Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of 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 and cocurs 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		Definition of Graduate Medical Educa Fellowship is advanced graduate med residency program for physicians wh practice. Fellowship-trained physician subspecialty care, which may also in community resource for expertise in a new knowledge into practice, and edu physicians. Graduate medical educat group of physicians brings to medica inclusive and psychologically safe lea Fellows who have completed residen in their core specialty. The prior medi fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional in as role models of excellence, compas professionalism, and scholarship. Th knowledge, patient care skills, and ex area of practice. Fellowship is an inte clinical and didactic education that for of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, fi
Int.A.	of the health care team.	[None]	members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient care expertise achieved, fellows develop m infrastructure that promotes collabor

cation

nedical education beyond a core who desire to enter more specialized ians serve the public by providing include core medical care, acting as a in their field, creating and integrating educating future generations of ration values the strength that a diverse ical care, and the importance of learning environments.

ency are able to practice autonomously edical experience and expertise of sicians entering residency. The fellow's ialty is undertaken with appropriate I independence. Faculty members serve passion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused atensive program of subspecialty focuses on the multidisciplinary care s often physically, emotionally, and rs in a variety of clinical learning te medical education and the wells, faculty members, students, and all

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

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Requirement Number	Requirement Language	Requirement Number	Requiremer
Int.B.	Definition of Subspecialty Pediatric radiology is the subspecialty that involves multimodality imaging of pediatric patients and includes learning the unique knowledge, techniques, communication, and interpersonal skills required to meet the needs of infants, children, adolescents, and young adults with both acute and chronic conditions. Imaging methods and procedures include radiography, computed tomography (CT), ultrasonography, interventional techniques, nuclear radiology, including positron emission tomography (PET), magnetic resonance imaging (MRI), and other imaging modalities. Pediatric radiologists function as expert diagnosticians, consultants, and clinicians.	[None]	Definition of Subspecialty Pediatric radiology is the subspecialty to pediatric patients and includes learning communication, and interpersonal skills children, adolescents, and young adults Imaging methods and procedures includ (CT), ultrasonography, interventional te positron emission tomography (PET), m other imaging modalities. Pediatric radio diagnosticians, consultants, and clinicia
Int.C.	Length of Educational Program The educational program in pediatric radiology must be at least 12 months in length. (Core)	4.1.	Length of Program The educational program in pediatric ra length. (Core)
<u>I.</u>	Oversight	Section 1	Section 1: Oversight
I.A.	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp medical education consistent with th When the Sponsoring Institution is n most commonly utilized site of clinic primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by
I.A.1. I.B.	Participating Sites A participating site is an organization providing educational experiences or	1.1. [None]	Institution. (Core) Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	The Sponsoring Institution should also sponsor an ACGME-accredited program in diagnostic radiology, except when the pediatric radiology fellowship is structured in a free-standing children's hospital. (Core)	1.2.a.	The Sponsoring Institution should also s in diagnostic radiology, except when the structured in a free-standing children's l
I.B.1.b) I.B.2.	An ACGME-accredited pediatric residency program, as well as pediatric medical and surgical subspecialty programs, must be available at the primary clinical site to provide an appropriate patient population and educational resources. (Core) 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)	1.2.b. 1.3 .	An ACGME-accredited pediatric resider and surgical subspecialty programs, mu- to provide an appropriate patient popula There must be a program letter of ag and each participating site that gover program and the participating site pr
I.B.2.a)	The PLA must:	[None]	<u> </u>
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev

y that involves multimodality imaging of ng the unique knowledge, techniques, ills required to meet the needs of infants, ilts with both acute and chronic conditions. clude radiography, computed tomography techniques, nuclear radiology, including magnetic resonance imaging (MRI), and diologists function as expert cians.

radiology must be at least 12 months in

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

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

y one ACGME-accredited Sponsoring

ion providing educational experiences ons for fellows.

Sponsoring Institution, must designate a

o sponsor an ACGME-accredited program the pediatric radiology fellowship is s hospital. (Core)

dency program, as well as pediatric medical must be available at the primary clinical site ulation and educational resources. (Core)

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

every 10 years. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requiremer
			The PLA must be approved by the de
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinicated at all participating sites. (Core)
			a. a pa
	At each participating site there must be one faculty member, designated by		At each participating site there must
	the program director, who is accountable for fellow education for that site,		the program director, who is account
I.B.3.a)	in collaboration with the program director. (Core)	1.5.	in collaboration with the program dire
	The program director must submit any additions or deletions of		The program director must submit ar
	participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the		participating sites routinely providing for all fellows, of one month full time
	ACGME's Accreditation Data System (ADS). (Core)		ACGME's Accreditation Data System
I.B.4.		1.6.	
	Workforce Recruitment and Retention		Workforce Recruitment and Retention
	The program, in partnership with its Sponsoring Institution, must engage in		The program, in partnership with its s
	practices that focus on mission-driven, ongoing, systematic recruitment		in practices that focus on mission-dr
	and retention of a diverse and inclusive workforce of residents (if present),		and retention of a diverse and inclus
	fellows, faculty members, senior administrative GME staff members, and	1.7.	fellows, faculty members, senior adm
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its acader
			Resources The program, in partnership with its \$
			the availability of adequate resources
I.D.	Resources	1.8.	
			Resources
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its
I.D.1.	the availability of adequate resources for fellow education. (Core)	1.8.	the availability of adequate resources
	There must be adequate office space for pediatric radiology faculty members,		There must be adequate office space for
I.D.1.a)	program administration, and fellows. (Core)	1.8.a.	program administration, and fellows. (C
	The program must have appropriate facilities and space for the education of the		The program must have appropriate fac
I.D.1.b)	fellows. (Core)	1.8.b.	fellows. (Core)
I.D.1.b).(1)	There must be adequate study space, conference space, and access to computers. (Core)	1.8.b.1.	There must be adequate study space, c computers. (Core)
1.0.1.0).(1)	Adequate space for image display, interpretation, and consultation with clinicians		Adequate space for image display, inter
I.D.1.b).(2)	and referring physicians must be available. (Core)	1.8.b.2.	and referring physicians must be available
	All equipment required for pediatric radiology education must be modern and		All equipment required for pediatric radi
I.D.1.c)	available. (Core)	1.8.c.	available. (Core)
	The program must ensure there is an adequate volume and variety of imaging		The program must ensure there is an ac
I.D.1.d)	studies and image-guided invasive procedures for the fellows' education. (Core)	1.8.d.	studies and image-guided invasive proc
,	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its
	healthy and safe learning and working environments that promote fellow		healthy and safe learning and workin
I.D.2.	well-being and provide for:	1.9.	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)

ent Language designated institutional official (DIO).

ical learning and working environment

at be one faculty member, designated by ntable for fellow education for that site, irector. (Core)

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

on

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

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

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

for pediatric radiology faculty members, Core)

acilities and space for the education of the

conference space, and access to

erpretation, and consultation with clinicians lable. (Core)

diology education must be modern and

adequate volume and variety of imaging ocedures for the fellows' education. (Core)

s Sponsoring Institution, must ensure ing environments that promote fellow

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Demuinemen
Requirement Number	safe, quiet, clean, and private sleep/rest facilities available and accessible	Requirement Number	Requiremer safe, quiet, clean, and private sleep/r
I.D.2.b)	for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	for fellows with proximity appropriate
	clean and private facilities for lactation that have refrigeration capabilities,		clean and private facilities for lactation
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	with proximity appropriate for safe p
	security and safety measures appropriate to the participating site; and,		security and safety measures approp
I.D.2.d)	(Core)	1.9.d.	(Core)
	accommodations for fellows with disabilities consistent with the		accommodations for fellows with dis
I.D.2.e)	Sponsoring Institution's policy. (Core)	1.9.e.	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 s appropriate reference material in prin include access to electronic medical capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Pers
I.E.	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and o but not limited to residents from othe advanced practice providers, must n fellows' education. (Core)
I.E.1.	Shared experiences with residents in general pediatrics and with fellows in the pediatric-related subspecialties (i.e., adolescent medicine, general pediatrics, neonatology, pediatric cardiology, pediatric pathology, and pediatric surgery) should occur. (Core)	1.11.a.	Shared experiences with residents in ge pediatric-related subspecialties (i.e., ad neonatology, pediatric cardiology, pedia should occur. (Core)
I.E.1.a)	When appropriate, supervision and teaching by faculty members in these additional disciplines should be available. (Detail)	1.11.a.1.	When appropriate, supervision and tead additional disciplines should be available
I.E.2.	The fellows must not dilute or detract from the educational opportunities available to residents in the core diagnostic radiology residency program. (Core) Lines of responsibilities for the diagnostic radiology residents and the pediatric	1.11.b.	The fellows must not dilute or detract fro available to residents in the core diagno Lines of responsibilities for the diagnost
I.E.3.	radiology fellows must be clearly defined. (Core)	1.11.c.	radiology fellows must be clearly define
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member a authority and accountability for the o with all applicable program requirem
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 a authority and accountability for the c with all applicable program requirem
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 Gradua (GMEC) must approve a change in pr program director's licensure and clir
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applica must be provided with support adeque based upon its size and configuration

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

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

opriate to the participating site; and,

lisabilities consistent with the pre)

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

rsonnel

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

general pediatrics and with fellows in the adolescent medicine, general pediatrics, diatric pathology, and pediatric surgery)

aching by faculty members in these uble. (Detail)

from the educational opportunities nostic radiology residency program. (Core) ostic radiology residents and the pediatric ned. (Core)

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

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

uate Medical Education Committee program director and must verify the linical appointment. (Core)

ctor resides with the Review Committee.

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

Requirement Language	Reformatted Requirement Number	Requireme
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 mu and support specified below for adminis
0.1		Number of Approved Fellow Positions: (FTE): 0.1
0.2		Number of Approved Fellow Positions: (FTE): 0.2
(FTE): 0.3	2.3.a.	Number of Approved Fellow Positions: (FTE): 0.3
	2.4	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revie
Qualifications of the program director:	2.4.	Qualifications of the Program Directo
must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	The program director must possess qualifications acceptable to the Review
This must include post-residency experience in pediatric radiology, including an ACGME-accredited fellowship program. (Core)	2.4.b.	The program director must possess pos radiology, including an ACGME-accred
This must include at least three years' experience as a faculty member in an ACGME-accredited or AOA-approved residency or fellowship program. (Core)	2.4.c.	The program director must possess at I member in an ACGME-accredited or AC program. (Core)
Radiology or by the American Osteopathic Board of Radiology, or subspecialty qualifications that are acceptable to the Review Committee;	2.4.a.	The program director must possess subspecialty for which they are the p Board of Radiology or by the America subspecialty qualifications that are a (Core)
Other acceptable qualifications include possession of the American Board of Radiology Certificate of Added Qualifications. (Core)	2.4.a.1.	Other acceptable qualifications include Radiology Certificate of Added Qualifications
must include devotion of at least 80 percent of professional clinical contributions in pediatric radiology; and, (Core)	2.4.d.	The program director must devote of at contributions in pediatric radiology. (Co
must include devotion of sufficient time to fulfill all responsibilities inherent to meeting the educational goals of the program. (Core)	2.4.e.	The program director must devote suffice inherent to meeting the educational goal
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	2.5	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
		education in the context of patient ca
	[]	
be a role model of professionalism; (Core)	2.5.a.	The program director must be a role
design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program: (Core)	2.5 h	The program director must design an consistent with the needs of the com Sponsoring Institution, and the miss
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core) Number of Approved Fellow Positions: 1 to 6 Minimum Support Required (FTE): 0.1 Number of Approved Fellow Positions: 9 or more Minimum Support Required (FTE): 0.3 Qualifications of the program director: must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core) This must include post-residency experience in pediatric radiology, including an ACGME-accredited fellowship program. (Core) This must include at least three years' experience as a faculty member in an ACGME-accredited or AOA-approved residency or fellowship program. (Core) must include current certification in the specialty by the American Board of Radiology or by the American Osteopathic Board of Radiology, or subspecialty qualifications include possession of the American Board of Radiology Certificate of Added Qualifications. (Core) must include devotion of at least 80 percent of professional clinical contributions in pediatric radiology; and, (Core) must include devotion of sufficient time to fulfill all responsibilities inherent to meeting the educational goals of the program. (Core) 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 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: be a role model of professionalism; (Core)	Requirement LanguageRequirement NumberAt a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. (Core)Number of Approved Fellow Positions: 1 to 6 Minimum Support Required (FTE): 0.1Number of Approved Fellow Positions: 9 or more Minimum Support Required (FTE): 0.2Number of Approved Fellow Positions: 9 or more Minimum Support Required (FTE): 0.3Qualifications of the program director:2.4.Must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)2.4.This must include post-residency experience in pediatric radiology, including an ACGME-accredited fellowship program. (Core)2.4.c.This must include at least three years' experience as a faculty member in an ACGME-accredited or AOA-approved residency or fellowship program. (Core)2.4.c.must include current certification in the specialty by the American Board of Radiology or by the American Osteopathic Board of Radiology, or subspecialty qualifications include possession of the American Board of Radiology Certificate of Added Qualifications. (Core)2.4.a.Other acceptable qualifications include possession of the American Board of Radiology Certificate of Added Qualifications. (Core)2.4.a.The program Director Responsibilities2.4.e.Program Director Responsibilities2.4.e.Program Director Responsibilities2.4.e.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;

nust be provided with the dedicated time nistration of the program: (Core)

s: 1 to 6 | Minimum Support Required

s: 7 to 8 | Minimum Support Required

s: 9 or more | Minimum Support Required

ctor

s subspecialty expertise and eview Committee. (Core)

ctor

s subspecialty expertise and view Committee. (Core)

oost-residency experience in pediatric edited fellowship program. (Core)

at least three years' experience as a faculty AOA-approved residency or fellowship

es current certification in the program director by the American ican Osteopathic Board of Radiology, or acceptable to the Review Committee.

le possession of the American Board of ications. (Core)

at least 80 percent of professional clinical Core)

fficient time to fulfill all responsibilities loals of the program. (Core)

esponsibility, authority, and and operations; teaching and scholarly ection, evaluation, and promotion of upervision of fellows; and fellow care. (Core)

le model of professionalism. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learn standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and due process, including when action is promote, or renew the appointment o
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 Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide vertice of the end of
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 a with information related to their eligit examination(s). (Core)

eter and maintain a learning ig the fellows in each of the ACGME

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

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

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

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

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

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

In a non-competition guarantee or

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

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

applicants who are offered an interview gibility for the relevant specialty board

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	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 education – faculty members teach f Faculty members provide an importa and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, come patient care, professionalism, and a Faculty members experience the priod development of future colleagues. The the opportunity to teach and model es scholarly approach to patient care, fa medical education system, improve to population.
II.B.	from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and	[None]	from a specialist in the field. They re the patients, fellows, community, and provide appropriate levels of supervi Faculty members create an effective professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to	2.6.	There must be a sufficient number of instruct and supervise all fellows. (C
II.B.1.a)	To ensure adequate teaching, supervision, and evaluation of the fellows' academic progress, there must be a ratio of at least one full-time pediatric	2.6.a.	To ensure adequate teaching, supervis academic progress, there must be a rat radiologist for every fellow in the progra
II.B.1.b)	There should be full-time faculty members in pediatrics who are available to the program. (Core)	2.6.b.	There should be full-time faculty member program. (Core)
II.B.1.c)	There should be one or more pediatric surgeons, one or more pediatric pathologists, and a broad range of pediatric medical and surgical subspecialists available to the program. (Core)	2.6.c.	There should be one or more pediatric s pathologists, and a broad range of pedi available to the program. (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 mode
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
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 fellows, including devoting sufficient fulfill their supervisory and teaching
II.B.2.d)		2.7.c.	Faculty members must administer ar environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a

al element of graduate medical in fellows how to care for patients. In fellows how to care for patients. In fact that patients receive the highest els for future generations of physicians immitment to excellence in teaching and a dedication to lifelong learning. In the care they provide is enhanced by al exemplary behavior. By employing a faculty members, through the graduate e the health of the individual and the

ents receive the level of care expected recognize and respond to the needs of and institution. Faculty members rvision to promote patient safety. /e learning environment by acting in a g to the well-being of the fellows and

of faculty members with competence to (Core)

vision, and evaluation of the fellows' ratio of at least one full-time pediatric gram. (Core)

bers in pediatrics who are available to the

c surgeons, one or more pediatric diatric medical and surgical subspecialists

tels of professionalism. (Core)

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

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

and maintain an educational ng fellows. (Core)

articipate in organized clinical , and conferences. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.2.g)	supervise special imaging, such as ultrasound, cardiac, interventional radiology, nuclear radiology, CT, and magnetic resonance. (Core)	2.7.f.	Faculty members must supervise specia interventional radiology, nuclear radiolog
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Radiology or the American Osteopathic Board of Radiology, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa Osteopathic Board of Radiology, or po acceptable to the Review Committee.
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sign supervision of fellows and must devo effort to fellow education and/or admi of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a
II.B.4.b)	The pediatric radiology faculty must have a minimum of two FTE core faculty members, which must include the program director and at least one other full-time, ABR- or AOBR-certified pediatric radiologist. (Core)	2.10.b.	The pediatric radiology faculty must have members, which must include the progra time, ABR- or AOBR-certified pediatric ra
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration o and configuration. (Core)

ent Language Ity development designed to enhance

cial imaging, such as ultrasound, cardiac, ogy, CT, and magnetic resonance. (Core)

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

mbers

nbers must have current certification in Board of Radiology or the American possess qualifications judged se. (Core)

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

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

e annual ACGME Faculty Survey. (Core)

ave a minimum of two FTE core faculty gram director and at least one other fullc radiologist. (Core)

tor. (Core)

tor. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	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 time and support specified below for ad (Core)
	Number of Approved Fellow Positions: 1-3 Minimum Support Required (FTE): 0.3		Number of Approved Fellow Positions: 0.3
	Number of Approved Fellow Positions: 4-7 Minimum Support Required (FTE): 0.4		Number of Approved Fellow Positions: 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: (FTE): 0.5
	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective		Other Program Personnel The program, in partnership with its ensure the availability of necessary p
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)		Eligibility Requirements – Fellowship All required clinical education for ent programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required f CanMEDS Milestones evaluations fro
III.A.1.b)	Prerequisite experience for entry into the fellowship program should include the satisfactory completion of a diagnostic radiology or interventional radiology residency program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prerequisite experience for entry into th satisfactory completion of a diagnostic r residency program that satisfies the req
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 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 pro qualified international graduate appli eligibility requirements listed in 3.2, I additional qualifications and condition
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 a the applicant's suitability to enter the review of the summative evaluations (Core)

or must be provided with the dedicated administration of the program as follows:

- s: 1-3 | Minimum Support Required (FTE):
- s: 4-7 | Minimum Support Required (FTE):
- s: 8 or more | Minimum Support Required

s Sponsoring Institution, must jointly y personnel for the effective re)

hip Programs entry into ACGME-accredited fellowship a ACGME-accredited residency program, am, a program with ACGME Specialty Accreditation, or a Royal as of Canada (RCPSC)-accredited or anada (CFPC)-accredited residency

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

the fellowship program should include the cradiology or interventional radiology equirements in 3.2. (Core)

gy will allow the following exception to nts:

brogram may accept an exceptionally plicant who does not satisfy the 2, but who does meet all of the following tions: (Core)

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

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Requirement Number	· · · ·	Requirement Number	Requiremen
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' GMEC; and, (Core)
	verification of Educational Commission for Foreign Medical Graduates		verification of Educational Commissi
III.A.1.c).(1).(c)	(ECFMG) certification. (Core)	3.2.b.1.c.	(ECFMG) certification. (Core)
	Applicants accepted through this exception must have an evaluation of		Applicants accepted through this exc
	their performance by the Clinical Competency Committee within 12 weeks		their performance by the Clinical Con
III.A.1.c).(2)	of matriculation. (Core)	3.2.b.2.	of matriculation. (Core)
	Fellow Complement		
			Fellow Complement
	The program director must not appoint more fellows than approved by the		The program director must not appoint
III.B.	Review Committee. (Core)	3.3.	Review Committee. (Core)
	Fellow Transfers		
			Fellow Transfers
	The program must obtain verification of previous educational experiences		The program must obtain verification
	and a summative competency-based performance evaluation prior to		and a summative competency-based
III.C.	acceptance of a transferring fellow, and Milestones evaluations upon	3 1	acceptance of a transferring fellow, a
III.C.	matriculation. (Core)	3.4.	matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and		The ACGME accreditation system is a
	innovation in graduate medical education regardless of the organizational		and innovation in graduate medical e
	affiliation, size, or location of the program.		organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
	It is recognized that programs may place different emphasis on research,		It is recognized that programs may pl
	leadership, public health, etc. It is expected that the program aims will		leadership, public health, etc. It is exp
	reflect the nuanced program-specific goals for it and its graduates; for		reflect the nuanced program-specific
	example, it is expected that a program aiming to prepare physician-		example, it is expected that a prograr
	scientists will have a different curriculum from one focusing on community		scientists will have a different curricu
IV.	health.	Section 4	community health.
	Educational Components		
N / A			Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
	a set of program aims consistent with the Sponsoring Institution's mission,		a set of program aims consistent with
	the needs of the community it serves, and the desired distinctive		mission, the needs of the community
N/ A 4	capabilities of its graduates, which must be made available to program	4.2.0	capabilities of its graduates, which m
IV.A.1.	applicants, fellows, and faculty members; (Core)	4.2.a.	applicants, fellows, and faculty memb
	competency-based goals and objectives for each educational experience		competency-based goals and objectiv
	designed to promote progress on a trajectory to autonomous practice in		designed to promote progress on a tr
IV.A.2.	their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.2.		ד.ב.ע. 	
	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their		delineation of fellow responsibilities t responsibility for patient management
IV.A.3.	subspecialty; (Core)	4.2.c.	subspecialty; (Core)
14.7.9.	Jourshering, (one)	7.2.0.	

nt's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

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

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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

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

Roman Numeral Requirement Number	Poquiromont Longuago	Reformatted Requirement Number	
IV.A.4.	Requirement Language structured educational activities beyond direct patient care; and, (Core)	4.2.d.	Requiremen structured educational activities beyo
IV.A.4.a) IV.A.5.	Fellows must be provided with protected time to participate in core didactic activities. (Core) formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)		Didactic and Clinical Experiences Fellows must be provided with protectidatic activities. (Core) formal educational activities that protections, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by e trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care an refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACG
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitr adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in providing consultation with referring physicians or services. (Core)	4.4.a.	Fellows must demonstrate competence physicians or services. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in following standards of care for practicing in a safe environment, attempting to reduce errors, and improving patient outcomes. (Core)	4.4.b.	Fellows must demonstrate competence practicing in a safe environment, attemp patient outcomes. (Core)
IV.B.1.b).(1).(c)	Fellows must demonstrate competence in interpreting all specified exams and/or invasive studies under close, graded responsibility and supervision. (Core)	4.4.c.	Fellows must demonstrate competence invasive studies under close, graded res
IV.B.1.b).(1).(d)	Fellows should demonstrate competence in educating diagnostic and interventional radiology residents, and if appropriate, medical students and other professional personnel, in the care and management of patients. (Core)	4.4.d.	Fellows should demonstrate competence interventional radiology residents, and if professional personnel, in the care and
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care Fellows must be able to perform all n procedures considered essential for
IV.B.1.b).(2).(a)	Fellows must apply low dose radiation techniques. (Core)	4.5.a.	Fellows must apply low dose radiation to
IV.B.1.b).(2).(b)	Fellows must perform all specified exams and/or invasive studies under close, graded responsibility and supervision. (Core)	4.5.b.	Fellows must perform all specified exam graded responsibility and supervision. (

ent Language yond direct patient care; and, (Core)

ected time to participate in core

romote patient safety-related goals,

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

GME Competencies into the curriculum.

nalism itment to professionalism and an pre)

re and Procedural Skills (Part A) tient care that is patient- and family-

e, appropriate, and effective for the ne promotion of health. (Core)

e in providing consultation with referring

ce in following standards of care for mpting to reduce errors, and improving

e in interpreting all specified exams and/or responsibility and supervision. (Core)

nce in educating diagnostic and d if appropriate, medical students and other d management of patients. (Core)

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

techniques. (Core)

ams and/or invasive studies under close, (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledg biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate a level of expertise in the knowledge of those areas appropriate for a pediatric radiology specialist. (Core)	4.6.a.	Fellows must demonstrate a level of exp appropriate for a pediatric radiology spe
IV.B.1.c).(2)	Fellows must demonstrate knowledge in low-dose radiation techniques. (Core)	4.6.b.	Fellows must demonstrate knowledge in
IV.B.1.c).(3)	Fellows must demonstrate knowledge related to the prevention and treatment of complications of contrast administration. (Core)	4.6.c.	Fellows must demonstrate knowledge re complications of contrast administration
IV.B.1.c).(4)	Fellows should demonstrate knowledge of and skills in preparing and presenting educational material for medical students, residents, staff members, and allied health personnel. (Core)	4.6.d.	Fellows should demonstrate knowledge educational material for medical student health personnel. (Core)
IV.B.1.c).(4).(a)	Fellows must actively participate in teaching conferences for medical students, radiology residents, other residents rotating on the pediatric radiology service, and other health professional training programs. (Core)	4.6.d.1.	Fellows must actively participate in teac radiology residents, other residents rota and other health professional training pr
IV.B.1.c).(5)	Fellows must demonstrate knowledge and utilization of appropriate imaging as it is applied to congenital, developmental, or acquired diseases of the newborn, infant, child, and adolescent that are basic to the practice of pediatrics. (Core)	4.6.e.	Fellows must demonstrate knowledge a is applied to congenital, developmental, infant, child, and adolescent that are bas
IV.B.1.c).(6)	Fellows must demonstrate knowledge and interpretation of imaging studies of the pediatric patient with awareness of normals, normal variants, and typical imaging findings of pediatric diseases and congenital malformations. (Core)	4.6.f.	Fellows must demonstrate knowledge a the pediatric patient with awareness of r imaging findings of pediatric diseases a
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilat continuously improve patient care ba lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of inf patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Ba Fellows must demonstrate an awarer larger context and system of health c social determinants of health, as well other resources to provide optimal he

nowledge

lge of established and evolving al, and social-behavioral sciences, as the application of this knowledge to

expertise in the knowledge of those areas pecialist. (Core)

in low-dose radiation techniques. (Core)

related to the prevention and treatment of on. (Core)

ge of and skills in preparing and presenting ents, residents, staff members, and allied

aching conferences for medical students, tating on the pediatric radiology service, programs. (Core)

and utilization of appropriate imaging as it al, or acquired diseases of the newborn, pasic to the practice of pediatrics. (Core)

and interpretation of imaging studies of f normals, normal variants, and typical and congenital malformations. (Core)

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

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

Based Practice

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Curriculum Organization and Fellow
			4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical t events. (Core)
			4.11. Didactic and Clinical Experience Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Pain Management The program must provide instruction if applicable for the subspecialty, incl substance use disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	The assignment of educational experiences should be structured to minimize the frequency of transitions. (Detail)	4.10.a.	The assignment of educational experien 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 su educational experience defined by ongo relationships with faculty members, and (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 if applicable for the subspecialty, incl substance use disorder. (Core)
IV.C.3.	Didactic Experiences	4.11.a.	Didactic Experiences Didactic activities must provide for progr (Core)
IV.C.3.a)	Didactic activities must provide for progressive fellow participation, including: (Core)	4.11.a.	Didactic Experiences Didactic activities must provide for progr (Core)
IV.C.3.a).(1)	intradepartmental conferences; (Core)	4.11.a.1.	intradepartmental conferences; (Core)
IV.C.3.a).(2)	multidisciplinary conferences; and, (Core)	4.11.a.2.	multidisciplinary conferences; and, (Core
IV.C.3.a).(3)	peer-review case conferences and/or morbidity and mortality conferences. (Core)		peer-review case conferences and/or m (Core)
IV.C.3.b)	Journal club must be held on a quarterly basis. (Core)	4.11.b.	Journal club must be held on a quarterly

v Experiences

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

ces

ected time to participate in core

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

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

ences should be structured to minimize the

sufficient length to provide a quality going supervision, longitudinal nd high-quality assessment and feedback.

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

ogressive fellow participation, including:

ogressive fellow participation, including:

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ore)

morbidity and mortality conferences.

rly basis. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.3.c)	Fellows must participate in and regularly attend didactic activities, directed to the level of the individual fellow, that provide formal review of the topics in the subspecialty curriculum. (Core)	4.11.c.	Fellows must participate in and regularly level of the individual fellow, that provide subspecialty curriculum. (Core)
IV.C.3.c).(1)	This should include scheduled presentations by the fellows. (Detail)	4.11.c.1.	This should include scheduled presenta
IV.C.3.c).(2)	Fellows must attend a minimum of three departmental or multidisciplinary conferences per week dedicated to pediatric radiology, which may include rounds with pediatric services. (Core)	4.11.c.2.	Fellows must attend a minimum of three conferences per week dedicated to pedi rounds with pediatric services. (Core)
IV.C.3.d)	Fellows should attend and participate in local conferences and at least one national meeting or medical education course in pediatric radiology during the fellowship program. (Core)	4.11.d.	Fellows should attend and participate in national meeting or medical education c fellowship program. (Core)
IV.C.4.	Fellow Experiences	4.11.e.	Fellow Experiences The pediatric radiology program should comprehensive, and supervised educati (Core)
IV.C.4.a)	The pediatric radiology program should provide fellows with an organized, comprehensive, and supervised educational experience in pediatric imaging. (Core)	4.11.e.	Fellow Experiences The pediatric radiology program should comprehensive, and supervised educati (Core)
IV.C.4.b)	The pediatric radiology program should provide clinical and didactic experiences that encompass abdominal and genitourinary imaging, body imaging, chest imaging, emergency call, fluoroscopy, musculoskeletal, neuroradiology, nuclear medicine, ultrasound, and vascular/interventional. (Core)	4.11.f.	The pediatric radiology program should that encompass abdominal and genitour imaging, emergency call, fluoroscopy, m medicine, ultrasound, and vascular/inter
IV.C.4.c)	The program should provide clinical experience and/or didactic experiences in pediatric cardiac cross-sectional imaging and fetal imaging. (Core)	4.11.g.	The program should provide clinical exp pediatric cardiac cross-sectional imaging
IV.C.4.d)	Elective time in a subspecialty area of pediatric radiology, which fellows may take at the discretion of the program director, must be limited to three months. (Core)	4.11.h.	Elective time in a subspecialty area of p take at the discretion of the program dire (Core)
IV.C.4.e)	All fellows must maintain a procedure log to record their involvement in both diagnostic and invasive cases, including dictation counts and rotation distribution. (Core)	4.11.i.	All fellows must maintain a procedure lo diagnostic and invasive cases, including distribution. (Core)
IV.C.4.f)	Fellows must be provided with pediatric radiology education to allow for the independent responsibility for clinical decision making to enable the program to be assured that graduating fellows have achieved the ability to execute sound clinical judgment. (Core)	4.11.j.	Fellows must be provided with pediatric independent responsibility for clinical de be assured that graduating fellows have clinical judgment. (Core)

rly attend didactic activities, directed to the ide formal review of the topics in the

tations by the fellows. (Detail) ee departmental or multidisciplinary

ediatric radiology, which may include

in local conferences and at least one course in pediatric radiology during the

ld provide fellows with an organized, ational experience in pediatric imaging.

ld provide fellows with an organized, ational experience in pediatric imaging.

d provide clinical and didactic experiences burinary imaging, body imaging, chest musculoskeletal, neuroradiology, nuclear terventional. (Core)

xperience and/or didactic experiences in ing and fetal imaging. (Core)

ⁱ pediatric radiology, which fellows may lirector, must be limited to three months.

log to record their involvement in both ng dictation counts and rotation

ic radiology education to allow for the decision making to enable the program to ve achieved the ability to execute sound

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
	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		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisi
	Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		participation in scholarly activities a Program Requirements. Scholarly ac integration, application, and teaching
	The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.		The ACGME recognizes the diversity programs prepare physicians for a v scientists, and educators. It is expect will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop other programs might choose to util
IV.D. IV.D.1.	Program Responsibilities	4.11.j. 4.13.	research as the focus for scholarshi Program Responsibilities The program must demonstrate evid 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)		Program Responsibilities The program must demonstrate evid 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 a adequate resources to facilitate fello activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progr accomplishments in at least three of •Research in basic science, educatio or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation too electronic educational materials •Contribution to professional commi editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education

nce. The physician is a humanistic his requires the ability to think critically, by assimilate new knowledge, and gram and faculty must create an isition of such skills through fellow as defined in the subspecialty-specific activities may include discovery, ing.

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

idence of scholarly activities, consistent

idence of scholarly activities, consistent

s Sponsoring Institution, must allocate low and faculty involvement in scholarly

grams must demonstrate of the following domains: (Core) tion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra
	•Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants		accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants
	•Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports		•Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports
	 Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards 		 Creation of curricula, evaluation tool electronic educational materials Contribution to professional commit editorial boards
IV.D.2.a) IV.D.2.b)	 Innovations in education The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods: 	4.14. 4.14.a.	 Innovations in education The program must demonstrate disserted and external to the program by the formation
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, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (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 The program must provide instruction in design, performance, and interpretation
IV.D.3.a)	The program must provide instruction in the fundamentals of experimental design, performance, and interpretation of results. (Core)	4.15.	Fellow Scholarly Activity The program must provide instruction in design, performance, and interpretation
IV.D.3.b)	All fellows must engage in a scholarly project. (Core)	4.15.a.	All fellows must engage in a scholarly p
			Scholarly projects should demonstrate the fundamentals of research by the complet following projects, but not limited to:
			 laboratory research; (Detail)
	Scholarly projects should demonstrate the fellows' competence in the		•clinical research; (Detail)
IV.D.3.b).(1)	fundamentals of research by the completion of and/or participation in one of the following projects, but not limited to:	4.15.a.1.	•analysis of disease processes, imaging issues. (Detail)

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

it safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

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

ıe)

in the fundamentals of experimental on of results. (Core)

in the fundamentals of experimental on of results. (Core) project. (Core)

e the fellows' competence in the oletion of and/or participation in one of the

ng techniques, or practice management

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Scholarly projects should demonstrate t fundamentals of research by the complet following projects, but not limited to:
			 laboratory research; (Detail)
			•clinical research; (Detail)
IV.D.3.b).(1).(a)	laboratory research; (Detail)	4.15.a.1.	•analysis of disease processes, imaging issues. (Detail)
			Scholarly projects should demonstrate t fundamentals of research by the comple following projects, but not limited to:
			 laboratory research; (Detail)
			•clinical research; (Detail)
IV.D.3.b).(1).(b)	clinical research; (Detail)	4.15.a.1.	•analysis of disease processes, imaging issues. (Detail)
			Scholarly projects should demonstrate t fundamentals of research by the comple following projects, but not limited to:
			 laboratory research; (Detail)
			•clinical research; (Detail)
IV.D.3.b).(1).(c)	analysis of disease processes, imaging techniques, or practice management issues. (Detail)	4.15.a.1.	•analysis of disease processes, imaging issues. (Detail)
IV.D.3.b).(2)	The results of such projects should be disseminated in the academic community by either submission for publication within a printed journal or online educational resource, or presentation at departmental, institutional, local, regional, national, or international meetings. (Outcome)	4.15.a.2.	The results of such projects should be on by either submission for publication with resource, or presentation at department or international meetings. (Outcome)
V.	Evaluation	Section 5	Section 5: Evaluation
			Fellow Evaluation: Feedback and Eva Faculty members must directly obse feedback on fellow performance duri
V.A.	Fellow Evaluation	5.1.	educational assignment. (Core)
			Fellow Evaluation: Feedback and Eva Faculty members must directly observed feedback on fellow performance duri
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)

ent Language e the fellows' competence in the pletion of and/or participation in one of the ing techniques, or practice management e the fellows' competence in the pletion of and/or participation in one of the ing techniques, or practice management e the fellows' competence in the pletion of and/or participation in one of the ng techniques, or practice management e disseminated in the academic community ithin a printed journal or online educational ental, institutional, local, regional, national,

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

Evaluation

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than th must be documented at least every the second s
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as co clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objecti the Competencies and the subspecia (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinic synthesis of progressive fellow perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their design Competency Committee, must meet documented semi-annual evaluation along the subspecialty-specific Miles
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designed Competency Committee, must assist learning plans to capitalize on their s growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designed Competency Committee, must develop progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sur includes their readiness to progress applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's perform by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)

valuation

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

the completion of the assignment.

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

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

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

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

ical Competency Committee for its formance and improvement toward

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

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

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

summative evaluation of each fellow that is to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Beguiremen
Requirement Number	The subspecialty-specific Milestones, and when applicable the	Requirement Number	Requiremer The subspecialty-specific Milestones
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, mu
	are able to engage in autonomous practice upon completion of the		are able to engage in autonomous pr
V.A.2.a).(1)	program. (Core)	5.2.a.	program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
	become part of the fellow's permanent record maintained by the institution,		The final evaluation must become pa
	and must be accessible for review by the fellow in accordance with		maintained by the institution, and mu
V.A.2.a).(2).(a)	institutional policy; (Core)	5.2.b.	fellow in accordance with institutiona
			The final evaluation must verify that t
	verify that the fellow has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors nec
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
			The final evaluation must be shared v
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	program. (Core)
			Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program		A Clinical Competency Committee m
V.A.3.	director. (Core)	5.3.	director. (Core)
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competen
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a c
	be faculty members from the same program or other programs, or other		be faculty members from the same p
	health professionals who have extensive contact and experience with the		health professionals who have exten
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
		5 0 h	The Clinical Competency Committee
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	least semi-annually. (Core)
	determine each fellow's progress on achievement of the subspecialty-		The Clinical Competency Committee
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.c.	progress on achievement of the subs
			The Clinical Competency Committee
	meet prior to the fellows' semi-annual evaluations and advise the program		annual evaluations and advise the pr
V.A.3.b).(3)	director regarding each fellow's progress. (Core)	5.3.d.	fellow's progress. (Core)
			Faculty Evaluation
			The program must have a process to
			performance as it relates to the educ
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to
	performance as it relates to the educational program at least annually.		performance as it relates to the educ
V.B.1.	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with t
	in faculty development related to their skills as an educator, clinical	F 4 -	in faculty development related to the
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and se

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

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

t the fellow has demonstrated the eccessary to enter autonomous practice.

I with the fellow upon completion of the

must be appointed by the program

ency Committee must include three a core faculty member. Members must program or other programs, or other ensive contact and experience with the

e must review all fellow evaluations at

e must determine each fellow's bspecialty-specific Milestones. (Core) e must meet prior to the fellows' semiprogram director regarding each

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

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

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

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V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, confidential evaluations by the fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback on their evaluations at least annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (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 Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty 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 responsibilities must include review of the program's self-determined goals and progress toward meeting them. (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities must include guiding ongoing program improvement, including development of new goals, based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities must include review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee should 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)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including the 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)
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self-Study and submit it to the DIO. (Core)

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	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g

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

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

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

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

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

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

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

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

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	The Learning and Working Environment		Section 6: The Learning and Working The Learning and Working Environm
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in environment that emphasizes the fol
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality 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 today's fellows in their future practic
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of pro
	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team		•Commitment to the well-being of the members, and all members of the he
VI.		Section 6	
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuo a willingness to transparently deal w has formal mechanisms to assess th its personnel toward safety in order t
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, a patient safety systems and contribut
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow- unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essenti- the ability to identify causes and inst changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members	[None]	

ing Environment

nment in the context of a learning and working following principles:

ity of care rendered to patients by

ty of care rendered to patients by tice

roviding care for patients

the students, residents, fellows, faculty health care team

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary info 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 me interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementati
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 prioriti and evaluating success of improvem
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient p
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a)	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 practice of medicine; and establishes a foundation for continued professional growth.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.

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

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

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

itizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

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

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

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

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

Roman Numeral	Beguirement Lenguege	Reformatted	D i
Requirement Number	Requirement Language Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	Requirement Number	Requiremen Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as app
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 super authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat fellow and the supervising physician patient care through appropriate tele
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat fellow and the supervising physician patient care through appropriate tele
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat fellow and the supervising physician patient care through appropriate tele

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

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

at the appropriate level of supervision in ch fellow's level of training and ability, cuity. Supervision may be exercised opropriate to the situation. (Core)

ervision while providing for graded ogram must use the following

ically present with the fellow during the ion.

patient is not physically present with the an is concurrently monitoring the lecommunication technology.

cally present with the fellow during the ion.

patient is not physically present with the an is concurrently monitoring the lecommunication technology.

cally present with the fellow during the ion.

patient is not physically present with the an is concurrently monitoring the lecommunication technology.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
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)	-	The program must have clear guideline must be met to determine when a fellow (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 communicated to the fellows, and that t situations in which a fellow would still re
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 pro or audio supervision but is immediat guidance and is available to provide
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 availab procedures/encounters with feedbac
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 phys physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (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 of specific criteria, guided by the Milest
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 supportions of care to fellows based on 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 supervisor in recognition of their progress towa of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for cir fellows must communicate with the s
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 t circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mu the knowledge and skills of each felle appropriate level of patient care auth
			Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includ to be appropriately rested and fit to p
VI.B.	Professionalism	6.12.	patients. (Core)

nes that delineate which competencies ow can progress to indirect supervision.

at clear expectations exist and are it these expectations outline specific require direct supervision. (Core)

roviding physical or concurrent visual iately available to the fellow for le appropriate direct supervision.

able to provide review of ack provided after care is delivered. ysical presence of a supervising

rity and responsibility, conditional role in patient care delegated to each ogram director and faculty members.

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

upervising physicians must delegate on the needs of the patient and the skills

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

circumstances and events in which e supervising faculty member(s). (Core) of their scope of authority, and the low is permitted to act with conditional

nust be of sufficient duration to assess ellow and to delegate to the fellow the ithority and responsibility. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includ to be appropriately rested and fit to p 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 progra excessive reliance on fellows to fulfil
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the prograce 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 progra meaning that each fellow finds in the including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfar including the ability to report unsafe
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)

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

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

ram must include efforts to enhance the ne experience of being a physician, ents, providing administrative support, nce and flexibility, and enhancing

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
	Well-Being		
	Payabalagiaal amotional and physical wall being are aritical in the		Well-Being
	<i>Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require</i>		Psychological, emotional, and physic development of the competent, carin
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the jo
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and		professionalism; they are also skills
	nurtured in the context of other aspects of fellowship training.		nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at I
	Programs, in partnership with their Sponsoring Institutions, have the same		Programs, in partnership with their S
	responsibility to address well-being as other aspects of resident		responsibility to address well-being
	competence. Physicians and all members of the health care team share		competence. Physicians and all men
	responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares		responsibility for the well-being of ea clinical learning environment models
	fellows with the skills and attitudes needed to thrive throughout their		prepares fellows with the skills and a
VI.C.	careers.	[None]	their careers.
	The responsibility of the program, in partnership with the Sponsoring	<u> </u>	The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that impacts		attention to scheduling, work intensi
1	fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
7	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourag
	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportuni
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
, ()	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)		6.13.d.	education of fellows and faculty men
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of build
	disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	disorders, suicidal ideation, or poten assist those who experience these c
	recognition of these symptoms in themselves and how to seek appropriate		recognition of these symptoms in the
VI.C.1.d).(2)		6.13.d.2.	care; and, (Core)
	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-s
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)		6.13.e.	24 hours a day, seven days a week. (
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fel
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, il
	medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient		medical, parental, or caregiver leave. appropriate length of absence for fel
	appropriate tength of assence for renows anable to perform their patient		AND

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

at risk for burnout and depression. r Sponsoring Institutions, have the same g as other aspects of resident embers of the health care team share each other. A positive culture in a els constructive behaviors, and d attitudes needed to thrive throughout

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

embers in:

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

themselves and how to seek appropriate

f-screening. (Core)

ffordable mental health assessment, ng access to urgent and emergent care a. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Poquiroment Lenguage
	The program must have policies and procedures in place to ensure		Requirement Language The program must have policies and procedures in place to ensure
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure continuity 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 without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation 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)
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 faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)
	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 Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)
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 fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)
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 environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
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 assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)
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 competent in communicating with team members in the hand-off process. (Outcome)
	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 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.

Roman Numeral	Beguirement Lenguege	Reformatted	D e milione
Requirement Number	· · · · · · · · · · · · · · · · · · ·	Requirement Number	Requiremer
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educ Clinical and educational work hours hours per week, averaged over a fou house clinical and educational activi and all moonlighting. (Core)
			Mandatory Time Free of Clinical Wor
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Fellows should have eight hours off 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 Worl Fellows should have eight hours off 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 a fight after 24 hours of in-house call. (Core
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a min clinical work and required education home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work period hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work period hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time m patient safety, such as providing effe education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour I In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to cont severely ill or unstable patient; to giv a patient or patient's family; or to atte (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a 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 I In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to cont severely ill or unstable patient; to giv a patient or patient's family; or to atte (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80- hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)

ucational Work per Week rs must be limited to no more than 80 our-week period, inclusive of all inivities, clinical work done from home,

ork and Education ff between scheduled clinical work and

ork and Education ff between scheduled clinical work and

s free of clinical work and education re)

ninimum of one day in seven free of on (when averaged over four weeks). Athese free days. (Core)

tion Period Length

ods for fellows must not exceed 24 nical assignments. (Core)

tion Period Length

ods for fellows must not exceed 24 nical assignments. (Core)

may be used for activities related to ffective transitions of care, and/or fellow responsibilities must not be assigned to

r Exceptions

ng off all other responsibilities, a fellow, o remain or return to the clinical site in ntinue to provide care to a single give humanistic attention to the needs of attend unique educational events.

r Exceptions

ng off all other responsibilities, a fellow, o remain or return to the clinical site in ntinue to provide care to a single give humanistic attention to the needs of attend unique educational events.

education must be counted toward the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	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 rotat percent or a maximum of 88 clinical a individual programs based on a sour
VI.F.4.c)	The Review Committee for Radiology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Radiology w the 80-hour limit to the fellows' work we
VI.F.5.	Moonlighting		Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
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)		Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the con seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)		Maximum In-House On-Call Frequence Fellows must be scheduled for in-hou third night (when averaged over a fou
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities toward the 80-hour maximum weekly not subject to the every-third-night li requirement for one day in seven free averaged over four weeks. (Core)
	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when		At-Home Call Time spent on patient care activities toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free
VI.F.8.a)	averaged over four weeks. (Core) At-home call must not be so frequent or taxing as to preclude rest or	6.28.	averaged over four weeks. (Core) At-home call must not be so frequen
VI.F.8.a).(1)	reasonable personal time for each fellow. (Core)	6.28.a.	reasonable personal time for each fe

tation-specific exceptions for up to 10 al and educational work hours to ound educational rationale.

 will not consider requests for exceptions to week.

th the ability of the fellow to achieve the ional program, and must not interfere or compromise patient safety. (Core)

th the ability of the fellow to achieve the ional program, and must not interfere or compromise patient safety. (Core)

nd external moonlighting (as defined in ust be counted toward the 80-hour

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

ncy

nouse call no more frequently than every four-week period). (Core)

es by fellows on at-home call must count (ly limit. The frequency of at-home call is t limitation, but must satisfy the ree of clinical work and education, when

es by fellows on at-home call must count kly limit. The frequency of at-home call is t limitation, but must satisfy the ree of clinical work and education, when

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