Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
Int.A.	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 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. 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]	Definition of Graduate Medical Education Fellowship is advanced graduate media residency program for physicians who practice. Fellowship-trained physicians subspecialty care, which may also inclue a community resource for expertise in integrating new knowledge into practice generations of physicians. Graduate me strength that a diverse group of physic the importance of inclusive and psychol environments. Fellows who have completed residency autonomously in their core specialty. T expertise of fellows distinguish them fir residency. The fellow's care of patients undertaken with appropriate faculty su independence. Faculty members serve compassion, cultural sensitivity, profes fellow develops deep medical knowledge expertise applicable to their focused an intensive program of subspecialty clinit focuses on the multidisciplinary care of is often physically, emotionally, and into occurs in a variety of clinical learning of graduate medical education and the we fellows, faculty members, students, and 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. We knowledge within medicine is not exclu- physicians, the fellowship experience of pursue hypothesis-driven scientific inq to the medical literature and patient can subspecialty expertise achieved, fellow relationships built on an infrastructure research.

#### Language

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cy are able to practice The prior medical experience and from physicians entering its within the subspecialty is supervision and conditional ve as role models of excellence, fessionalism, and scholarship. The edge, patient care skills, and area of practice. Fellowship is an inical and didactic education that of patients. Fellowship education intellectually demanding, and renvironments committed to well-being of patients, residents, and all members of the health care

y fellowship programs advance b. While the ability to create new clusive to fellowship-educated e expands a physician's abilities to nquiry that results in contributions care. Beyond the clinical bows develop mentored re that promotes collaborative

I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least every
I.B.2.a)	The PLA must:	[None]	
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 agree program and each participating site tha between the program and the participat assignment. (Core)
I.B.1.a).(1)	There must be a collaborative relationship between the fellowship and residency program directors to ensure optimal educational experiences for both residents and fellows. (Core)	1.2.a.1.	There must be a collaborative relationship residency program directors to ensure opti both residents and fellows. (Core)
I.B.1.a)	The Sponsoring Institution should also sponsor an ACGME-accredited residency program in diagnostic radiology. (Core)	1.2.a.	The Sponsoring Institution should also spore residency program in diagnostic radiology.
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spons designate a primary clinical site. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization p experiences or educational assignment
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. <sup>(Core)</sup>	1.1.	The program must be sponsored by one Institution. (Core)
I.A.		[None]	When the Sponsoring Institution is not the most commonly utilized site of clini primary clinical site.
	The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the organ the ultimate financial and academic res graduate medical education consistent Requirements.
l.	Oversight	Section 1	Section 1: Oversight
Int.C.	<b>Length of Educational Program</b> The educational program in neuroradiology must be 12 months in length. (Core)	4.1.	Length of Program The educational program in neuroradiology (Core)
Int.B.	The program provides fellows with the opportunity to develop, under supervision, progressively independent skills in the performance and interpretation of neuroradiologic imaging studies and invasive procedures. At the end of the program, fellows should be capable of independent and accurate clinical decision-making in all areas of neuroradiology.	[None]	The program provides fellows with the opp supervision, progressively independent ski interpretation of neuroradiologic imaging s the end of the program, fellows should be accurate clinical decision-making in all are
	<b>Definition of Subspecialty</b> The body of knowledge and practice of neuroradiology comprises both imaging (computed tomography (CT), magnetic resonance imaging (MRI), plain film interpretation, neurosonography, and nuclear radiology) and invasive procedures related to the brain, spine and spinal cord, head, neck, and organs of special sense (eyes, ears, nose) in adults and children. Neuroradiologists interpret imaging findings based on their knowledge of the fundamentals of pathology, pathophysiology, and clinical manifestations of the brain, spine and spinal cord, head, neck, and organs of special sense.		<b>Definition of Subspecialty</b> The body of knowledge and practice of new imaging (computed tomography (CT), mag plain film interpretation, neurosonography, invasive procedures related to the brain, sp and organs of special sense (eyes, ears, n Neuroradiologists interpret imaging finding fundamentals of pathology, pathophysiolog the brain, spine and spinal cord, head, new

neuroradiology comprises both agnetic resonance imaging (MRI), ny, and nuclear radiology) and spine and spinal cord, head, neck, , nose) in adults and children. ngs based on their knowledge of the logy, and clinical manifestations of neck, and organs of special sense.	
pportunity to develop, under skills in the performance and I studies and invasive procedures. At The capable of independent and areas of neuroradiology.	
ogy must be 12 months in length.	
anization or entity that assumes esponsibility for a program of nt with the ACGME Institutional	
ot a rotation site for the program,	
nical activity for the program is the	
inical activity for the program is the one ACGME-accredited Sponsoring	
one ACGME-accredited Sponsoring	
one ACGME-accredited Sponsoring providing educational onts/rotations for fellows. onsoring Institution, must	
one ACGME-accredited Sponsoring providing educational ents/rotations for fellows. onsoring Institution, must e) ponsor an ACGME-accredited	
one ACGME-accredited Sponsoring providing educational ents/rotations for fellows. onsoring Institution, must e) ponsor an ACGME-accredited gy. (Core) ip between the fellowship and	

I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the designated institutional official (DIO). (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 clinical learning and working environment at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must 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)
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 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)
	Workforce Recruitment and Retention		Workforce Recruitment and Retention
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)	1.7.	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)
I.D.	Resources	1.8.	Resources The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)
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 Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)
I.D.1.a)	All related equipment required for advanced neuroimaging must be state-of-the- art and available. (Core)	1.8.a.	All related equipment required for advanced neuroimaging must be state-of- the-art and available. (Core)
I.D.1.b)	Adequate space for image display, interpretation of studies, and consultation with clinicians must be available. (Core)	1.8.b.	Adequate space for image display, interpretation of studies, and consultation with clinicians must be available. (Core)
I.D.1.c)	There must be adequate office space for neuroradiology faculty members, program administration, and fellows. (Core)	1.8.c.	There must be adequate office space for neuroradiology faculty members, program administration, and fellows. (Core)
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 Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow 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/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropriate to the participating site; and, (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)

I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to sub appropriate reference material in print of include access to electronic medical lite capabilities. (Core)
	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows,		Other Learners and Health Care Person The presence of other learners and othe including but not limited to residents fro
I.E.	and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	fellows, and advanced practice provide the appointed fellows' education. (Core
I.E.1.a)	The presence of other learners, and health care professionals, including residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners, must not interfere with the appointed fellows' education. (Core)	1.11.a.	The presence of other learners, and health residents from other specialties, subspecia nurse practitioners, must not interfere with (Core)
, I.E.1.b)	The fellows must not dilute or detract from the educational opportunities available to residents in the core diagnostic radiology residency program. (Core)	1.11.b.	The fellows must not dilute or detract from available to residents in the core diagnostic (Core)
/ II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member appear authority and accountability for the ove compliance with all applicable program
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member appear authority and accountability for the ove compliance with all applicable program
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate I (GMEC) must approve a change in prog program director's licensure and clinica
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 r Committee. (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicable must be provided with support adequat program based upon its size and config
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director must b and support specified below for administra
	Number of Approved Fellow Positions: 1 to 6   Minimum Support Required (FTE): 0.1 Number of Approved Fellow Positions: 7 to 8   Minimum Support Required (FTE): 0.2		Number of Approved Fellow Positions: 1 to (FTE): 0.1 Number of Approved Fellow Positions: 7 to (FTE): 0.2
II.A.2.a)	Number of Approved Fellow Positions: 9 or more   Minimum Support Required (FTE): 0.3	2.3.a.	Number of Approved Fellow Positions: 9 o (FTE): 0.3
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director: The program director must possess sul qualifications acceptable to the Review
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess sul qualifications acceptable to the Review

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or electronic format. This must
iterature databases with full text

#### onnel

her health care personnel, from other programs, subspecialty lers, must not negatively impact re)

Ith care professionals, including cialty fellows, PhD students, and th the appointed fellows' education.

m the educational opportunities stic radiology residency program.

pointed as program director with verall program, including m requirements. (Core)

pointed as program director with verall program, including m requirements. (Core)

• Medical Education Committee ogram director and must verify the cal appointment. (Core) resides with the Review

ole, the program's leadership team, ate for administration of the figuration. (Core)

t be provided with the dedicated time ration of the program: (Core)

to 6 | Minimum Support Required

to 8 | Minimum Support Required

or more | Minimum Support Required

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ubspecialty expertise and w Committee. (Core)

ubspecialty expertise and w Committee. (Core)

II.A.3.b)	must include current certification in the specialty by the American Board of Radiology or by the American Osteopathic Board of Radiology, or subspecialty qualifications that are acceptable to the Review Committee; (Core)	2.4.a.	The program director must possess current certification in the subspecialty for which they are the program director by the American Board of Radiology or by the American Osteopathic Board of Radiology, or subspecialty qualifications that are acceptable to the Review Committee. (Core)
II.A.3.c)	must include at least three years' experience as a faculty member in an ACGME-accredited diagnostic radiology residency or neuroradiology fellowship program; and, (Core)	2.4.b.	The program director must possess at least three years' experience as a faculty member in an ACGME-accredited diagnostic radiology residency or neuroradiology fellowship program. (Core)
II.A.3.d)	should include at least 80 percent of the program director's time spent in the practice of neuroradiology. (Core)	2.4.c.	The program director should demonstrate that at least 80 percent of their time is spent in the practice of neuroradiology. (Core)
II.A.4. II.A.4.a)	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) The program director must:	2.5. [None]	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)
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role model of professionalism. (Core)
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)		The program director must be a role model of professionalism. (core) Consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program. (Core)
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 administer and maintain a learning environment conducive to educating the fellows in each of the ACGME 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 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)
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 authority to remove fellows from supervising interactions and/or learning environments that do not meet 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 accurate and complete information required and requested by the DIO, GMEC, and ACGME. (Core)
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 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)
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 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)
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 the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-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 a non-competition guarantee or restrictive covenant. (Core)

II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document v fellows within 30 days of completion of (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 ver education upon the fellow's request, w
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide app interview with information related to the specialty board examination(s). (Core)
	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 Faculty members are a foundational ele education – faculty members teach fell Faculty members provide an important and become practice ready, ensuring th quality of care. They are role models for physicians by demonstrating compass teaching and patient care, professional learning. Faculty members experience growth and development of future colle enhanced by the opportunity to teach a By employing a scholarly approach to through the graduate medical educatio the individual and the population.
II.B.	<ul> <li>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.</li> <li>Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.</li> </ul>	[None]	Faculty members ensure that patients if from a specialist in the field. They reco of the patients, fellows, community, an provide appropriate levels of supervision Faculty members create an effective lead professional manner and attending to t themselves.
	There must be a sufficient number of faculty members with competence		There must be a sufficient number of fa
II.B.1.a)	to instruct and supervise all fellows. (Core) The neuroradiology faculty must include:	<b>2.6.</b> 2.6.a.	to instruct and supervise all fellows. (C The neuroradiology faculty must include a neuroradiologists, including the program of
, II.B.1.a).(1)	a minimum of at least two neuroradiologists, including the program director. (Core)	2.6.a.	The neuroradiology faculty must include a neuroradiologists, including the program of
II.B.1.a).(1).(a)	These faculty members should spend at least 80 percent of their time in the practice of neuroradiology. (Core)	2.6.a.1.	These faculty members should spend at le practice of neuroradiology. (Core)
II.B.1.a).(2)	There must be a minimum of at least one neuroradiologist for every two fellows. (Core)	2.6.b.	There must be a minimum of at least one fellows. (Core)
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role models
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 co equitable, high-quality, cost-effective, p
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a seful of the fellows, including devoting sufficient to fulfill their supervisory and teaching re

t verification of education for all of or departure from the program.

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

pplicants who are offered an their eligibility for the relevant e)

element of graduate medical ellows how to care for patients. In the bridge allowing fellows to grow that patients receive the highest for future generations of ssion, commitment to excellence in halism, and a dedication to lifelong the the pride and joy of fostering the elleagues. The care they provide is in and model exemplary behavior. to patient care, faculty members, fion system, improve the health of

s receive the level of care expected cognize and respond to the needs and institution. Faculty members sion to promote patient safety. learning environment by acting in a p the well-being of the fellows and

faculty members with competence (Core)

a minimum of at least two director. (Core)

e a minimum of at least two n director. (Core)

least 80 percent of their time in the

e neuroradiologist for every two

## ls of professionalism. (Core)

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

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

	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
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly parti- discussions, rounds, journal clubs, 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.	enhance their skills at least annually.
	The members of the faculty must regularly participate in clinical discussions, journal clubs, clinical multidisciplinary conferences, and research conferences.		The members of the faculty must regular journal clubs, clinical multidisciplinary co
II.B.2.g)	(Core)	2.7.f.	conferences. (Core)
			Faculty Qualifications
	Faculty Qualifications		Faculty members must have appropria
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appoint
	Faculty members must have appropriate qualifications in their field and		Faculty Qualifications Faculty members must have appropria
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
/ II.B.3.b)	Subspecialty physician faculty members must:	[None]	
			Subspecialty Physician Faculty Memb
			Subspecialty physician faculty member
	have current certification in the specialty by the American Board of		in the subspecialty by the American B
	Radiology or the American Osteopathic Board of Radiology, or possess		Osteopathic Board of Radiology, or po
II.B.3.b).(1)	qualifications judged acceptable to the Review Committee; and, (Core)	2.9.	acceptable to the Review Committee.
	At least 50 percent of the physician faculty must have subspecialty certification		At least 50 percent of the physician facul
	in neuroradiology from the American Board of Radiology or the American		certification in neuroradiology from the A
II.B.3.b).(1).(a)	Osteopathic Board of Radiology. (Core)	2.9.a.1.	American Osteopathic Board of Radiolog
	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
II.B.3.c)	Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Association (AOA) certifying board, of acceptable to the Review Committee.
11.0.0.0)	Core Faculty	2.3.a.	
			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		supervision of fellows and must devo
	entire effort to fellow education and/or administration, and must, as a		entire effort to fellow education and/o
	component of their activities, teach, evaluate, and provide formative		component of their activities, teach, e
II.B.4.	feedback to fellows. (Core)	2.10.	feedback to fellows. (Core)
	Faculty members must complete the annual ACGME Faculty Survey.		Faculty members must complete the a
II.B.4.a)	(Core)	2.10.a.	(Core)
	There must be at least two core faculty members, including the program	2 10 h	There must be at least two core faculty n
II.B.4.b)	director, who are neuroradiologists. (Core)	2.10.b.	director, who are neuroradiologists. (Core <b>Program Coordinator</b>
II.C.	Program Coordinator	2.11.	There must be a program coordinator
			Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	There must be a program coordinator
	The program coordinator must be provided with dedicated time and	1	The program coordinator must be pro
	support adequate for administration of the program based upon its size		support adequate for administration of
II.C.2.	and configuration. (Core)	2.11.a.	and configuration. (Core)

d maintain an educational fellows. (Core)
cipate in organized clinical
nd conferences. (Core) / development designed to
(Core)
ly participate in clinical discussions,
nferences, and research
ate qualifications in their field and ments. (Core)
ate qualifications in their field and ments. (Core)
Ders
ers must have current certification
Board of Radiology or the American
essess qualifications judged
(Core)
lty must have subspecialty merican Board of Radiology or the
gy. (Core)
members must have current
ppropriate American Board of
board or American Osteopathic r possess qualifications judged
(Core)
gnificant role in the education and
te a significant portion of their
r administration, and must, as a valuate, and provide formative
valuate, and provide formative
annual ACGME Faculty Survey.
nembers, including the program
e)
. (Core)
. (Core)
vided with dedicated time and
of the program based upon its size

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	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core)		At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core)
	Number of Approved Fellow Positions: 1-3   Minimum Support Required (FTE): 0.3		Number of Approved Fellow Positions: 1-3   Minimum Support Required (FTE): 0.3
	Number of Approved Fellow Positions: 4-7   Minimum Support Required (FTE): 0.4		Number of Approved Fellow Positions: 4-7   Minimum Support Required (FTE): 0.4
II.C.2.a)	Number of Approved Fellow Positions: 8 or more   Minimum Support Required (FTE): 0.5	2.11.b.	Number of Approved Fellow Positions: 8 or more   Minimum Support Required (FTE): 0.5
	Other Program Personnel		Other Program Personnel
	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective	0.40	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core)
II.D.1.	There must be nurses and technologists appropriately trained for invasive procedures and advanced imaging techniques. (Core)	2.12.a.	There must be nurses and technologists appropriately trained for invasive procedures and advanced imaging techniques. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.		[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 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)
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 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)
III.A.1.b)	Prerequisite clinical education for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by one of the organizations identified in section III.A.1. (Core)	3.2.a.1.	Prerequisite clinical education for entry into a diagnostic radiology subspecialty program should include the satisfactory completion of a diagnostic radiology residency accredited by one of the organizations identified in section 3.2. (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Radiology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Radiology will allow the following exception to the fellowship eligibility requirements:
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in 3.2, but who does meet all of the following additional qualifications and conditions: (Core)
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 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)
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 exceptional qualifications by the 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 Commissior (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 excepted through this excepted their performance by the Clinical Comp weeks of matriculation. (Core)
	Fellow Complement		
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoint the Review Committee. (Core)
	Fellow Transfers		
III.C.	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification o experiences and a summative compete evaluation prior to acceptance of a tran evaluations upon matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is de and innovation in graduate medical edu organizational affiliation, size, or location
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must support knowledgeable, skillful physicians who
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may place research, leadership, public health, etc. aims will reflect the nuanced program-s graduates; for example, it is expected t physician-scientists will have a different on community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follow
	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program		a set of program aims consistent with t mission, the needs of the community it distinctive capabilities of its graduates
IV.A.1.		4.2.a.	program applicants, fellows, and facult
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 experience designed to promote progre autonomous practice in their subspecia reviewed, and available to fellows and f
11.7.2.	delineation of fellow responsibilities for patient care, progressive	7.2.0.	delineation of fellow responsibilities fo
IV.A.3.	responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	responsibility for patient management, subspecialty; (Core)
IV.A.3. IV.A.4.		4.2.d.	structured educational activities beyon
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 protected didactic activities. (Core)

on for Foreign Medical Graduates
eption must have an evaluation of
petency Committee within 12
t more fellows than approved by
of previous educational
ency-based performance
nsferring fellow, and Milestones
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esigned to encourage excellence
lucation regardless of the
tion of the program.
rt the development of
o provide compassionate care.
ace different emphasis on
<i>c. It is expected that the program</i>
-specific goals for it and its
that a program aiming to prepare
ent curriculum from one focusing
wing educational components:
the Sponsoring Institution's
it serves, and the desired
s, which must be made available to
ty members; (Core)
es for each educational
ress on a trajectory to
ialty. These must be distributed,
faculty members; (Core)
or patient care, progressive
, and graded supervision in their
nd direct patient care; and, (Core)
ted time to participate in core

	formal educational activities that promote patient safety-related goals,		formal educational activities that promo
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a conceptua required domains for a trusted physicia These Competencies are core to the pr the specifics are further defined by eac developmental trajectories in each of th through the Milestones for each subsp on subspecialty-specific patient care an refining the other competencies acquir
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGME curriculum.
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.	ACGME Competencies – Professionalis Fellows must demonstrate a commitme 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 a Fellows must be able to provide patient centered, compassionate, equitable, ap treatment of health problems and the p
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in providing consultation, and in the interpretation of imaging diseases of the brain, spine, neck, organs of special sense, and vascular supply to these regions utilizing CT, MRI, magnetic resonance (MR) angiography, radiography, ultrasound, and nuclear radiology, including PET. (Core)	4.4.a.	Fellows must demonstrate competence in interpretation of imaging diseases of the b sense, and vascular supply to these region resonance (MR) angiography, radiography including PET. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care a Fellows must be able to perform all me procedures considered essential for the
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in the performance and/or interpretation of the following: (Core)	4.5.a.	Fellows must demonstrate competence in interpretation of the following: (Core)
IV.B.1.b).(2).(a).(i)	3000 neuroradiological exams, including CT and MR, of which at least 1500 are neuroradiological MR scans; (Core)	4.5.a.1.	3000 neuroradiological exams, including C are neuroradiological MR scans; (Core)
IV.B.1.b).(2).(a).(ii)	250 vascular examinations, including computed tomography angiogram (CTA), computed tomography venogram (CTV), magnetic resonance angiogram (MRA), magnetic resonance venogram (MRV), Doppler ultrasound, and catheter-based angiography; and, (Core)	4.5.a.2.	250 vascular examinations, including com (CTA), computed tomography venogram ( angiogram (MRA), magnetic resonance ve ultrasound, and catheter-based angiograp
IV.B.1.b).(2).(a).(iii)	100 image-guided invasive procedures. (Core)	4.5.a.3.	100 image-guided invasive procedures. (C
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in performing image-guided access to the spinal subarachnoid space for the purposes of myelography, cerebral spinal fluid (CSF) analysis, and/or instillation of therapeutic agents. (Core)	4.5.b.	Fellows must demonstrate competence in the spinal subarachnoid space for the purp spinal fluid (CSF) analysis, and/or instillati
IV.B.1.b).(2).(c)	Fellows must demonstrate competence in performing relevant patient evaluation, demonstrating patient management skills, and relevant pharmacology skills, including obtaining informed consent and monitoring for complications. (Core)	4.5.c.	Fellows must demonstrate competence in evaluation, demonstrating patient manage pharmacology skills, including obtaining in complications. (Core)

#### note patient safety-related goals,

ual framework describing the ian to enter autonomous practice. practice of all physicians, although ach subspecialty. The

the Competencies are articulated pecialty. The focus in fellowship is and medical knowledge, as well as ired in residency.

IE Competencies into the

lism nent to professionalism and an )

#### and Procedural Skills (Part A)

nt care that is patient- and familyappropriate, and effective for the promotion of health. (Core)

in providing consultation, and in the brain, spine, neck, organs of special ions utilizing CT, MRI, magnetic hy, ultrasound, and nuclear radiology,

# and Procedural Skills (Part B) edical, diagnostic, and surgical the area of practice. (Core)

in the performance and/or

CT and MR, of which at least 1500

mputed tomography angiogram (CTV), magnetic resonance venogram (MRV), Doppler aphy; and, (Core)

(Core)

in performing image-guided access to irposes of myelography, cerebral ation of therapeutic agents. (Core)

in performing relevant patient gement skills, and relevant informed consent and monitoring for

	Medical Knowledge		
IV.B.1.c)	Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Know Fellows must demonstrate knowledge o biomedical, clinical, epidemiological, an including scientific inquiry, as well as t to patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of the following: (Core)	[None]	
IV.B.1.c).(1).(a)	indications and contraindications for, and the role of interventional neuroangiography in patient care management and treatment; (Core)	4.6.a.	Fellows must demonstrate competence in contraindications for, and the role of interv patient care management and treatment.
IV.B.1.c).(1).(b)	indications, limitations, risks, alternatives, and appropriate utilization of neuroradiologic imaging and interventional procedures; (Core)	4.6.b.	Fellows must demonstrate competence in limitations, risks, alternatives, and appropr imaging and interventional procedures. (C
IV.B.1.c).(1).(c)	pathophysiology, pathology, anatomy, and genetics of diseases that affect the brain, neck, and spine, including congenital, traumatic, vascular, neoplastic, infectious, inflammatory, metabolic, and neurodegenerative disorders; (Core)	4.6.c.	Fellows must demonstrate competence in pathophysiology, pathology, anatomy, and brain, neck, and spine, including congenita infectious, inflammatory, metabolic, and ne
IV.B.1.c).(1).(d)	consequences on neuroradiologic imaging of medical and surgical treatments of diseases of the brain, spine, and head and neck; (Core)	4.6.d.	Fellows must demonstrate competence in on neuroradiologic imaging of medical and the brain, spine, and head and neck. (Core
IV.B.1.c).(1).(e)	all aspects of administering and monitoring sedation; (Core)	4.6.e.	Fellows must demonstrate competence in administering and monitoring sedation. (Co
IV.B.1.c).(1).(f)	radiologic sciences with an emphasis on CT and MR physics, radiation biology, and the pharmacology of radiographic contrast materials; and, (Core)	4.6.f.	Fellows must demonstrate competence in sciences with an emphasis on CT and MR pharmacology of radiographic contrast ma
IV.B.1.c).(1).(g)	advanced techniques, such as magnetic resonance spectroscopy (MRS) and functional activation studies (fMRI). (Core)	4.6.g.	Fellows must demonstrate competence in techniques, such as magnetic resonance s activation studies (fMRI). (Core)
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-Based Fellows must demonstrate the ability to care of patients, to appraise and assimi continuously improve patient care based and 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 – Interpersonal a Fellows must demonstrate interpersona result in the effective exchange of infor patients, their families, and health profe
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-Base Fellows must demonstrate an awarenes larger context and system of health car social determinants of health, as well as other resources to provide optimal heal

# wledge of established and evolving and social-behavioral sciences, the application of this knowledge in their knowledge of indications and rventional neuroangiography in (Core) in their knowledge of indications, priate utilization of neuroradiologic Core) in their knowledge of nd genetics of diseases that affect the ital, traumatic, vascular, neoplastic, neurodegenerative disorders. (Core) in their knowledge of consequences nd surgical treatments of diseases of ore) in their knowledge of all aspects of Core) in their knowledge of radiologic IR physics, radiation biology, and the naterials. (Core) in their knowledge of advanced spectroscopy (MRS) and functional ed Learning and Improvement to investigate and evaluate their milate scientific evidence, and to sed on constant self-evaluation

al and Communication Skills nal and communication skills that ormation and collaboration with ofessionals. (Core)

### sed Practice

ess of and responsiveness to the are, including the structural and as the ability to call effectively on ealth care. (Core)

IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	<ul> <li>Curriculum Organization and Fellow Experiences</li> <li>The curriculum must be structured to opexperiences, the length of the experience continuity. These educational experience of supervised patient care responsibilitied didactic educational events. (Core)</li> <li>4.11. Didactic and Clinical Experiences</li> <li>Fellows must be provided with protected didactic activities. (Core)</li> <li>4.12. Pain Management</li> <li>The program must provide instruction a management if applicable for the subsp the signs of substance use disorder. (Core)</li> </ul>
	The curriculum must be structured to optimize fellow educational		Curriculum Structure
	experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend		The curriculum must be structured to op experiences, the length of the experience
	of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		continuity. These educational experience of supervised patient care responsibiliti
IV.C.1.		4.10.	didactic educational events. (Core)
IV.C.1.a)	The assignment of educational experiences should be structured to minimize the frequency of transitions. (Detail)†	4.10.a.	The assignment of educational experiences the frequency of transitions. (Detail)†
IV.C.1.b)	Educational experiences should be of sufficient length to provide a quality educational experience defined by ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Detail)	4.10.b.	Educational experiences should be of suffice educational experience defined by ongoing relationships with faculty members, and high feedback. (Detail)
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 a management if applicable for the subsp the signs of substance use disorder. (Co
IV.C.3.	The program must provide fellows with an organized, comprehensive, and supervised, full-time educational experience in the selection, interpretation, and	4.11.a.	The program must provide fellows with an supervised, full-time educational experienc and performance of neuroradiologic examined in the supervised of the su
IV.C.4.	performance of neuroradiologic examinations and procedures. (Core)           The curriculum must contain the following didactic components:	4.11.a. [None]	
IV.C.4.a)	departmental and/or interdepartmental conferences with allied clinical departments that should be held weekly; (Core)	4.11.b.	The curriculum must contain departmental conferences with allied clinical departments (Core)
IV.C.4.b)	morbidity and mortality review related to the performance of interventional procedures; and, (Core)	4.11.c.	The curriculum must contain morbidity and performance of interventional procedures.
IV.C.4.b).(1)	This review should be conducted four times a year. (Core)	4.11.c.1.	This review should be conducted four times
IV.C.4.c)	journal club that should be conducted on a regular basis. (Core)	4.11.d.	The curriculum must contain journal club th regular basis. (Core)
IV.C.4.c).(1)	Fellows should present and lead discussions on current peer-reviewed articles pertaining to the specialty of neuroradiology. (Core)	4.11.d.1.	Fellows should present and lead discussion articles pertaining to the specialty of neuron
IV.C.5.	The program curriculum must provide:	[None]	

Experiences
optimize fellow educational nces, and the supervisory nces include an appropriate blend lities, clinical teaching, and
<mark>s</mark> ted time to participate in core
n and experience in pain specialty, including recognition of (Core)
optimize fellow educational nces, and the supervisory nces include an appropriate blend lities, clinical teaching, and
ces should be structured to minimize
fficient length to provide a quality ng supervision, longitudinal high-quality assessment and
n and experience in pain specialty, including recognition of (Core)
n organized, comprehensive, and nce in the selection, interpretation, minations and procedures. (Core)
al and/or interdepartmental nts that should be held weekly.
nd mortality review related to the s. (Core)
nes a year. (Core) that should be conducted on a
ions on current peer-reviewed roradiology. (Core)

IV.C.5.a)	experience in pediatric neuroradiology; (Core)	4.11.e.	The program curriculum must provide experience in pediatric neuroradiology. (Core)
IV.C.5.a).(1)	There should be a minimum of four weeks or equivalent longitudinal experience in pediatric neuroradiology. (Core)	4.11.e.1.	There should be a minimum of four weeks or equivalent longitudinal experience in pediatric neuroradiology. (Core)
IV.C.5.b)	experience in head and neck radiology; (Core)	4.11.f.	The program curriculum must provide experience in head and neck radiology. (Core)
IV.C.5.b).(1)	There should be a minimum of four weeks or equivalent longitudinal experience in head and neck radiology. (Core)	4.11.f.1.	There should be a minimum of four weeks or equivalent longitudinal experience in head and neck radiology. (Core)
IV.C.5.c)	experience in spine radiology, including non-invasive studies and image-guided procedures; (Core)	4.11.g.	The program curriculum must provide experience in spine radiology, including non-invasive studies and image-guided procedures. (Core)
IV.C.5.c).(1)	There should be a minimum of four weeks or equivalent longitudinal experience in spine radiology. (Core)	4.11.g.1.	There should be a minimum of four weeks or equivalent longitudinal experience in spine radiology. (Core)
IV.C.5.d)	experience in vascular neuroradiology; and, (Core)	4.11.h.	The program curriculum must provide experience in vascular neuroradiology. (Core)
IV.C.5.e)	general experience in neuroradiology. (Core)	4.11.i.	The program curriculum must provide general experience in neuroradiology. (Core)
IV.C.5.e).(1)	This should include exposure to new and evolving techniques such as Perfusion Imaging (CTP and MRP), MR spectroscopy, Diffusion Weighed Imaging (DWI), Diffusion Tension Imaging (DTI), fMRI, and PET. (Core)	4.11.i.1.	This should include exposure to new and evolving techniques such as Perfusion Imaging (CTP and MRP), MR spectroscopy, Diffusion Weighed Imaging (DWI), Diffusion Tension Imaging (DTI), fMRI, and PET. (Core)
IV.C.6.	Fellows must interpret non-invasive and invasive diagnostic catheter-based cervicocerebral angiography. (Core)	4.11.j.	Fellows must interpret non-invasive and invasive diagnostic catheter-based cervicocerebral angiography. (Core)
IV.C.7.	Fellows should participate in catheter-based angiography and pre- and post- procedural care of patients undergoing angiography. (Core)	4.11.k.	Fellows should participate in catheter-based angiography and pre- and post- procedural care of patients undergoing angiography. (Core)
IV.C.7.a)	There should be a minimum of four weeks or equivalent longitudinal experience in vascular neuroradiology. (Core)	4.11.k.1.	There should be a minimum of four weeks or equivalent longitudinal experience in vascular neuroradiology. (Core)
IV.C.8.	Fellows must maintain advanced cardiac life support certification. (Core)	4.11.l.	Fellows must maintain advanced cardiac life support certification. (Core)
IV.C.9.	Fellows must document their exposure to magnetic resonance spectroscopy (MRS) and functional activation studies (fMRI). (Core)	4.11.m.	Fellows must document their exposure to magnetic resonance spectroscopy (MRS) and functional activation studies (fMRI). (Core)
IV.C.10.	Fellows must document their performance of invasive cases in a procedure log. (Core)	4.11.n.	Fellows must document their performance of invasive cases in a procedure log. (Core)

	ScholarshipMedicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through 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. 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
IV.D.	research as the focus for scholarship.	[None]	activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	<ul> <li>Innovations in education</li> </ul>

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IV.D.2.a)	<ul> <li>Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)</li> <li>•Research in basic science, education, translational science, patient care, or population health</li> <li>•Peer-reviewed grants</li> <li>•Quality improvement and/or patient safety initiatives</li> <li>•Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports</li> <li>•Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials</li> <li>•Contribution to professional committees, educational organizations, or editorial boards</li> <li>•Innovations in education</li> </ul>	4.14.	Faculty Scholarly Activity Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity
IV.D.3.a)	Fellows should be provided with instruction in the fundamentals of experimental design, performance, and interpretation of results. (Core)	4.15.a.	Fellows should be provided with instruction in the fundamentals of experimental design, performance, and interpretation of results. (Core)
IV.D.3.a).(1)		4.15.a.1.	This instruction should facilitate fellows' development of competence in the critical assessment of new imaging modalities and of new procedures in neuroradiology. (Detail)
IV.D.3.b)	Fellows should participate in clinical, basic biomedical, or health services research projects. (Core)	4.15.b.	Fellows should participate in clinical, basic biomedical, or health services research projects. (Core)
			Fellows should undertake at least one project as principal investigator.
IV.D.3.b).(1)	Fellows should undertake at least one project as principal investigator. (Detail)		(Detail)
	Fellows should submit at least one scientific paper or exhibit for presentation at		Fellows should submit at least one scientific paper or exhibit for presentation
IV.D.3.c) <b>V.</b>	a regional or national meeting. (Core)	4.15.c. Section 5	at a regional or national meeting. (Core) Section 5: Evaluation
v. v.a.		5.1.	Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)
V.A.1.		5.1.	Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar 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 Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)

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	Fellow assessment must include quarterly meetings with the program director		Fellow assessment must include quarterly meetings with the program director
V.A.1.a).(1)		5.1.h.	to discuss performance and methods for improvement. (Core)
V.A.1.a).(1).(a)	These meetings must include a review of the fellows' procedure log. (Core)	5.1.h.1.	These meetings must include a review of the fellows' procedure log. (Core)
	Fellows must receive feedback concerning their radiological reports, including		Fellows must receive feedback concerning their radiological reports, including
V.A.1.a).(2)	content, grammar, and style. (Core)	5.1.i.	content, grammar, and style. (Core)
V.A.1.a).(2).(a)	These reports must be signed by a neuroradiology faculty member. (Core)	5.1.i.1.	These reports must be signed by a neuroradiology faculty member. (Core)
	Evaluation must be documented at the completion of the assignment.		Evaluation must be documented at the completion of the assignment.
V.A.1.b)	(Core)	5.1.a.	(Core)
	For block rotations of greater than three months in duration, evaluation		For block rotations of greater than three months in duration, evaluation
V.A.1.b).(1)	must be documented at least every three months. (Core)	5.1.a.1.	must be documented at least every three months. (Core)
	Longitudinal experiences such as continuity clinic in the context of other		Longitudinal experiences such as continuity clinic in the context of
	clinical responsibilities must be evaluated at least every three months		other clinical responsibilities must be evaluated at least every three
V.A.1.b).(2)	and at completion. (Core)	5.1.a.2.	months and at completion. (Core)
	The program must provide an objective performance evaluation based on		The program must provide an objective performance evaluation based
	the Competencies and the subspecialty-specific Milestones, and must:		on the Competencies and the subspecialty-specific Milestones, and
V.A.1.c)	(Core)	5.1.b.	must: (Core)
	use multiple evaluators (e.g., faculty members, peers, patients, self, and		use multiple evaluators (e.g., faculty members, peers, patients, self, and
V.A.1.c).(1)	other professional staff members); and, (Core)	5.1.b.1.	other professional staff members); and, (Core)
	provide that information to the Clinical Competency Committee for its		provide that information to the Clinical Competency Committee for its
	synthesis of progressive fellow performance and improvement toward		synthesis of progressive fellow performance and improvement toward
V.A.1.c).(2)	unsupervised practice. (Core)	5.1.b.2.	unsupervised practice. (Core)
	The program director or their designee, with input from the Clinical		
V.A.1.d)	Competency Committee, must:	[None]	
			The program director or their designee, with input from the Clinical
	meet with and review with each fellow their documented semi-annual		Competency Committee, must meet with and review with each fellow
	evaluation of performance, including progress along the subspecialty-		their documented semi-annual evaluation of performance, including
V.A.1.d).(1)	specific Milestones; (Core)	5.1.c.	progress along the subspecialty-specific Milestones. (Core)
			The program director or their designee, with input from the Clinical
			Competency Committee, must assist fellows in developing
	assist fellows in developing individualized learning plans to capitalize on		individualized learning plans to capitalize on their strengths and identify
V.A.1.d).(2)	their strengths and identify areas for growth; and, (Core)	5.1.d.	areas for growth. (Core)
			The program director or their designee, with input from the Clinical
	develop plans for fellows failing to progress, following institutional		Competency Committee, must develop plans for fellows failing to
V.A.1.d).(3)	policies and procedures. (Core)	5.1.e.	progress, following institutional policies and procedures. (Core)
	At least annually, there must be a summative evaluation of each fellow		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,		that includes their readiness to progress to the next year of the
V.A.1.e)	if applicable. (Core)	5.1.f.	program, if applicable. (Core)
	The evaluations of a fellow's performance must be accessible for review		The evaluations of a fellow's performance must be accessible for review
V.A.1.f)	by the fellow. (Core)	5.1.g.	by the fellow. (Core)
			Fellow Evaluation: Final Evaluation
			The program director must provide a final evaluation for each fellow
V.A.2.	Final Evaluation	5.2.	upon completion of the program. (Core)
			Fellow Evaluation: Final Evaluation
	The program director must provide a final evaluation for each fellow upon		The program director must provide a final evaluation for each fellow
V.A.2.a)	completion of the program. (Core)	5.2.	upon completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones, and when applicable the
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, must be used as tools to ensure
	are able to engage in autonomous practice upon completion of the		fellows are able to engage in autonomous practice upon completion of
V.A.2.a).(1)	program. (Core)	5.2.a.	the 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 part of maintained by the institution, and must fellow in accordance with institutional p
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 neces practice. (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 wit the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee must 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 Competency members, at least one of whom is a corr be faculty members from the same prog health professionals who have extensiv the program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	The Clinical Competency Committee mu
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	at 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 mu progress on achievement of the subspe
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 mu semi-annual evaluations and advise the each fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to ev performance as it relates to the education (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 ev performance as it relates to the education (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.	teaching abilities, engagement with the participation in faculty development rela educator, clinical performance, profess (Core)
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, co fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedbac 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 evalu into program-wide faculty development
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the to conduct and document the Annual P program's continuous improvement pro

t of the fellow's permanent record st be accessible for review by the policy. (Core)

ne fellow has demonstrated the essary to enter autonomous

vith the fellow upon completion of

ist be appointed by the program

y Committee must include three ore faculty member. Members must ogram or other programs, or other ive contact and experience with

nust review all fellow evaluations

nust determine each fellow's pecialty-specific Milestones. (Core)

must meet prior to the fellows' ne program director regarding

evaluate each faculty member's ational program at least annually.

evaluate each faculty member's tional program at least annually.

ne educational program, elated to their skills as an ssionalism, and scholarly activities.

confidential evaluations by the

ack on their evaluations at least

luations should be incorporated nt plans. (Core)

e Program Evaluation Committee Program Evaluation as part of the rocess. (Core)

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 to conduct and document the Annual P program's continuous improvement pro
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 mu program faculty members, at least one member, 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 respons the program's self-determined goals an (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 respons ongoing program improvement, includi 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 respons the current operating environment to id opportunities, and threats as related to (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 sho prior Annual Program Evaluation(s), ag evaluations of the program, and other r 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 mu mission and aims, strengths, areas for
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, includ distributed to and discussed with the fe teaching faculty, and be submitted to th
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- (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 educati seek and achieve board certification. Of of the educational program is the ultima
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encourage to take the certifying examination offere Board of Medical Specialties (ABMS) m Osteopathic Association (AOA) certifying
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 r certifying board offer(s) an annual writt years, the program's aggregate pass ra examination for the first time must be h percentile of programs in that subspeci
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 r certifying board offer(s) a biennial writt years, the program's aggregate pass ra examination for the first time must be h percentile of programs in that subspeci

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e Program Evaluation Committee
Program Evaluation as part of the
process. (Core)
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nsibilities must include review of
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ding development of new goals,
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identify strengths, challenges,
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relevant data in its assessment of
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r improvement, and threats. (Core)
iding the action plan, must be
fellows and the members of the
the DIO. (Core)
f-Study and submit it to the DIO.
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member board and/or AOA
Itten exam, in the preceding three
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tten exam, in the preceding six
rate of those taking the
higher than the bottom fifth
cialty. (Outcome)

	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three		For subspecialties in which the ABMS r certifying board offer(s) an annual oral
V.C.3.c)	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.	years, the program's aggregate pass ra examination for the first time must be h percentile of programs in that subspeci
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)		For subspecialties in which the ABMS r certifying board offer(s) a biennial oral the program's aggregate pass rate of th the first time must be higher than the be in 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 5.6 graduates over the time period specifie achieved an 80 percent pass rate will ha matter the percentile rank of the progra subspecialty. (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 co cohort of board-eligible fellows that gra (Core)
	The Learning and Working Environment		Section 6: The Learning and Working E
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environmen Fellowship education must occur in the working environment that emphasizes a
	•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 provid
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the si faculty members, and all members of th
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 continuous and a willingness to transparently deal organization has formal mechanisms to and attitudes of its personnel toward sa improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, and in patient safety systems and contribut

member board and/or AOA
I exam, in the preceding three
rate of those taking the
higher than the bottom fifth
cialty. (Outcome)
member board and/or AOA
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to assess the knowledge, skills,
safety in order to identify areas for
d fellows must actively participate
ite to a culture of safety. (Core)

	Patient Safety Events		
VI.A.1.a).(2)	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-up and unsafe conditions are pivotal mech safety, and are essential for the succes Feedback and experiential learning are competence in the ability to identify can systems-based changes to ameliorate
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, an must know their responsibilities in repo unsafe conditions at the clinical site, in events. (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, an must be provided with summary inform safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team memb interprofessional clinical patient safety activities, such as root cause analyses analysis, as well as formulation and im
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 prioritizir improvement and evaluating success o
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 reco benchmarks related to their patient pop
			Supervision and Accountability Although the attending physician is ultr of the patient, every physician shares in accountability for their efforts in the pro programs, in partnership with their Spo widely communicate, and monitor a str and accountability as it relates to the st
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate r and effective care to patients; ensures skills, knowledge, and attitudes require practice of medicine; and establishes a professional growth.

up of safety events, near misses, echanisms for improving patient ess of any patient safety program. re essential to developing true causes and institute sustainable e patient safety vulnerabilities.

and other clinical staff members porting patient safety events and including how to report such

and other clinical staff members rmation of their institution's patient

mbers in real and/or simulated ty and quality improvement es or other activities that include mplementation of actions. (Core)

zing activities for care s of improvement efforts.

eceive data on quality metrics and opulations. (Core)

Itimately responsible for the care is in the responsibility and provision of care. Effective ponsoring Institutions, define, structured chain of responsibility supervision of all patient care.

e medical education provides safe es each fellow's development of the ired to enter the unsupervised s a foundation for continued

	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised		Supervision and Accountability Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised
VI.A.2.a)	practice of medicine; and establishes a foundation for continued professional growth.	[None]	practice of medicine; and establishes a foundation for continued 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)		Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)
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 inform each patient of their respective roles in that patient's care when providing direct patient care. This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the 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)
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 supervision while providing for graded authority and responsibility, the program must use the following classification of supervision.
			Direct Supervision The supervising physician is physically present with the fellow during the key portions of the patient interaction.
VI.A.2.b).(1)	Direct Supervision:	6.7.	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.
			Direct Supervision The supervising physician is physically present with the fellow during the 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 patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

	the supervising physician and/or patient is not physically present with the		Direct Supervision The supervising physician is physically the key portions of the patient interaction
VI.A.2.b).(1).(b)	fellow and the supervising physician analos patient is not physiciany present with the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or patien the fellow and the supervising physician patient care through appropriate telecom
VI.A.2.b).(1).(b).(i)	The program must have clear guidelines that delineate which competencies must be met to determine when a fellow can progress to indirect supervision. (Core)	6.7.a.	The program must have clear guidelines th must be met to determine when a fellow ca (Core)
VI.A.2.b).(1).(b).(ii)	The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow would still require direct supervision. (Core)	6.7.b.	The program director must ensure that cleat communicated to the fellows, and that these situations in which a fellow would still require
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 provid visual or audio supervision but is imme guidance and is available to provide ap
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 t procedures/encounters with feedback p
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 physica physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority a independence, and a supervisory role in fellow must be assigned by the program (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate each specific criteria, guided by the Mileston
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as superv portions of care to fellows based on the skills of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory r residents in recognition of their progres on the needs of each patient and the sk fellow. (Detail)
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 circu fellows must communicate with the sup (Core)
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow is conditional independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must assess the knowledge and skills of eacl fellow the appropriate level of patient ca (Core)

lly present with the fellow during tion.
ient is not physically present with ian is concurrently monitoring the communication technology.
that delineate which competencies
can progress to indirect supervision.
lear expectations exist and are
lese expectations outline specific
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quire direct supervision. (Core)
viding physical or concurrent nediately available to the fellow for appropriate direct supervision.
e to provide review of
c provided after care is delivered.
cal presence of a supervising
and responsibility, conditional
in patient care delegated to each
am director and faculty members.
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skills of the individual resident or
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cumstances and events in which
upervising faculty member(s).
neir scope of authority, and the
v is permitted to act with
st be of sufficient duration to
ach fellow and to delegate to the
care authority and responsibility.
care aumority and responsibility

VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spo educate fellows and faculty members c ethical responsibilities of physicians, ir obligation to be appropriately rested ar by their patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Spo educate fellows and faculty members c ethical responsibilities of physicians, in obligation to be appropriately rested ar by their patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the program excessive reliance on fellows to fulfill r
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in th physician, including protecting time wi administrative support, promoting prog flexibility, and enhancing professional
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership wi must provide a culture of professionali and personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must den their personal role in the safety and we care, including the ability to report uns (Core)
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Spo provide a professional, equitable, respo is psychologically safe and that is free other forms of harassment, mistreatme students, fellows, faculty, and staff. (Co
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Spo a process for education of fellows and behavior and a confidential process for addressing such concerns. (Core)

ponsoring Institutions, must concerning the professional and , including but not limited to their and fit to provide the care required

ponsoring Institutions, must concerning the professional and , including but not limited to their and fit to provide the care required

m must be accomplished without I non-physician obligations. (Core) m must ensure manageable patient

m must include efforts to enhance the experience of being a with patients, providing ogressive independence and al relationships. (Core)

with the Sponsoring Institution, alism that supports patient safety

emonstrate an understanding of velfare of patients entrusted to their nsafe conditions and safety events.

ponsoring Institutions, must spectful, and civil environment that se from discrimination, sexual and nent, abuse, or coercion of Core)

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

	Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well- being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		Well-Being Psychological, emotional, and physical development of the competent, caring, a require proactive attention to life inside being requires that physicians retain th managing their own real-life stresses. S support other members of the health ca components of professionalism; they at modeled, learned, and nurtured in the c fellowship training.
	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and		Fellows and faculty members are at risk Programs, in partnership with their Spo same responsibility to address well-bei competence. Physicians and all member responsibility for the well-being of each clinical learning environment models co
	prepares fellows with the skills and attitudes needed to thrive throughout		prepares fellows with the skills and atti
VI.C. VI.C.1.	<i>their careers.</i> The responsibility of the program, in partnership with the Sponsoring Institution, must include:	[None] 6.13.	<i>throughout their careers.</i> The responsibility of the program, in pa Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity, impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and a and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage of member well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunity and dental care appointments, including working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in: identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including	6.13.d.	education of fellows and faculty member identification of the symptoms of burno use disorders, suicidal ideation, or pote
VI.C.1.d).(1)	means to assist those who experience these conditions; (Core) recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.1. 6.13.d.2.	means to assist those who experience t recognition of these symptoms in them appropriate care; and, (Core)
VI.C.1.d).(2) VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-scre
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, afford counseling, and treatment, including ac care 24 hours a day, seven days a week
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 fellow including but not limited to fatigue, illne medical, parental, or caregiver leave. Ea appropriate length of absence for fellow 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 pr coverage of patient care and ensure co

al well-being are critical in the , and resilient physician and le and outside of medicine. Wellthe joy in medicine while Self-care and responsibility to care team are important are also skills that must be context of other aspects of

sk for burnout and depression. consoring Institutions, have the eing as other aspects of resident bers of the health care team share ch other. A positive culture in a constructive behaviors, and titudes needed to thrive

partnership with the Sponsoring

y, and work compression that

addressing the safety of fellows

e optimal fellow and faculty

y to attend medical, mental health, ng those scheduled during their

bers in:

nout, depression, and substance tential for violence, including e these conditions; (Core)

mselves and how to seek

reening. (Core)

dable mental health assessment, access to urgent and emergent ek. (Core)

ows may be unable to attend work, ness, family emergencies, and Each program must allow an ows unable to perform their patient

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

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 wi consequences for the fellow who is or w work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and of the signs of fatigue and sleep deprive and fatigue mitigation processes. (Deta
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 and of the signs of fatigue and sleep deprive and fatigue mitigation processes. (Deta
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 Sp adequate sleep facilities and safe trans may be too fatigued to safely return hor
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 fel patient safety, fellow ability, severity an illness/condition, and available support
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 env communication and promotes safe, inte in the subspecialty and larger health sy
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignm patient care, including their safety, freq
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 assignm patient care, including their safety, freq
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 Spo ensure and monitor effective, structure both continuity of care and patient safe
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows are with team members in the hand-off proc
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Spo design an effective program structure the fellows with educational and clinical exp as reasonable opportunities for rest and
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educati Clinical and educational work hours mu hours per week, averaged over a four-w house clinical and educational activities and all moonlighting. (Core)

without fear of negative r was unable to provide the clinical
nd faculty members in recognition ivation, alertness management, tail)
d faculty members in recognition ivation, alertness management, tail)
Sponsoring Institution, must ensure nsportation options for fellows who ome. (Core)
fellow must be based on PGY level, and complexity of patient ort services. (Core)
environment that maximizes nterprofessional, team-based care system. (Core)
nments to optimize transitions in equency, and structure. (Core)
ments to optimize transitions in equency, and structure. (Core)
ponsoring Institutions, must red hand-off processes to facilitate fety. (Core)
re competent in communicating rocess. (Outcome)
ponsoring Institutions, must e that is configured to provide experience opportunities, as well and personal activities.
ational Work per Week nust be limited to no more than 80 -week period, inclusive of all in- ies, clinical work done from home,

VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work and Education Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work and Education Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At home call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Period Length Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Period Length Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time 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)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour Exceptions 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)
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 Exceptions 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)
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 education must be counted toward the 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation-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.
VI.F.4.c)	The Review Committee for Diagnostic Radiology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Diagnostic Radiology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.
VI.F.5.	Moonlighting	6.25.	Moonlighting 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)

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 taxing as reasonable personal time for each fellow. (Core)
VI.F.8.a)		6.28.	At-Home Call Time spent on patient care activities by fellows on count toward the 80-hour maximum weekly limit. T home call is not subject to the every-third-night lim satisfy the requirement for one day in seven free o education, when averaged over four weeks. (Core)
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities by fellows on count toward the 80-hour maximum weekly limit. T home call is not subject to the every-third-night lin satisfy the requirement for one day in seven free o education, when averaged over four weeks. (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 Frequency Fellows must be scheduled for in-house call no mo every third night (when averaged over a four-week
VI.F.6.		6.26.	In-House Night Float Night float must occur within the context of the 80 in-seven requirements. (Core)
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 external mod in the ACGME Glossary of Terms) must be counted maximum weekly limit. (Core)
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 the ability of the the goals and objectives of the educational progra interfere with the fellow's fitness for work nor com safety. (Core)

the ability of the fellow to achieve ational program, and must not work nor compromise patient external moonlighting (as defined ust be counted toward the 80-hour ntext of the 80-hour and one-day-offсу use call no more frequently than er a four-week period). (Core) by fellows on at-home call must weekly limit. The frequency of at--third-night limitation, but must seven free of clinical work and weeks. (Core) by fellows on at-home call must weekly limit. The frequency of atthird-night limitation, but must seven free of clinical work and weeks. (Core) t or taxing as to preclude rest or