostic testing (including genetic testing), clinical electromyography (EMG), and management of neuromuscular medicine patients in the outpatient, inpatient, and either direct or consultative management in the intensive care settings. (Core)	1.8.b.	There must be access to adequate diag services, including neuromuscular patho diagnostic testing (including genetic test and management of neuromuscular med inpatient, and either direct or consultativ settings. (Core)
I.D.1.c)	The number and variety of patients available to the program must be adequate to support fellow education without adversely impacting the education of residents in the core residency program. (Core)	1.8.c.	The number and variety of patients avail to support fellow education without adve residents in the core residency program.
I.D.1.c).(1)	The patient population must include those with both short- and long-term neuromuscular problems and both inpatients and outpatients. (Core)	1.8.c.1.	The patient population must include those neuromuscular problems and both inpat
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe particular to the second particular to the
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)

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

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

on

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

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

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

l outpatient facilities, examining areas, ies, and office space for faculty members

agnostic resources and related therapeutic hology interpretation, other laboratory esting), clinical electromyography (EMG), nedicine patients in the outpatient, tive management in the intensive care

vailable to the program must be adequate versely impacting the education of m. (Core)

nose with both short- and long-term patients and outpatients. (Core)

Sponsoring Institution, must ensure ing environments that promote fellow

)

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

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

ppriate to the participating site; and,

		Reformatted	
Roman Numeral		Requirement	
Requirement Number	Requirement Language	Number	Requirement Language
	accommodations for fellows with disabilities consistent with the		accommodations for fellows with disabilities consistent with the
I.D.2.e)	Sponsoring Institution's policy. (Core)	1.9.e.	Sponsoring Institution's policy. (Core)
	Fellows must have ready access to subspecialty-specific and other		Fellows must have ready access to subspecialty-specific and other
	appropriate reference material in print or electronic format. This must		appropriate reference material in print or electronic format. This must
	include access to electronic medical literature databases with full text		include access to electronic medical literature databases with full text
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Personnel
	The presence of other learners and other health care personnel, including		The presence of other learners and other health care personnel, including
	but not limited to residents from other programs, subspecialty fellows,		but not limited to residents from other programs, subspecialty fellows,
	and advanced practice providers, must not negatively impact the		and advanced practice providers, must not negatively impact the
I.E.	appointed fellows' education. (Core)	1.11.	appointed fellows' education. (Core)
Π.	Personnel	Section 2	Section 2: Personnel
			Program Director
			There must be one faculty member appointed as program director with
			authority and accountability for the overall program, including compliance
II.A.	Program Director	2.1.	with all applicable program requirements. (Core)
			Program Director
	There must be one faculty member appointed as program director with		There must be one faculty member appointed as program director with
	authority and accountability for the overall program, including compliance		authority and accountability for the overall program, including compliance
II.A.1.		2.1.	with all applicable program requirements. (Core)
	The Sponsoring Institution's Graduate Medical Education Committee		The Sponsoring Institution's Graduate Medical Education Committee
	(GMEC) must approve a change in program director and must verify the		(GMEC) must approve a change in program director and must verify the
II.A.1.a)		2.2.	program director's licensure and clinical appointment. (Core)
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director resides with the Review Committee. (Core)
	The program director and, as applicable, the program's leadership team,		The program director and, as applicable, the program's leadership team,
	must be provided with support adequate for administration of the program		must be provided with support adequate for administration of the program
II.A.2.		2.3.	based upon its size and configuration. (Core)
	Program leadership, in aggregate, must be provided with support equal to a		Program leadership, in aggregate, must be provided with support equal to a
	dedicated minimum time specified below for administration of the program. This		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		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)		director and one or more associate (or assistant) program directors. (Core)
	Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.10		Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.10
	Number of Approved Resident Positions: 4-6 Minimum FTE: 0.15		Number of Approved Resident Positions: 4-6 Minimum FTE: 0.15
	Number of Approved Resident Positions: 7-9 Minimum FTE: 0.20		Number of Approved Resident Positions: 7-9 Minimum FTE: 0.20
	Number of Approved Resident Positions: 10-12 Minimum FTE: 0.25		Number of Approved Resident Positions: 10-12 Minimum FTE: 0.25
II.A.2.a)	Number of Approved Resident Positions: 13-15 Minimum FTE: 0.30	2.3.a.	Number of Approved Resident Positions: 13-15 Minimum FTE: 0.30
			Qualifications of the Program Director
			The program director must possess subspecialty expertise and
II.A.3.	Qualifications of the program director:	2.4.	qualifications acceptable to the Review Committee. (Core)
			Qualifications of the Program Director
	must include subspecialty expertise and qualifications acceptable to the		The program director must possess subspecialty expertise and
II.A.3.a)	Review Committee; and, (Core)	2.4.	qualifications acceptable to the Review Committee. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	must include current certification in the subspecialty for which they are the program director by the American Board of Psychiatry and Neurology (ABPN) or the American Board of Physical Medicine and Rehabilitation (ABPMR) or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess of subspecialty for which they are the po- Board of Psychiatry and Neurology (AB Medicine and Rehabilitation (ABPMR) of acceptable to the Review Committee.
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty.]	2.4.a.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.A.3.b).(1)	The Review Committee does not allow other subspecialty qualifications for program directors. (Core)	2.4.a.1.	The Review Committee does not allow on program directors. (Core)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	,	[None]	
II.A.4.a).(1)		2.5.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)	2.5.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 fellows in each of the ACGME Competency domains; (Core)	2.5.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)	2.5.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 fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learning the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when act not to promote, or renew the appoint

s current certification in the program director by the American ABPN) or the American Board of Physical or subspecialty qualifications that are se. (Core)

n Requirements deem certification by a opathic Association (AOA) acceptable, ification in this subspecialty.]

other subspecialty qualifications for

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

model of professionalism. (Core)

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

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

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

e authority to remove fellows from rning environments that do not meet e)

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

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

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

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure th Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must documen fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide v education upon the fellow's request,
П.В.	 Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves. 		 Faculty Faculty members are a foundational education – faculty members teach feeducation – faculty members teach feeducation – faculty members provide an importation and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, commission demonstrating compassion, commission care, professionalism, and a compatient care, professionalism, and a compatient care, professionalism, and a compatient care, professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a)	There must be faculty members available who have expertise to instruct the fellows in the performance and interpretation of EMG and nerve conduction studies, and to teach the principles of nerve and muscle biopsy and clinical molecular genetics, including indications, techniques, limitations, and complications. (Detail)	2.6.a.	There must be faculty members availab fellows in the performance and interpret studies, and to teach the principles of ne molecular genetics, including indications complications. (Detail)
II.B.2	Faculty members must:	[None]	
II.B.2.a)		2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate equitable, high-quality, cost-effective

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

in a non-competition guarantee or

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

verification of an individual fellow's t, within 30 days. (Core)

al element of graduate medical fellows how to care for patients. tant bridge allowing fellows to grow ing that patients receive the highest ls for future generations of physicians inmitment 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 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 nd institution. Faculty members vision to promote patient safety. re learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

able who have expertise to instruct the retation of EMG and nerve conduction nerve and muscle biopsy and clinical ons, techniques, limitations, and

lels of professionalism. (Core)

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

Roman Numeral	Requirement Lenguage	Reformatted Requirement Number	De avriance of
Requirement Number	r Requirement Language demonstrate a strong interest in the education of fellows, including	number	Requirement Faculty members must demonstrate a
	devoting sufficient time to the educational program to fulfill their		fellows, including devoting sufficient
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.7.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 fellows; (Core)	2.7.c.	environment conducive to educating f
	regularly participate in organized clinical discussions, rounds, journal		Faculty members must regularly partie
II.B.2.e)	clubs, and conferences; and, (Core)	2.7.d.	discussions, rounds, journal clubs, ar
	pursue faculty development designed to enhance their skills at least		Faculty members must pursue faculty
II.B.2.f)	annually. (Core)	2.7.e.	their skills at least annually. (Core)
			Faculty Qualifications
		2.0	Faculty members must have appropria
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appoint
	Eaculty members must have appropriate qualifications in their field and		Faculty Qualifications Faculty members must have appropria
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
11.0.0.0			
			Subspecialty Physician Faculty Memb
	have current certification in the subspecialty by the American Board of		Subspecialty physician faculty member
	Psychiatry and Neurology or the American Board of Physical Medicine and		the subspecialty by the American Boa
	Rehabilitation or possess qualifications judged acceptable to the Review Committee. (Core)		American Board of Physical Medicine an qualifications judged acceptable to th
	[Note that while the Common Program Requirements deem certification by a		[Note that while the Common Program R
	certifying board of the AOA acceptable, there is no AOA board that offers		certifying board of the AOA acceptable, t
II.B.3.b).(1)	certification in this subspecialty.]	2.9.	certification in this subspecialty.]
	Any other specialty physician faculty members must have current		Any other specialty physician faculty
	certification in their specialty by the appropriate American Board of		certification in their specialty by the a
	Medical Specialties (ABMS) member board or American Osteopathic		Medical Specialties (ABMS) member b
	Association (AOA) certifying board, or possess qualifications judged		Association (AOA) certifying board, or
II.B.3.c)	acceptable to the Review Committee. (Core)	2.9.a.	acceptable to the Review Committee.
	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 fellows and must devote a significant portion of their entire		supervision of fellows and must devo
	effort to fellow education and/or administration, and must, as a component		effort to fellow education and/or admi
II.B.4.	of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	of their activities, teach, evaluate, and fellows. (Core)
II.D.4.		2.10.	
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)
11.0.4.4)	The program must have at least two core faculty members, including the	2.10.0.	The program must have at least two core
	program director, who have completed education and are certified in		program director, who have completed e
II.B.4.b)	neuromuscular medicine by the ABPN or ABPMR. (Core)	2.10.b.	neuromuscular medicine by the ABPN or
II.B.4.b).(1)	At least one of these faculty members must be a neurologist. (Core)	2.10.b.1.	At least one of these faculty members m
, , , ,	A core faculty member-to-fellow ratio of at least one-to-one must be maintained		A core faculty member-to-fellow ratio of a
II.B.4.c)	in programs with two or more fellows. (Core)	2.10.c.	in programs with two or more fellows. (C

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

nd maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

ty development designed to enhance

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

nbers

Ibers must have current certification in oard of Psychiatry and Neurology or the and Rehabilitation **or possess the Review Committee. (Core)**

Requirements deem certification by a , there is no AOA board that offers

y members must have current appropriate American Board of r board or American Osteopathic or possess qualifications judged e. (Core)

significant role in the education and /ote a significant portion of their entire ninistration, and must, as a component nd provide formative feedback to

e annual ACGME Faculty Survey.

ore faculty members, including the leducation and are certified in or ABPMR. (Core)

must be a neurologist. (Core)

f at least one-to-one must be maintained Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program coordinator in time and support specified below for adminimum for adminimum time and support specified below for adminimum.
II.C.2.a)	Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.20 Number of Approved Resident Positions: 4-6 Minimum FTE: 0.20 Number of Approved Resident Positions: 7-9 Minimum FTE: 0.20 Number of Approved Resident Positions: 10-12 Minimum FTE: 0.25 Number of Approved Resident Positions: 13-15 Minimum FTE: 0.30	2.11.b.	Number of Approved Fellow Positions: 1 Number of Approved Resident Positions Number of Approved Resident Positions Number of Approved Resident Positions Number of Approved Resident Positions
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary pe administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an AO an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canad program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fie CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the program, fellows must have completed a program in neurology, child neurology, or physical medicine and rehabilitation that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fello neurology, child neurology, or physical m the requirements in 3.2. (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Physical Medicine and Rehabilitation will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Physical Me the following exception to the fellows
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro- qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and condition

or. (Core)

or. (Core)

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

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

: 1-3 | Minimum FTE: 0.20 ns: 4-6 | Minimum FTE: 0.20 ns: 7-9 | Minimum FTE: 0.20 ns: 10-12 | Minimum FTE: 0.25 ns: 13-15 | Minimum FTE: 0.30

Sponsoring Institution, must jointly personnel for the effective

p Programs

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

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

llows must have completed a program in medicine and rehabilitation that satisfies

Medicine and Rehabilitation will allow vship eligibility requirements:

rogram may accept an exceptionally licant who does not satisfy the but who does meet all of the following ions: (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director ar the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Con of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a matriculation. (Core)
	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program. The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; 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	Section 4: Educational Program The ACGME accreditation system is of and innovation in graduate medical en- organizational affiliation, size, or local The educational program must suppor knowledgeable, skillful physicians while It is recognized that programs may phile 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.	community health. Educational Components	Section 4	community health.
IV.A.	The curriculum must contain the following educational components: a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive	4.2.	Educational Components The curriculum must contain the follo a set of program aims consistent with mission, the needs of the community
IV.A.1.	capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	capabilities of its graduates, which m applicants, fellows, and faculty memb

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

nt's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

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

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

port the development of who provide compassionate care.

place 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:

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

Roman Numeral		Reformatted Requirement	
Requirement Number	r Requirement Language	Number	Requiremen
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objective designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen
IV.A.3. IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	subspecialty; (Core) structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with protect didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)
IV D		[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGN
IV.B.1.a) IV.B.1.b)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	ACGME Competencies – Professional Fellows must demonstrate a commitn adherence to ethical principles. (Core
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in providing patient care that is informed by an understanding of social determinants of health, including but not limited to race, ethnicity, sexual orientation, gender identity, religion, socioeconomic status, neighborhood, and disability status. (Core)		Fellows must demonstrate competence by an understanding of social determina race, ethnicity, sexual orientation, gende status, neighborhood, and disability statu
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in the assessment and management of outpatients and inpatients with neuromuscular disorders across the lifespan, including those who require emergency and intensive care. (Core)	4.4.b.	Fellows must demonstrate competence i outpatients and inpatients with neuromus including those who require emergency a
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in evaluating and managing patients with a wide range of diseases, including:	4.5.a.	Fellows must demonstrate competence with a wide range of diseases, including:

tives for each educational experience trajectory to autonomous practice in istributed, reviewed, and available to

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

yond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

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

ME Competencies into the curriculum.

nalism Itment to professionalism and an re)

re and Procedural Skills (Part A) ient care that is patient- and family-, appropriate, and effective for the re promotion of health. (Core)

e in providing patient care that is informed nants of health, including but not limited to der identity, religion, socioeconomic atus. (Core)

e in the assessment and management of nuscular disorders across the lifespan, y and intensive care. (Core)

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

e in evaluating and managing patients ng:

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(2).(a).(i)	anterior horn cell disease; (Core)	4.5.a.1.	anterior horn cell disease; (Core)
IV.B.1.b).(2).(a).(ii)	myopathy; (Core)	4.5.a.2.	myopathy; (Core)
IV.B.1.b).(2).(a).(iii)	neuromuscular junction disorders; (Core)	4.5.a.3.	neuromuscular junction disorders; (Core
IV.B.1.b).(2).(a).(iv)	plexopathy, mononeuropathy, and polyneuropathy; and, (Core)	4.5.a.4.	plexopathy, mononeuropathy, and polyn
IV.B.1.b).(2).(a).(v)	radiculopathy. (Core)	4.5.a.5.	radiculopathy. (Core)
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in the evaluation and management of patients with a wide variety of disorders of the muscle, neuromuscular junction, nerve, and motor neuron, including: (Core)	4.5.b.	Fellows must demonstrate competence in patients with a wide variety of disorders nerve, and motor neuron, including: (Col
IV.B.1.b).(2).(b).(i)	interviewing and examining patients with neuromuscular diseases; (Core)	4.5.b.1.	interviewing and examining patients with
IV.B.1.b).(2).(b).(ii)	differential diagnosis for the various clinical presentations of neuromuscular problems; (Core)	4.5.b.2.	differential diagnosis for the various clini problems; (Core)
IV.B.1.b).(2).(b).(iii)	use of the appropriate investigations for diagnosis of neuromuscular disorders, including laboratory, pathologic, and radiologic; (Core)	4.5.b.3.	use of the appropriate investigations for including laboratory, pathologic, and rad
IV.B.1.b).(2).(b).(iv)	performance and reporting of nerve conduction studies and EMG; and, (Core)	4.5.b.4.	performance and reporting of nerve cond
IV.B.1.b).(2).(b).(v)	skills to manage inpatients and outpatients with neuromuscular diseases. (Core)	4.5.b.5.	skills to manage inpatients and outpatier
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of:	[None]	
IV.B.1.c).(1).(a)	the application and understanding of nerve and muscle biopsy, molecular and genetic tests, electrophysiologic testing, and neuromuscular ultrasound; (Core)	4.6.a.	Fellows must demonstrate competence understanding of nerve and muscle biop electrophysiologic testing, and neuromus
IV.B.1.c).(1).(b)	differential diagnosis for a wide range of neuromuscular problems; and, (Core)	4.6.b.	Fellows must demonstrate competence diagnosis for a wide range of neuromuse
IV.B.1.c).(1).(c)	all available treatments, and awareness of their risks and benefits. (Core)	4.6.c.	Fellows must demonstrate competence treatments, and awareness of their risks
IV.B.1.c).(2)	Fellows must demonstrate the knowledge required to evaluate and manage patients of all ages with neuromuscular disorders. (Core)	4.6.d.	Fellows must demonstrate the knowledg patients of all ages with neuromuscular of
IV.B.1.c).(3)	Fellows must demonstrate competence in integrating information obtained from patient history, physical examination, and diagnostic testing (including electrodiagnosis, biopsy, and immunological and molecular tests) to arrive at an accurate and timely diagnosis and treatment plan. (Core)	4.6.e.	Fellows must demonstrate competence in patient history, physical examination, an electrodiagnosis, biopsy, and immunolog accurate and timely diagnosis and treatm
IV.B.1.c).(4)	Fellows must demonstrate competence in the use of all available treatments (e.g., immunomodulatory agents) and awareness of their side effects. (Core)	4.6.f.	Fellows must demonstrate competence (e.g., immunomodulatory agents) and av
IV.B.1.c).(5)	Fellows must demonstrate competence in their knowledge of rehabilitation aspects of neuromuscular disorders, neuroanatomy, neurophysiology, neuropathology, and safety issues related to diagnostic testing. (Core)	4.6.g.	Fellows must demonstrate competence aspects of neuromuscular disorders, neu neuropathology, and safety issues relate
IV.B.1.c).(6)	Fellows must demonstrate competence in their knowledge of nerve conduction and EMG studies, including neuromuscular junction testing, and the pathology of nerve and muscle biopsies. (Core)	4.6.h.	Fellows must demonstrate competence and EMG studies, including neuromuscu of nerve and muscle biopsies. (Core)

re)

neuropathy; and, (Core)

e in the evaluation and management of rs of the muscle, neuromuscular junction, Core)

ith neuromuscular diseases; (Core)

nical presentations of neuromuscular

or diagnosis of neuromuscular disorders, adiologic; (Core)

nduction studies and EMG; and, (Core)

ents with neuromuscular diseases. (Core)

nowledge

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

e in their knowledge of the application and opsy, molecular and genetic tests, nuscular ultrasound. (Core)

e in their knowledge of differential iscular problems. (Core)

e in their knowledge of all available ks and benefits. (Core)

dge required to evaluate and manage r disorders. (Core)

e in integrating information obtained from and diagnostic testing (including logical and molecular tests) to arrive at an atment plan. (Core)

e in the use of all available treatments awareness of their side effects. (Core)

e in their knowledge of rehabilitation euroanatomy, neurophysiology, ated to diagnostic testing. (Core)

e in their knowledge of nerve conduction cular junction testing, and the pathology

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requirement
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of infe patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	 Curriculum Organization and Fellow E 4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical to events. (Core) 4.11. Didactic and Clinical Experience Fellows must be provided with protect didactic activities. (Core) 4.12. Pain Management The program must provide instruction management if applicable for the substance use disorder. (Core)
	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t
IV.C.1. 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. 4.10.a.	events. (Core) Assignment of rotations must be structur rotational transitions, and rotations must quality educational experience, defined be supervision, longitudinal relationships wite assessment and feedback. (Core)

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

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

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

Experiences

to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

ces

ected time to participate in core

on and experience in pain bspecialty, including recognition of r. (Core)

to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

ured to minimize the frequency of st be of sufficient length to provide a d by continuity of patient care, ongoing with faculty members, and high-quality

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.1.b)	Clinical experiences must be structured to facilitate learning in a manner that allows the fellows to function as part of an effective health care team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences must be structured to allows the fellows to function as part of an together longitudinally with shared goals improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instruction management if applicable for the subs the signs of substance use disorder. (6
IV.C.3.	The program must include the equivalent of at least six FTE months of patient care in neuromuscular medicine, including inpatient and outpatient care. (Core)	4.11.a.	The program must include the equivalent care in neuromuscular medicine, including
IV.C.3.a)	The remaining time must include additional experience in the care of patients with neuromuscular diseases, EMG and nerve conduction studies, autonomic function testing, nerve and muscle pathology, chemodenervation, and neuromuscular rehabilitation. (Core)	4.11.a.1.	The remaining time must include addition with neuromuscular diseases, EMG and r function testing, nerve and muscle pathol neuromuscular rehabilitation. (Core)
IV.C.3.b)	Elective time for fellows to pursue individual interests must be provided. (Core)	4.11.a.2.	Elective time for fellows to pursue individu
IV.C.3.c)	Fellows should have experience observing nerve and muscle biopsies. (Core)	4.11.a.3.	Fellows should have experience observin
IV.C.4.	The program must include the following clinical experiences:	4.11.b.	The program must include the following c
IV.C.4.a)	inpatient evaluation and management of patients presenting with acute and severe neuromuscular disorders; (Core)	4.11.b.1.	inpatient evaluation and management of severe neuromuscular disorders; (Core)
IV.C.4.b)	critical care management of patients with conditions such as myasthenic crisis, and acute and severe Guillain-Barré syndrome; (Core)	4.11.b.2.	critical care management of patients with and acute and severe Guillain-Barré sync
IV.C.4.c)	outpatient evaluation and diagnosis of patients with non-emergent neuromuscular disease manifestations; (Core)	4.11.b.3.	outpatient evaluation and diagnosis of pa neuromuscular disease manifestations; (0
IV.C.4.d)	ordering and clinical interpretation of electrophysiologic studies, and their role in the diagnosis and management of patients; (Core)	4.11.b.4.	ordering and clinical interpretation of elec the diagnosis and management of patient
IV.C.4.e)	ordering and clinical interpretation of diagnostic blood tests, including those involving molecular genetic testing; and, (Core)	4.11.b.5.	ordering and clinical interpretation of diag involving molecular genetic testing; and, (
IV.C.4.f)	consulting with other medical professionals, including cardiologists, geneticists, neurological surgeons, pathologists or neuropathologists, pediatricians, physical medicine and rehabilitation physicians, radiologists, and rheumatologists, in the overall care and management of patients with neuromuscular diseases. (Core)	4.11.b.6.	consulting with other medical professiona neurological surgeons, pathologists or ne medicine and rehabilitation physicians, ra overall care and management of patients
IV.C.5.	The program must conduct formal lectures and teaching conferences on a regular basis. (Core)	4.11.c.	The program must conduct formal lecture regular basis. (Core)
IV.C.5.a)	Fellows must participate in clinical conferences dealing with neuromuscular medicine. (Core)	4.11.c.1.	Fellows must participate in clinical conference medicine. (Core)

d to facilitate learning in a manner that an effective health care team that works Is of patient safety and quality

on and experience in pain bspecialty, including recognition of . (Core)

ent of at least six FTE months of patient ding inpatient and outpatient care. (Core)

onal experience in the care of patients d nerve conduction studies, autonomic nology, chemodenervation, and

vidual interests must be provided. (Core) ving nerve and muscle biopsies. (Core)

g clinical experiences:

of patients presenting with acute and

ith conditions such as myasthenic crisis, /ndrome; (Core)

patients with non-emergent ; (Core)

ectrophysiologic studies, and their role in ents; (Core)

iagnostic blood tests, including those d, (Core)

nals, including cardiologists, geneticists, neuropathologists, pediatricians, physical radiologists, and rheumatologists, in the ts with neuromuscular diseases. (Core)

ures and teaching conferences on a

ferences dealing with neuromuscular

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical		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 as Program Requirements. Scholarly ac integration, application, and teaching 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
IV.D.	research as the focus for scholarship.	[None]	other programs might choose to utili research as the focus for scholarshi
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and air
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 evid consistent with its mission(s) and air
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fello scholarly activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progr accomplishments in at least three of •Research in basic science, educatio 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 commit editorial 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 fellow as defined in the subspecialty-specific activities may include discovery, ng.

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

idence of scholarly activities, aims. (Core)

idence of scholarly activities, aims. (Core)

Sponsoring Institution, must allocate low and faculty involvement in

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

Requirement Language g their scholarly activity, programs must demonstrate hplishments in at least three of the following domains: (Core) arch in basic science, education, translational science, patient care, bulation health reviewed grants ty improvement and/or patient safety initiatives matic reviews, meta-analyses, review articles, chapters in medical oks, or case reports ion of curricula, evaluation tools, didactic educational activities, or onic educational materials ibution to professional committees, educational organizations, or ial boards rations in education rogram must demonstrate dissemination of scholarly activity within ternal to the program by the following methods: / participation in grand rounds, posters, workshops, quality vement presentations, podium presentations, grant leadership, non- eviewed print/electronic resources, articles or publications, book	4.14. 4.14.a.	or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, in textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education The program must demonstrate disses and external to the program by the foll faculty participation in grand rounds, improvement presentations, podium p
arch in basic science, education, translational science, patient care, bulation health reviewed grants ty improvement and/or patient safety initiatives matic reviews, meta-analyses, review articles, chapters in medical oks, or case reports ion of curricula, evaluation tools, didactic educational activities, or onic educational materials ribution to professional committees, educational organizations, or ial boards rations in education rogram must demonstrate dissemination of scholarly activity within ternal to the program by the following methods: / participation in grand rounds, posters, workshops, quality vement presentations, podium presentations, grant leadership, non- eviewed print/electronic resources, articles or publications, book	4.14. 4.14.a.	 Among their scholarly activity, progra accomplishments in at least three of t Research in basic science, education or population health Peer-reviewed grants Quality improvement and/or patient s Systematic reviews, meta-analyses, in textbooks, or case reports Creation of curricula, evaluation tool electronic educational materials Contribution to professional committee ditorial boards Innovations in education The program must demonstrate disseriand external to the program by the fol faculty participation in grand rounds, improvement presentations, podium provement presentations, podiu
bulation health reviewed grants ty improvement and/or patient safety initiatives matic reviews, meta-analyses, review articles, chapters in medical ooks, or case reports ion of curricula, evaluation tools, didactic educational activities, or onic educational materials ribution to professional committees, educational organizations, or ial boards rations in education rogram must demonstrate dissemination of scholarly activity within sternal to the program by the following methods: / participation in grand rounds, posters, workshops, quality vement presentations, podium presentations, grant leadership, non- eviewed print/electronic resources, articles or publications, book	4.14. 4.14.a.	 Research in basic science, education or population health Peer-reviewed grants Quality improvement and/or patient s Systematic reviews, meta-analyses, near textbooks, or case reports Creation of curricula, evaluation tools electronic educational materials Contribution to professional committee editorial boards Innovations in education The program must demonstrate disses and external to the program by the fol faculty participation in grand rounds, improvement presentations, podium provement presentations, podium presentations, podium provement presentations, po
ty improvement and/or patient safety initiatives matic reviews, meta-analyses, review articles, chapters in medical loks, or case reports ion of curricula, evaluation tools, didactic educational activities, or onic educational materials ribution to professional committees, educational organizations, or ial boards rations in education rogram must demonstrate dissemination of scholarly activity within cternal to the program by the following methods: / participation in grand rounds, posters, workshops, quality vement presentations, podium presentations, grant leadership, non- eviewed print/electronic resources, articles or publications, book	4.14.a.	 Quality improvement and/or patient s Systematic reviews, meta-analyses, revers Creation of curricula, evaluation tools electronic educational materials Contribution to professional committee editorial boards Innovations in education The program must demonstrate disses and external to the program by the fol faculty participation in grand rounds, improvement presentations, podium p
oks, or case reports ion of curricula, evaluation tools, didactic educational activities, or onic educational materials ribution to professional committees, educational organizations, or ial boards rations in education rogram must demonstrate dissemination of scholarly activity within sternal to the program by the following methods: / participation in grand rounds, posters, workshops, quality vement presentations, podium presentations, grant leadership, non- eviewed print/electronic resources, articles or publications, book	4.14.a.	textbooks, or case reports Creation of curricula, evaluation tools electronic educational materials Contribution to professional committee editorial boards Innovations in education The program must demonstrate disse and external to the program by the fol faculty participation in grand rounds, improvement presentations, podium procession
onic educational materials ribution to professional committees, educational organizations, or ial boards rations in education rogram must demonstrate dissemination of scholarly activity within sternal to the program by the following methods: / participation in grand rounds, posters, workshops, quality vement presentations, podium presentations, grant leadership, non- eviewed print/electronic resources, articles or publications, book	4.14.a.	electronic educational materials Contribution to professional committee editorial boards Innovations in education The program must demonstrate disseand external to the program by the fole faculty participation in grand rounds, improvement presentations, podium presentation
rations in education rogram must demonstrate dissemination of scholarly activity within aternal to the program by the following methods: y participation in grand rounds, posters, workshops, quality vement presentations, podium presentations, grant leadership, non- eviewed print/electronic resources, articles or publications, book	4.14.a.	Innovations in education The program must demonstrate disse and external to the program by the fol faculty participation in grand rounds, improvement presentations, podium p
rogram must demonstrate dissemination of scholarly activity within aternal to the program by the following methods: / participation in grand rounds, posters, workshops, quality vement presentations, podium presentations, grant leadership, non- eviewed print/electronic resources, articles or publications, book	4.14.a.	The program must demonstrate disse and external to the program by the fol faculty participation in grand rounds, improvement presentations, podium p peer-reviewed print/electronic resource
vement presentations, podium presentations, grant leadership, non- eviewed print/electronic resources, articles or publications, book		improvement presentations, podium p
ers, textbooks, webinars, service on professional committees, or g as a journal reviewer, journal editorial board member, or editor; ome)	4.14.a.1.	chapters, textbooks, webinars, service serving as a journal reviewer, journal (Outcome)
eviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome)
v Scholarly Activity	4.15.	Fellow Scholarly Activity The curriculum must advance fellows' kn evidence-based medicine and research, evaluated, explained to patients, and ap
rriculum must advance fellows' knowledge of the basic principles of ce-based medicine and research, including how research is conducted, ted, explained to patients, and applied to patient care. (Core)	4.15.	Fellow Scholarly Activity The curriculum must advance fellows' kn evidence-based medicine and research, evaluated, explained to patients, and ap
	4.15.a.	Fellows must participate in scholarly acti faculty members. (Core)
	4.15.b.	The Sponsoring Institution and program resources to facilitate fellow involvement
	4.15.c.	Fellows should receive support to attend professional conference during the progr
ation	Section 5	Section 5: Evaluation
		Fellow Evaluation: Feedback and Eva Faculty members must directly observed feedback on fellow performance durin
	s must participate in scholarly activity under the mentorship of program members. (Core) ponsoring Institution and program must allocate adequate educational ces to facilitate fellow involvement in scholarly activities. (Core) s should receive support to attend one regional, national, or international sional conference during the program. (Detail) ation	members. (Core)4.15.a.consoring Institution and program must allocate adequate educational ces to facilitate fellow involvement in scholarly activities. (Core)4.15.b.s should receive support to attend one regional, national, or international sional conference during the program. (Detail)4.15.c.

rams must demonstrate f the following domains: (Core) on, translational science, patient care,

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

semination of scholarly activity within following methods:

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

e)

knowledge of the basic principles of h, including how research is conducted, applied to patient care. (Core)

knowledge of the basic principles of h, including how research is conducted, applied to patient care. (Core) ctivity under the mentorship of program

m must allocate adequate educational ent in scholarly activities. (Core)

nd one regional, national, or international ogram. (Detail)

aluation

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin 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 the must be documented at least every the
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 cor clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation along the subspecialty-specific Milest
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
V.A.1.d).(3)	develop plans for fellows 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 fellow 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 progre applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performative by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)

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

aluation

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

the completion of the assignment.

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

ontinuity clinic in the context of other luated at least every three months and

tive performance evaluation based on alty-specific Milestones, and must:

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

ical Competency Committee for its formance and improvement toward

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

nee, with input from the Clinical at fellows in developing individualized strengths and identify areas for

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

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

mance must be accessible for review

a final evaluation for each fellow upon

Roman Numeral Requirement Number	Poquiroment Lenguege	Reformatted Requirement Number	Demuineren
V.A.2.a)	Requirement Language The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Requirement Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and must fellow in accordance with institutional
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the knowledge, skills, and behaviors nece (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competence members, at least one of whom is a co be faculty members from the same pro- health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee r least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee r progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee r annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to 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, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)

a final evaluation for each fellow upon

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

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

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

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

e must review all fellow evaluations at

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback on their e 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 evaluations sho program-wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program E conduct and document the Annual Program Evalu- program's continuous improvement process. (Cor
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program E conduct and document the Annual Program Evaluation program's continuous improvement process. (Cor
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee must be comp program faculty members, at least one of whom is and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities mu program's self-determined goals and progress tow (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities mu ongoing program improvement, including develop based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities mu current operating environment to identify strength opportunities, and threats as related to the program (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee should consid prior Annual Program Evaluation(s), aggregate fell evaluations of the program, and other relevant dat the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must evaluate and aims, strengths, areas for improvement, and the strength of
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including the acti distributed to and discussed with the fellows and t teaching faculty, and be submitted to the DIO. (Cor
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self-Study and s (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited education is to educate seek and achieve board certification. One measure the educational program is the ultimate pass rate.
	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.		The program director should encourage all eligible take the certifying examination offered by the appl of Medical Specialties (ABMS) member board or A
V.C.3.		[None]	Association (AOA) certifying board.

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hould be incorporated into

Evaluation Committee to luation as part of the ore)

Evaluation Committee to luation as part of the ore)

nposed of at least two is a core faculty member,

must include review of the ward meeting them.

must include guiding opment of new goals,

must include review of the ths, challenges, ram's mission and aims.

sider the outcomes from ellow and faculty written lata in its assessment of

te the program's mission threats. (Core)

ction plan, must be d the members of the Core)

submit it to the DIO.

educate physicians who ure of the effectiveness of ٠ė,

ble program graduates to oplicable American Board American Osteopathic

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g

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

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

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

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

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

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

Roman Numeral	De muimement l'en museure	Reformatted Requirement	
Requirement Number	r Requirement Language	Number	Requiremen
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environme
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in t environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team		•Commitment to the well-being of the members, and all members of the heat
VI.		Section 6	
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou a willingness to transparently deal wi has formal mechanisms to assess the its personnel toward safety in order to
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, an patient safety systems and contribute
VI A 1 a) (2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti changes to ameliorate patient safety
VI.A.1.a).(2)	Residents, fellows, faculty members, and other clinical staff members		
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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ment n the context of a learning and working following principles:

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he students, residents, fellows, faculty lealth care team

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

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

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

Roman Numeral Requirement Number	. Requirement Language	Reformatted Requirement Number	Requiremen
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)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mer interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient pe
VI.A.2.	Supervision and Accountability	[None]	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 relates to the supervision of all patien Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, de monitor a structured chain of respons relates to the supervision of all patien
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.

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

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

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

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

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

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

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

inform each patient of their respective oviding direct patient care. This llows, faculty members, other members is. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
			Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pat
VI.A.2.b).(1)	Direct Supervision:	6.7.	the fellow and the supervising physic patient care through appropriate telec
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teleo
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or path the fellow and the supervising physic patient care through appropriate telec
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physician is required. (Core)

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

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

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

atient is not physically present with ician is concurrently monitoring the ecommunication technology.

cally present with the fellow during the on.

atient is not physically present with ician is concurrently monitoring the ecommunication technology.

cally present with the fellow during the on.

atient is not physically present with ician is concurrently monitoring the ecommunication technology.

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

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

Roman Numeral	De universe de la companya de la comp	Reformatted Requirement	
Requirement Number		Number	Requiremen
	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each		The privilege of progressive authority independence, and a supervisory role
	fellow must be assigned by the program director and faculty members.		fellow must be assigned by the progr
VI.A.2.d)	(Core)	6.9.	(Core)
	The program director must evaluate each fellow's abilities based on		The program director must evaluate e
VI.A.2.d).(1)	specific criteria, guided by the Milestones. (Core)	6.9.a.	specific criteria, guided by the Milesto
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as supe
	portions of care to fellows based on the needs of the patient and the skills		portions of care to fellows based on t
VI.A.2.d).(2)	of each fellow. (Core)	6.9.b.	of each fellow. (Core)
	Fellows should serve in a supervisory role to junior fellows and residents		Fellows should serve in a supervisory
	in recognition of their progress toward independence, based on the needs		in recognition of their progress towar
VI.A.2.d).(3)	of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6 10	Programs must set guidelines for circ
VI.A.2.0)		0.10.	Each fellow must know the limits of th
	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional		circumstances under which the fellow
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)
	Faculty supervision assignments must be of sufficient duration to assess		Faculty supervision assignments mus
	the knowledge and skills of each fellow and to delegate to the fellow the		the knowledge and skills of each fello
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to po patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their Sp
	fellows and faculty members concerning the professional and ethical		fellows and faculty members concern
	responsibilities of physicians, including but not limited to their obligation		responsibilities of physicians, includi
VI.B.1.	to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	to be appropriately rested and fit to pupatients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
	be accomplished without excessive reliance on fellows to fulfill non-	[]	The learning objectives of the program
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on fellows to fulfill
			The learning objectives of the program
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
			The learning objectives of the program
	include efforts to enhance the meaning that each fellow finds in the		the meaning that each fellow finds in
	experience of being a physician, including protecting time with patients,		including protecting time with patient
	providing administrative support, promoting progressive independence	C 12 -	promoting progressive independence
VI.B.2.c)	and flexibility, and enhancing professional relationships. (Core)	6.12.c.	professional relationships. (Core)
	The program director, in partnership with the Sponsoring Institution, must		The program director, in partnership v
VI.B.3.	provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	provide a culture of professionalism t personal responsibility. (Core)
1.0.0.		V. 12.U.	

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

each fellow's abilities based on tones. (Core)

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

ory role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail) rcumstances and events in which supervising faculty member(s). (Core)

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

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

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

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

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

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

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

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requiremen
	Fellows and faculty members must demonstrate an understanding of their		Fellows and faculty members must d
VI.B.4.	personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	personal role in the safety and welfar including the ability to report unsafe
	Programs, in partnership with their Sponsoring Institutions, must provide	0.12.0.	Programs, in partnership with their S
	a professional, equitable, respectful, and civil environment that is		a professional, equitable, respectful,
	psychologically safe and that is free from discrimination, sexual and other		psychologically safe and that is free
	forms of harassment, mistreatment, abuse, or coercion of students,		forms of harassment, mistreatment, a
VI.B.5.	fellows, faculty, and staff. (Core)	6.12.f.	fellows, faculty, and staff. (Core)
	Programs, in partnership with their Sponsoring Institutions, should have a		Programs, in partnership with their S
	process for education of fellows and faculty regarding unprofessional		process for education of fellows and
	behavior and a confidential process for reporting, investigating, and	6 10 ~	behavior and a confidential process f
VI.B.6.	addressing such concerns. (Core)	6.12.g.	addressing such concerns. (Core)
	Well-Being		
	Weil-Deilig		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
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the jo
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and i
	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 nurtured in the context of other aspects of fellowship training.		professionalism; they are also skills nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at r
	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		same responsibility to address well-k
	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 prepares fellows with the skills and attitudes needed to thrive throughout		clinical learning environment models prepares fellows with the skills and a
VI.C.	their careers.	[None]	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 fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core) policies and programs that encourage optimal fellow and faculty member	6.13.b.	faculty members; (Core) policies and programs that encourag
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunit
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or poten
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co

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

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

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

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

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

embers in:

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

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	ə 6.13.d.2.	recognition of these symptoms in the care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affor counseling, and treatment, including 24 hours a day, seven days a week. (0
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for felle care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure c
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva 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 fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe trar 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 fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, ir the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
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, fre

ent Language
nemselves and how to seek appropriate
screening. (Core)
fordable mental health assessment,
g access to urgent and emergent care (Core)
ellows may be unable to attend work,
illness, family emergencies, and
e. Each program must allow an
ellows unable to perform their patient
d procedures in place to ensure
e continuity of patient care. (Core)
d without fear of negative
or was unable to provide the clinical
and faculty members in recognition of vation, alertness management, and l)
and faculty members in recognition of
vation, alertness management, and I)
Sponsoring Institution, must ensure ansportation options for fellows who home. (Core)
n fellow must be based on PGY level, y and complexity of patient port services. (Core)

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

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

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

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requiremen
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 Sp and monitor effective, structured han continuity of care and patient safety.
,	Programs must ensure that fellows are competent in communicating with		Programs must ensure that fellows ar
VI.E.3.c)	team members in the hand-off process. (Outcome)	6.19.b.	team members in the hand-off proces
	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design		Clinical Experience and Education Programs, in partnership with their Sp
	an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable		an effective program structure that is educational and clinical experience of
VI.F.	opportunities for rest and personal activities.	[None]	opportunities for rest and personal ac
	Maximum Hours of Clinical and Educational Work per Week	[]	
VI.F.1.	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 n hours per week, averaged over a four house clinical and educational activiti and all moonlighting. (Core)
			Mandatory Time Free of Clinical Work
			Fellows should have eight hours off b
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	education periods. (Detail)
	Fellows should have eight hours off between scheduled clinical work and		Mandatory Time Free of Clinical Work Fellows should have eight hours off b
VI.F.2.a)	education periods. (Detail)	6.21.	education periods. (Detail)
-	Fellows must have at least 14 hours free of clinical work and education		Fellows must have at least 14 hours f
VI.F.2.b)	after 24 hours of in-house call. (Core)	6.21.a.	after 24 hours of in-house call. (Core)
	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-		Fellows must be scheduled for a mini clinical work and required education (
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)		Up to four hours of additional time ma patient safety, such as providing effect education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)

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

are competent in communicating with ess. (Outcome)

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

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

rk and Education f between scheduled clinical work and

rk and Education between scheduled clinical work and

free of clinical work and education e)

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

ion Period Length

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

ion Period Length

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

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

Exceptions

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committees for Neurology and Physical Medicine and Rehabilitation will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a soun The Review Committees for Neurology a Rehabilitation will not consider requests residents' work week.
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities to count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor

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

ducation must be counted toward the

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

and Physical Medicine and ts for exceptions to the 80-hour limit to the

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

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

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

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

ıcy

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

s by fellows on at-home call must weekly limit. The frequency of at-/-third-night limitation, but must satisfy n free of clinical work and education, ore)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities b count toward the 80-hour maximum we home call is not subject to the every-th the requirement for one day in seven f when 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 fellow. (Core)	6.28.a.	At-home call must not be so frequent or reasonable personal time for each fello

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

nt or taxing as to preclude rest or ellow. (Core)