ACGME

Common Program Requirements (Fellowship)

Sections I-V

Proposed requirements, posted for review and comment February 6, 2018
Upon final approval, the currently-in-effect Section VI will be added to this document
Proposed ACGME Common Program Requirements (Fellowship) Sections I-V

Where applicable, text in italics describes the underlying philosophy of the requirements in that section. These philosophic statements are not program requirements and are therefore not citable.

Note: Review Committees may further specify only where indicated by “The Review Committee may/must further specify.”

Background and Intent: These fellowship requirements reflect the fact that these learners have already completed the first phase of graduate medical education. Thus, this document is intended to explain the differences.

Introduction

Int.A. Fellowship is advanced graduate medical education for physicians who desire to enter more specialized practice. Fellowship education is up to four years in length beyond a core residency program. 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.

Fellows who have completed residency are able to practice independently in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering into residency training. 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, 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 clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.

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 basic, clinical, and translational research.

I. 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. The Sponsoring Institution has the primary purpose of providing educational programs and may provide health care services.

When the Sponsoring Institution is not a rotation site for the program, the major site of clinical activity for the program is the primary clinical site.

Background and Intent: Participating sites will reflect the health care needs of the community and the educational needs of the fellows. A wide variety of organizations may provide a robust educational experience and, thus, Sponsoring Institutions and participating sites may encompass inpatient and outpatient settings including, but not limited to a university, a medical school, a teaching hospital, a nursing home, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium (including OPTIs), a teaching health center, a physician group practice, federally qualified health center, or an educational foundation.

I.A.1. The program must be sponsored by one ACGME-accredited Sponsoring Institution. (Core)*

I.B. Participating Sites

A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.

I.B.1. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)

I.B.2. There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)

I.B.2.a) The PLA must:

I.B.2.a).(1) be renewed at least every 10 years; and, (Core)

I.B.2.a).(2) be approved by the designated institutional official (DIO). (Core)

I.B.3. The program must monitor the clinical learning and working environment at all participating sites. (Core)

I.B.3.a) There must be a faculty member who is accountable for fellow education for each participating site. (Core)
Background and Intent: While all fellowship programs must be sponsored by a single ACGME-accredited Sponsoring Institution, many programs will utilize other clinical settings to provide required or elective training experiences. At times it is appropriate to utilize community sites that are not owned by or affiliated with the Sponsoring Institution. Some of these sites may be remote for geographic, transportation, or communication issues. When utilizing such sites, the program must designate a faculty member responsible for ensuring the quality of the educational experience. In some circumstances, the person charged with this responsibility may not be physically present at the site, but remains responsible for fellow education occurring at the site. The requirements under I.B.3. are intended to ensure that this will be the case.

Suggested elements to be considered in PLAs will be found in the Program Director Guide.

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89 I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse workforce inclusive of residents (if present), fellows, faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)

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96 Background and Intent: It is expected that the Sponsoring Institution will have developed policies and procedures related to recruitment and retention of underrepresented minorities in accordance with the Sponsoring Institution’s mission and aims. The program’s annual evaluation must include an assessment of the program’s efforts to recruit and retain a diverse workforce, as noted in V.C.2.a).(5).(c).

99
100 I.D. Resources

101 I.D.1. The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)

104 [The Review Committee must further specify]

107 I.D.2. The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for: (Core)

110 I.D.2.a) access to food while on duty; (Core)

113 I.D.2.c) clean and private facilities for lactation that have refrigeration capabilities and that are in close proximity to the fellows’ clinical responsibilities; and; (Core)

116 Background and Intent: Care of patients within a hospital or health system occurs continually through the day and night. Such care requires that fellows function at their peak abilities, which requires the work environment to provide them with the ability to meet their basic needs within proximity of their clinical responsibilities.
Background and Intent: Breastfeeding is important for the developing infant, providing the best nutritional support while decreasing illness. Sites must provide private and clean locations where fellows may lactate and store the milk within a refrigerator. These locations should be in close proximity to clinical responsibilities. It would be helpful to have additional support within these locations that may assist the fellow with the continued care of patients, such as a computer and a phone. While space is important, the time required for lactation is also critical for the well-being of the fellow and the fellow's family, as outlined in VI.C.1.d).(1).

I.D.2.d) security and safety measures appropriate to the participating site. (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)

I.E. The program’s educational and clinical resources must be adequate to support the number of fellows appointed to the program. (Core)

[The Review Committee may further specify]

I.F. A fellowship program usually occurs in the context of many learners and other care providers and limited clinical resources. It should be structured to optimize education for all learners present.

I.F.1. Fellows should contribute to the education of residents in core programs, if present. (Core)

[The Review Committee may further specify]

Background and Intent: The clinical learning environment has become increasingly complex and often includes care providers, students, and post-graduate residents and fellows from multiple disciplines. The presence of these practitioners and their learners enriches the learning environment. Programs have a responsibility to monitor the learning environment to ensure that fellows’ education is not compromised by the presence of other providers and learners, and that fellows’ education does not compromise core residents’ education.

II. Personnel

II.A. Program Director

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)
Background and Intent: While the ACGME recognizes the value of input from numerous individuals in the management of a fellowship, a single individual must be designated as program director and made responsible for the program. This individual will have dedicated time for the leadership of the fellowship, and it is this individual’s responsibility to communicate with the fellows, faculty, DIO, Graduate Medical Education Committee (GMEC), and the ACGME. The program director’s nomination is reviewed and approved by the GMEC. Final appointment of program directors resides with the Review Committee.

II.A.2. The program director must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

[The Review Committee must further specify]

II.A.3. Qualifications of the program director:

II.A.3.a) must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)

[The Review Committee may further specify]

II.A.3.b) must include current certification in the subspecialty for which they are the program director by the American Board of _____ or the American Osteopathic Board of _____, or subspecialty qualifications that are acceptable to the Review Committee. (Core)

[The Review Committee may further specify acceptable subspecialty qualifications]

[The Review Committee may further specify additional program director qualifications]

II.A.4. Program Director Responsibilities

The program director must have responsibility, authority, and accountability for administration, operations, teaching, scholarly activity, and fellow education in the context of patient care. (Core)

II.A.4.a) The program director must:

II.A.4.a).(1) be a role model of professionalism; (Core)

Background and Intent: The program director, as the leader of the fellowship program, must serve as a role model to fellows in addition to fulfilling the technical aspects of the role. As fellows are expected to demonstrate compassion, integrity, and respect for others, they must be able to look to the program director as an exemplar. It is of utmost importance, therefore, that the program director model outstanding professionalism, high quality patient care, educational excellence, and a scholarly approach to work. The program director creates an environment where respectful discussion is welcome, with the goal of continued improvement of the educational experience.

II.A.4.a).(2) design and conduct the program in a fashion consistent
Background and Intent: The mission of institutions participating in graduate medical education is to improve the health of the public. Each community has health needs that vary based upon location and demographics. Programs must understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities.

Background and Intent: The program director may establish a leadership team to assist in the accomplishment of program goals. Fellowship programs can be highly complex. In a complex organization the leader typically has the ability to delegate authority to others, yet remains accountable. The leadership team may include physician and non-physician personnel with varying levels of education, training, and experience.

Background and Intent: The program director has the responsibility to ensure that all who educate fellows effectively role model the Core Competencies. Working with a fellow is a privilege that is earned through effective teaching and professional role modeling. This privilege may be removed by the program director when the standards of the clinical learning environment are not met.
II.A.4.a).(11) ensure the program’s compliance with the Sponsoring Institution’s policies and procedures on probation, dismissal, grievance, and due process; (Core)

Background and Intent: A program does not operate independently of its Sponsoring Institution. It is expected that the program director will be aware of the Sponsoring Institution’s policies and procedures, and will ensure they are followed by the program’s leadership, faculty members, support personnel, and fellows.

II.A.4.a).(12) ensure the program’s compliance with the Sponsoring Institution’s policies and procedures on employment and non-discrimination; (Core)

II.A.4.a).(12).(a) The program, in partnership with its Sponsoring Institution, must not require fellows to sign a non-competition guarantee or restrictive covenant. (Core)

II.A.4.a).(13) document and provide upon request timely verification of fellowship education for all fellows within 30 days of program completion; (Core)

II.A.4.a).(14) document and provide upon request summative evaluation of fellowship education for all fellows, and; (Core)

Background and Intent: Primary verification of graduate medical education is important to credentialing of physicians for further training and practice. Such verification must be accurate and timely. Sponsoring Institution and program policies for record retention are important to facilitate timely documentation of fellows who have previously completed the program. Fellows who leave the program prior to completion also require timely documentation of their summative evaluation.

II.A.4.a).(15) obtain review and approval of the Sponsoring Institution’s DIO before submitting information or requests to the ACGME, as required in the Institutional Requirements and outlined in the Program Director Guide. (Core)

II.B. Faculty

Faculty 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 the role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, 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. By employing a scholarly approach to patient care, the faculty, through the graduate medical education system, improve the health of the individual and the population.
Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety, and create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.

Background and Intent: “Faculty” refers to the entire teaching force responsible for educating fellows. The term faculty, including core faculty, does not imply or require an academic appointment or salary support.

II.B.1. For each participating site, there must be a sufficient number of faculty members with competence to instruct and supervise all fellows at that location. (Core)

[The Review Committee may further specify]

II.B.2. Faculty members must:

II.B.2.a) demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care; (Core)

Background and Intent: Patients have the right to expect quality, cost-effective care with patient safety at its core. The foundation for meeting this expectation is formed during residency and fellowship. Faculty members model these goals and continually strive for improvement in care and cost, embracing a commitment to the patient and the community they serve.

II.B.2.b) demonstrate a strong interest in the education of fellows; (Core)

II.B.2.c) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)

II.B.2.d) administer and maintain an educational environment conducive to educating fellows; and, (Core)

II.B.2.e) at least annually pursue formal faculty development designed to enhance their skills. (Core)

[The Review Committee may further specify]

II.B.3. Faculty Qualifications

Background and Intent: Formal faculty development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Formal faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and associated with defined learning objectives.
II.B.3.a) Subspecialty physician faculty members must:

have current certification in the subspecialty by the
American Board of _____ or the American Osteopathic
Board of _____, or possess qualifications judged
acceptable to the Review Committee. (Core)

[The Review Committee may further specify additional
qualifications]

II.B.3.b) Non-physician faculty members must have appropriate
qualifications in their field and hold appropriate institutional
appointments. (Core)

[The Review Committee may further specify]

II.B.3.b).(1) Any non-physician faculty members who interact with
fellows must be designated by the program director. (Core)

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)

[The Review Committee may further specify]

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)

[The Review Committee may further specify]

Background and Intent: Core faculty members are critical to the success of fellow education. They support the program leadership in developing, implementing, and assessing curriculum and in assessing fellows’ progress toward achievement of competence in the subspecialty. Core faculty members should be selected for their broad knowledge of and involvement in the
II.B.4.a) At a minimum, the core faculty must include the program faculty who are members of the Clinical Competency Committee and Program Evaluation Committee. (Core)

II.B.4.a).(1) Any additional core faculty members must be designated by the program director. (Core)

II.B.4.b) Core faculty members must complete the annual ACGME Faculty Survey. (Core)

[The Review Committee may specify the minimum number of core faculty and/or the core faculty-fellow ratio]

II.C. Program Coordinator

II.C.1. There must be a program coordinator. (Core)

II.C.2. The program coordinator must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

[The Review Committee may further specify]

Background and Intent: Each program requires a lead administrative person, frequently referred to as a program coordinator, administrator, or as titled by the institution. This person will frequently manage the day-to-day operations of the program and serve as an important liaison with learners, faculty and other staff members, and the ACGME. Individuals serving in this role are recognized as program coordinators by the ACGME.

The program coordinator is a member of the fellowship leadership team and is critical to the success of the program. As such, the program coordinator must possess skills in leadership and personnel management. Program coordinators are expected to develop unique knowledge of the ACGME and Program Requirements, policies, and procedures. Program coordinators assist the program director in accreditation efforts, educational programming, and support of fellows.

Programs, in partnership with their Sponsoring Institutions, should encourage the professional development of their program coordinators and avail them of opportunities for both professional and personal growth. Programs with fewer fellows may not require a full-time coordinator; one coordinator may support more than one program.

II.D. Other Program Personnel

The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)

[The Review Committee may further specify]
Background and Intent: Multiple personnel may be required to effectively administer a program. These may include staff members with clerical skills, project managers, education experts, and staff members to maintain electronic communication for the program. These personnel may support more than one program in more than one discipline.

III. Fellow Appointments

III.A. Eligibility Criteria

III.A.1. Eligibility Requirements – Fellowship Programs

[Review Committee to choose one of the following:]

Option 1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-accredited residency program, in a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or in a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or a College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)

Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or an AOA-accredited residency program. (Core)

Background and Intent: Eligibility for ABMS or AOA Board certification may not be satisfied by fellowship training. Applicants must be notified of this at the time of application, as required in II.A.4.a).(9).

III.A.1.a) [If Review Committee selected Option 1 above:]

Fellowship programs must receive verification of each entering fellow’s level of competency in the required field, after acceptance but before matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)

III.A.1.b) Fellow Eligibility Exception

The Review Committee for ______ will allow the following exception to the fellowship eligibility requirements:

[Note: The Review Committee will decide whether or not to allow this exception. This section will be deleted for Review Committees that do not allow the exception.]

III.A.1.b).(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)

III.A.1.b).(1).(a) evaluation by the program director and fellowship selection committee of the applicant’s suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)

III.A.1.b).(1).(b) review and approval of the applicant’s exceptional qualifications by the GMEC; and, (Core)

III.A.1.b).(1).(c) verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)

III.A.1.b).(2) Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)

[If Review Committee selected Option 1 above:]
Background and Intent: An exceptionally qualified international graduate applicant has (1) completed a residency program in the core specialty outside the continental United States that was not accredited by the ACGME, AOA, ACGME-I, RCPSC or CFPC, and (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications is required, which may include one of the following: (a) participation in additional clinical or research training in the specialty or subspecialty; (b) demonstrated scholarship in the specialty or subspecialty; and/or (c) demonstrated leadership during or after residency. Applicants being considered for these positions must be informed of the fact that their training may not lead to certification by ABMS member boards or AOA certifying boards.

In recognition of the diversity of medical education and training around the world, this early evaluation of clinical competence required for these applicants ensures they can provide quality and safe patient care. Any gaps in competence should be addressed as per policies for fellows already established by the program in partnership with the Sponsoring Institution.

[If Review Committee selected Option 2 above:]
Background and Intent: An exceptionally qualified international graduate applicant has (1) completed a non-ACGME- or non-AOA-accredited residency program in the core specialty outside the continental United States, and (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications is required, which may include one of the following: (a) participation in additional clinical or research training in the specialty or subspecialty; (b) demonstrated scholarship in the specialty or subspecialty; and/or (c) demonstrated leadership during or after residency. Applicants being considered for these positions must be informed of the fact that their training may not lead to certification by ABMS member boards or AOA certifying boards.

In recognition of the diversity of medical education and training around the world, this early evaluation of clinical competence required for these applicants ensures they can provide...
quality and safe patient care. Any gaps in competence should be addressed as per policies for fellows already established by the program in partnership with the Sponsoring Institution.

III.B. The program director must not appoint more fellows than approved by the Review Committee. (Core)

[The Review Committee may further specify]

| Background and Intent: Temporary complement increases of less than eight weeks are automatically approved by the Review Committee for programs with a status of Continued Accreditation. If fellows are not full-time with the program, the fellow complement should reflect the full-time equivalent (FTE). |

III.C. Fellow Transfers

The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations after acceptance, but prior to matriculation. (Core)

[The Review Committee may further specify]

| IV. Educational Program |

The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.

The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.

In addition, the program is expected to define its specific program aims consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves, and the distinctive capabilities of physicians it intends to graduate. While programs must demonstrate substantial compliance with the Common and subspecialty-specific Program Requirements, it is recognized that within this framework, programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for itself and its graduates; for example, it is expected that a fellowship program aiming to prepare physician-scientists will have a different curriculum from one focusing on community health.

IV.A. The curriculum must contain the following educational components: (Core)

IV.A.1. a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates; (Core)

IV.A.1.a) The program’s aims must be made available to program applicants, fellows, and faculty members. (Core)
IV.A.1.b) A program with additional ACGME recognition status must demonstrate how requirements associated with such recognition are integrated into the curriculum. (Core)

IV.A.2. competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to practice without supervision in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)

IV.A.3. delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; and, (Core)

Background and Intent: These responsibilities may generally be described by PGY level and specifically by Milestones progress as determined by the Clinical Competency Committee. This approach encourages the transition to competency-based education. An advanced learner may be granted more responsibility independent of PGY level and a learner needing more time to accomplish a certain task may do so in a focused rather than global manner.

IV.A.4. structured educational activities beyond direct patient care. (Core)

Background and Intent: Patient care-related educational activities, such as morbidity and mortality conferences, tumor boards, surgical planning conferences, case discussions, etc., allow fellows to gain medical knowledge directly applicable to the patients they serve. Programs should define those educational activities in which fellows are expected to participate and for which time is protected. Further specification can be found in IV.C.

IV.B. ACGME Competencies

Background and Intent: The Competencies provide a conceptual framework describing the required domains for a trusted physician to enter autonomous practice. These Competencies are core to the practice of all physicians, although the specifics are further defined for each subspecialty. The developmental trajectories in each of the Competencies are articulated through the Milestones for each subspecialty. The focus in fellowship is on subspecialty-specific patient care and medical knowledge, as well as refining the other competencies acquired in residency.

IV.B.1. The program must integrate the following ACGME Competencies, including sub-competencies associated with additional ACGME recognition status, into the curriculum: (Core)

IV.B.1.a) Professionalism

Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)

IV.B.1.b) Patient Care and Procedural Skills

Background and Intent: Quality patient care is safe, effective, timely, efficient, patient-centered, equitable, and designed to improve population health, while reducing per capita costs. (See the
Institute of Medicine [IOM]'s *Crossing the Quality Chasm: A New Health System for the 21st Century*, 2001 and Berwick D, Nolan T, Whittington J. *The Triple Aim: care, cost, and quality. Health Affairs.* 2008;27(3):759-769.). In addition, there should be a focus on improving the clinician’s well-being as a means to improve patient care and reduce burnout amongst residents, fellows, and practicing physicians.

These organizing principles inform the Common Program Requirements across all competency domains. Specific content will be determined by Review Committees with input from the appropriate professional societies, certifying boards, and the community.

IV.B.1.b).(1) Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)

[The Review Committee must further specify]

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)

[The Review Committee may further specify]

IV.B.1.c) Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. (Core)

[The Review Committee must further specify]

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)

Background and Intent: Practice-based learning and improvement is one of the defining characteristics of being a physician. It is the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

The intention of this competency is to help a fellow refine the habits of mind required to continuously pursue quality improvement, well past the completion of fellowship.

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)

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 social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)

IV.C. Curriculum Organization and Fellow Experiences

IV.C.1. The curriculum must be structured to optimize fellow educational experiences, the length of these experiences, and supervisory continuity. (Core)

[The Review Committee may further specify]

[The Review Committee may specify required didactic and clinical experiences]

IV.D. 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 members must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.

The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program’s scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.

IV.D.1. Program Responsibilities

IV.D.1.a) The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)

[The Review Committee may further specify]

IV.D.1.b) The program must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)

[The Review Committee may further specify]

IV.D.2. Faculty Scholarly Activity
Among their scholarly activity, programs must have efforts in at least three of the following domains:

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:

[Review Committee will choose to require either IV.D.2.b).(1) or both IV.D.2.b).(1) and IV.D.2.b).(2)]

Background and Intent: For the purposes of education, metrics of scholarly activity represent one of the surrogates for the program’s effectiveness in the creation of an environment of inquiry that advances the fellows’ scholarly approach to patient care. The Review Committee will evaluate the dissemination of scholarship for the program as a whole, not for individual faculty members, with the goal of assessing the effectiveness of the creation of such an environment. The ACGME recognizes that there may be differences in scholarship requirements between different specialties and between residencies and fellowships in the same specialty.

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)

[The Review Committee may further specify]

Peer-reviewed publication. (Outcome)

[The Review Committee may further specify]

Fellowship programs may assign fellows to engage in the independent practice
of their core specialty during their fellowship program.

IV.E.1. If fellowships permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)

[The Review Committee may further specify. This section will be deleted for those Review Committees that choose not to permit the independent practice option.]

Background and Intent: Fellows who have previously completed residency programs have demonstrated sufficient competence to enter practice without supervision within their core specialty. This option is designed to enhance fellows’ maturation and competence in their core specialty. This enables fellows to occupy a dual role in the health system: as learners in their subspecialty, and as credentialed practitioners in their core specialty. Hours worked in independent practice during fellowship still fall under the clinical and educational work hour limits. See Program Director Guide for more details.

V. Evaluation

V.A. Fellow Evaluation

V.A.1. Feedback and Evaluation

Background and Intent: Feedback is ongoing information provided regarding aspects of one’s performance or understanding. Faculty members empower fellows to provide much of that feedback themselves in a spirit of continuous learning and self-reflection. Feedback from faculty members in the context of routine clinical care should be frequent, and need not always be formally documented.

Formative and summative evaluation have distinct definitions. Formative evaluation is monitoring fellow learning and providing ongoing feedback that can be used by fellows to improve their learning in the context of provision of patient care or other educational opportunities. More specifically, formative evaluations help:

- fellows identify their strengths and weaknesses and target areas that need work
- program directors and faculty members recognize where fellows are struggling and address problems immediately

Summative evaluation is evaluating a fellow’s learning by comparing the fellows against the goals and objectives of the rotation and program, respectively. Summative evaluation is utilized to make decisions about promotion to the next level of training, or program completion.

End-of-rotation and end-of-year evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when fellows or faculty members use it to guide their efforts and activities in subsequent rotations and to successfully complete the fellowship program.

Feedback, formative evaluation, and summative evaluation compare intentions with accomplishments, enabling the transformation of a new specialist to one with growing
Common Program Requirements (Fellowship) Sections I-V for Review and Comment

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<table>
<thead>
<tr>
<th>V.A.1.a)</th>
<th>Faculty must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V.A.1.b)</td>
<td>Evaluation must be documented at the completion of the assignment. (Core)</td>
</tr>
<tr>
<td>V.A.1.b).(1)</td>
<td>For rotations of greater than two months in duration, evaluation must be documented at least every two months. (Core)</td>
</tr>
<tr>
<td>V.A.1.b).(2)</td>
<td>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)</td>
</tr>
<tr>
<td>V.A.1.c)</td>
<td>The program must be organized to provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)</td>
</tr>
<tr>
<td>V.A.1.c).(1)</td>
<td>use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)</td>
</tr>
<tr>
<td>V.A.1.c).(2)</td>
<td>provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)</td>
</tr>
</tbody>
</table>

Background and Intent: Faculty members should provide feedback frequently throughout the course of each rotation. Fellows require feedback from faculty members to reinforce well-performed duties and tasks, as well as to correct deficiencies. This feedback will allow for the development of the learner as they strive to achieve the Milestones. More frequent feedback is strongly encouraged for fellows who have deficiencies that may result in a poor final rotation evaluation.

Background and Intent: The trajectory to autonomous practice in a subspecialty is documented by the subspecialty-specific Milestones evaluation during fellowship. These Milestones detail the progress of a fellow in attaining skill in each competency domain. It is expected that the most growth in fellowship education occurs in patient care and medical knowledge, while the other four domains of competency must be ensured in the context of the subspecialty. They are developed by a subspecialty group and allow evaluation based on observable behaviors. The Milestones are considered formative and should be used to identify learning needs. This may lead to focused or general curricular revision in any given program or to individualized learning plans for any specific fellow.

| V.A.1.d) | The program director or their designee, with input from the Clinical |
V.A.1.d).(1) Competency Committee, must:
meet with and review with each fellow their documented
semi-annual evaluation of performance, including progress
along subspecialty-specific Milestones. (Core)

V.A.1.d).(2) assist fellows in developing individualized learning plans to
capitalize on their strengths and identify areas for growth;
and, (Core)

V.A.1.d).(3) develop plans for fellows failing to progress, following
institutional policies and procedures. (Core)

Background and Intent: Learning is an active process that requires effort from the teacher and
the learner. Faculty members evaluate a fellow's performance at least at the end of each
rotation. The program director or their designee will review those evaluations, including their
progress on the Milestones, at a minimum of every six months. Fellows should be
couraged to reflect upon the evaluation, using the information to reinforce well-performed
tasks or knowledge or to modify deficiencies in knowledge or practice. Working together with
the faculty, fellows should develop an individualized learning plan.

Fellows who are experiencing difficulties with achieving progress along the Milestones may
require intervention to address specific deficiencies. Such intervention, documented in an
individual remediation plan developed by the program director or a faculty mentor and the
fellow, will take a variety of forms based on the specific learning needs of the fellow.
However, the ACGME recognizes that there are situations which require more significant
intervention that may alter the time course of fellow progression. To ensure due process, it is
essential that the program director follow institutional policies and procedures.

V.A.1.e) At least annually, there must be a summative evaluation of each
fellow's readiness to progress to the next year of training, if
applicable. (Core)

V.A.1.f) The evaluations of fellow performance must be accessible for
review by the fellow. (Core)

V.A.2. Final Evaluation

V.A.2.a) The program director must provide a final evaluation for each
fellow upon completion of the program. (Core)

V.A.2.a).(1) The subspecialty-specific Milestones, and when applicable
the subspecialty-specific Case Logs, must be used as tools
to ensure fellows are able to engage in autonomous
practice upon completion of the program. (Core)

V.A.2.a).(2) The final evaluation must:
become part of the fellow's permanent record
maintained by the institution, and must be
accessible for review by the fellow in accordance
V.A.2.a).(2).(b) verify that the fellow has demonstrated sufficient competence to enter practice without supervision; (Core)

V.A.2.a).(2).(c) consider recommendations from the Clinical Competency Committee; and, (Core)

V.A.2.a).(2).(d) be shared with the fellow upon completion of the program. (Core)

V.A.3. A Clinical Competency Committee must be appointed by the program director. (Core)

V.A.3.a) At a minimum the Clinical Competency Committee must be composed of three members. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program’s fellows. (Core)

V.A.3.b) The Clinical Competency Committee must:

V.A.3.b).(1) review all fellow evaluations at least semi-annually; (Core)

V.A.3.b).(2) determine each fellow’s progress on achievement of the subspecialty-specific Milestones; and, (Core)

V.A.3.b).(3) meet prior to the fellow’s semi-annual evaluation and advise the program director regarding each fellow’s progress. (Core)

V.B. Faculty Evaluation

V.B.1. At least annually, the program must evaluate each faculty member’s performance as it relates to the educational program. (Core)

V.B.1.a) This evaluation must include a review of the faculty member’s clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educators, clinical performance, professionalism, and scholarly activities. (Core)

V.B.1.b) This evaluation must include at least annual written, confidential evaluations by the fellows. (Core)

V.B.2. Faculty members must receive feedback on their evaluations at least annually. (Core)

V.B.3. Results of the faculty evaluation should be used as a basis for faculty development plans. (Core)
Background and Intent: The quality of the faculty’s teaching and clinical care is a determinant of the quality of the program and of the quality of the fellows’ future clinical care. Therefore, the program has the responsibility to evaluate and improve the program faculty’s teaching, scholarship, professionalism, and quality care. This section mandates annual review of the program’s faculty for this purpose.

V.C. Program Evaluation and Improvement

V.C.1. The program director must appoint the Program Evaluation Committee. (Core)

V.C.1.a) The Program Evaluation Committee must be composed of at least two program faculty members and at least one fellow. (Core)

V.C.1.b) Program Evaluation Committee responsibilities must include:

V.C.1.b).(1) evaluating educational activities of the program; (Detail)†

V.C.1.b).(2) reviewing and making recommendations for revision of competency-based curriculum goals and objectives; and, (Detail)

V.C.1.b).(3) addressing areas of non-compliance with ACGME requirements. (Detail)

V.C.2. The Program Evaluation Committee must conduct and document the Annual Program Evaluation, including the plan for improvement. (Core)

V.C.2.a) The Program Evaluation Committee must include the following elements in its assessment of the program:

V.C.2.a).(1) curriculum; (Core)

V.C.2.a).(2) outcomes from prior Annual Program Evaluation(s); (Core)

V.C.2.a).(3) ACGME letters of notification, including citations, Areas for Improvement, and comments; (Core)

V.C.2.a).(4) quality and safety of patient care; (Core)

V.C.2.a).(5) aggregate fellow and faculty:

V.C.2.a).(5).(a) well-being; (Core)

V.C.2.a).(5).(b) recruitment and retention; (Core)
V.C.2.a).(5).c) workforce diversity; (Core)
V.C.2.a).(5).d) engagement in quality improvement and patient safety; (Core)
V.C.2.a).(5).e) scholarly activity; (Core)
V.C.2.a).(5).f) ACGME Resident/Fellow and Faculty Surveys (where applicable); and, (Core)
V.C.2.a).(5).g) written evaluations of the program. (Core)
V.C.2.a).(6) aggregate fellow:
V.C.2.a).(6).a) achievement of Milestones; (Core)
V.C.2.a).(6).b) in-training examinations (where applicable); (Core)
V.C.2.a).(6).c) Board pass and certification rates; and, (Core)
V.C.2.a).(6).d) graduate clinical performance. (Core)
V.C.2.a).(7) aggregate faculty:
V.C.2.a).(7).a) performance; and, (Core)
V.C.2.a).(7).b) professional development (Core)
V.C.2.b) The Program Evaluation Committee must evaluate the program’s mission and aims, strengths, areas for improvement, and threats. (Core)
V.C.2.c) The annual review, including the action plan, must:
V.C.2.c).(1) be distributed to and discussed with the members of the teaching faculty and fellows; and, (Core)
V.C.2.c).(2) be reviewed by the GMEC. (Core)
V.C.3. The program must participate in a Self-Study prior to its 10-year accreditation site visit. (Core)

Background and Intent: Outcomes of the documented Annual Program Evaluation can be integrated into the 10-year Self-Study process. The Self-Study is an objective, comprehensive evaluation of the fellowship program, with the aim of improving it. Underlying the Self-Study is this longitudinal evaluation of the program and its learning environment, facilitated through sequential Annual Program Evaluations that focus on the required components, with an emphasis on program strengths and self-identified areas for improvement. Details regarding the timing and expectations for the Self-Study and the 10-year accreditation site visit are provided in the ACGME Manual of Policies and Procedures. Additionally, a description of the
Self-Study process, as well as information on how to prepare for the 10-year accreditation site visit, is available on the ACGME website.

V.C.4. 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.

V.C.4.a) 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. (Core)

V.C.4.b) For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile. (Outcome)

V.C.4.c) For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile. (Outcome)

V.C.4.d) For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile. (Outcome)

V.C.4.e) For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile for pass rate. (Outcome)

V.C.4.f) For each of the exams referenced in V.C.4.b)-e), 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. (Outcome)

Background and Intent: Setting a single standard for pass rate that works across subspecialties is not supportable based on the heterogeneity of the psychometrics of different examinations. By using a percentile rank, the performance of the lower five percent (fifth percentile) of programs can be identified and set on a path to curricular and test preparation reform.

There are subspecialties where there is a very high Board pass rate that could leave successful programs in the bottom five percent (fifth percentile) despite admirable
performance. These high-performing programs should not be cited, and V.C.4.f) is designed to address this.

V.C.4.g) Programs must report in the Accreditation Data System (ADS) board certification rates annually for the cohort of fellows that graduated seven years earlier. *(Core)*

Background and Intent: It is essential that fellowship programs demonstrate knowledge and skill transfer to their fellows. One measure of that is the qualifying or initial certification exam pass rate. Another important parameter of the success of the program is the ultimate board certification rate of its graduates. Graduates are eligible for up to seven years from fellowship graduation for initial certification. The ACGME will calculate a rolling three-year average of the ultimate board certification rate at seven years post-graduation, and the Review Committees will monitor it.

The Review Committees will track the rolling seven-year certification rate as an indicator of program quality. Programs are encouraged to monitor their graduates’ performance on board certification examinations.

In the future, the ACGME may establish parameters related to ultimate board certification rates.

***

*Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical educational program.*

†Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

‡Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.