

1 **ACGME Program Requirements for Fellowship Education**
2 **in Hospice and Palliative Medicine**

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4 *Common Program Requirements are in BOLD*
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7 Scope and Duration of Education
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9 A. Definition and Scope of the Subspecialty
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11 The subspecialty of Hospice and Palliative Medicine represents the
12 medical component of the broad therapeutic model known as palliative
13 care. These subspecialists reduce the burden of life-threatening conditions
14 by supporting the best quality of life throughout the course of an illness,
15 and by managing factors that contribute to the suffering of the patient and
16 the patient's family.
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- 18 1. Palliative care addresses physical, psychological, social, and
19 spiritual needs of patients and their families, and provides
20 assistance with medical decision-making.
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- 22 2. The major clinical skills central to the subspecialty of Hospice and
23 Palliative Medicine are the prevention (when possible), assessment
24 and management of physical, psychological and spiritual suffering
25 faced by patients with life-limiting conditions and their families.
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- 27 3. Hospice and Palliative Medicine is distinguished from other
28 disciplines by:
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- 30 a) high level of expertise in addressing the multidimensional
31 needs of patients with life-threatening illnesses, including a
32 practical skill set in symptom control interventions;
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 - 34 b) a high level of expertise in both clinical and non-clinical
35 issues related to advanced illness, the dying process and
36 bereavement;
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 - 38 c) a commitment to an interdisciplinary team approach; and,
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 - 40 d) a strong focus on the patient and family as the unit of care.
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42 B. Duration of the Fellowship
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44 The duration of a fellowship program in Hospice and Palliative Medicine is
45 12 months. The program must provide fellows training in the knowledge
46 and skills of primary and consultative practice.

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I. Institutions

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating sites.

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.

A hospice and palliative medicine program will be accredited only if the sponsoring institution also sponsors an ACGME accredited program in at least one of the following specialties: Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Psychiatry, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Radiation Oncology, or Surgery.

B. Participating Sites

1. There must be a program letter of agreement (PLA) between the program and each participating site providing an assignment. The PLA must be renewed at least every five years.

The PLA should:

- a) identify the faculty who will assume both educational and supervisory responsibilities for residents;**
- b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;**
- c) specify the duration and content of the educational experience; and,**
- d) state the policies and procedures that will govern resident education during the assignment.**

91 2. **The Program Director must submit any additions or deletions**
92 of participating sites routinely providing a required
93 educational experience of one month full time equivalent (FTE)
94 or more through the Accreditation Council for Graduate
95 Medical Education (ACGME) Accreditation Data System (ADS).
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97 **II. Program Personnel and Resources**

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99 **A. Program Director**

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101 1. **There must be a single Program Director with authority and**
102 **accountability for the operation of the program. The**
103 **sponsoring institution’s GMEC must approve a change in**
104 **Program Director. After approval, the Program Director must**
105 **submit this change to the ACGME via the ADS.**
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107 The Program Director must be fully committed to the program and
108 devote sufficient time to the achievement of educational goals and
109 objectives.
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111 2. **The Program Director should continue in his or her position**
112 **for a length of time adequate to maintain continuity of**
113 **leadership and program stability.**
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115 3. **Qualifications of the Program Director must include:**

116
117 a) **requisite specialty expertise and documented**
118 **educational and administrative experience acceptable to**
119 **the Review Committee;**
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121 b) **current certification in the specialty by the American**
122 **Board of Anesthesiology, Emergency Medicine, Family**
123 **Medicine, Internal Medicine, Neurology, Psychiatry,**
124 **Obstetrics and Gynecology, Pediatrics, Physical Medicine**
125 **and Rehabilitation, Radiation Oncology, or Surgery and be**
126 **certified by the applicable ABMS board in hospice and**
127 **palliative care medicine, or specialty qualifications that**
128 **are acceptable to the Review Committee; and,**
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130 c) **current medical licensure and applicable medical staff**
131 **appointment;**
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133 d) **an active clinical practice in hospice and palliative medicine;**
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e) a record of ongoing involvement in education and scholarly activities, which includes, but is not limited to, generating peer review publications, mentoring fellows (i.e., guiding fellows in the acquisition of competence in the clinical, teaching, research and advocacy skills pertinent to the discipline), serving as a clinical supervisor in an inpatient or outpatient setting, developing curricula, and/or participating in didactic activities.

4. The Program Director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas. The Program Director must:

- a) **organize and ensure the quality of didactic and clinical education in all sites that participate in the program;**
- b) **approve a local Site Director at each participating site who is accountable for fellow education;**
- c) **approve the selection of program faculty as appropriate;**
- d) **evaluate program faculty and approve the continued participation of program faculty based on evaluation;**
- e) **monitor fellow supervision at all participating sites;**
- f) **prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program fellow updates to the ADS, and ensure that the information submitted is accurate and complete;**
- g) **provide each fellow with documented semiannual evaluation of performance with feedback;**
- h) **ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;**
- i) **provide verification of residency education for all fellows, including those who leave the program prior to completion;**

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- j) implement policies and procedures consistent with the institutional and program requirements for fellow duty hours and the working environment, including moonlighting, and, to that end, must:**
 - (1) distribute these policies and procedures to the fellows and faculty;**
 - (2) monitor fellow duty hours, according to institutional guidelines, with a frequency sufficient to ensure compliance with ACGME requirements;**
 - (3) adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and**
 - (4) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.**
 - k) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;**
 - l) comply with the sponsoring institution’s written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of fellows, disciplinary action, and supervision of fellows.**
 - m) be familiar with and comply with ACGME and RC policies and procedures as outlined in the ACGME Manual of Policies and Procedures;**
 - n) obtain review and approval of the sponsoring institution’s GMEC/DIO before submitting to the ACGME information or requests for the following:**
 - (1) all applications for ACGME accreditation of new programs;**
 - (2) changes in fellow complement;**
 - (3) major changes in program structure or length of training;**

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- (4) progress reports requested by the Review Committee;
 - (5) responses to all proposed adverse actions;
 - (6) requests for increases or any change to fellow duty hours;
 - (7) voluntary withdrawals of ACGME-accredited programs;
 - (8) requests for appeal of an adverse action;
 - (9) appeal presentations to a Board of Appeal or the ACGME; and
 - (10) proposals to ACGME for approval of innovative educational approaches.
- o) obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
- (1) program citations and/or
 - (2) request for changes in the program that would have significant impact, including financial, on the program or institution.

255 **B. Faculty**

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1. At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows at that location.

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- a) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of fellows and;
- (1) In addition to the Program Director, there must be at least one other hospice and palliative care physician faculty member who devotes sufficient professional time to the program and has expertise in

- 272 administrating a hospice and palliative care program.
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274 (2) For programs with more than two fellows, there must
275 be additional hospice and palliative care physician
276 faculty who devote sufficient time to the program.
277 Programs with three or four fellows must have three
278 hospice and palliative care faculty members who
279 contribute sufficient professional time to the
280 fellowship.
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282 **b) administer and maintain an educational environment
283 conducive to educating fellows in each of the ACGME
284 competency areas.**
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286 **2. The physician faculty must have current certification in the
287 specialty by American Board of Anesthesiology, Emergency
288 Medicine, Family Medicine, Internal Medicine, Neurology,
289 Psychiatry, Obstetrics and Gynecology, Pediatrics, Physical
290 Medicine and Rehabilitation, Radiation Oncology, or Surgery and
291 be certified by the applicable ABMS board in hospice and palliative
292 care medicine, or possess qualifications judged to be
293 acceptable to the Review Committee.**
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295 a) Because of the interdisciplinary nature of Hospice and
296 Palliative Medicine, physician faculty should include
297 representatives from appropriate medical subspecialties,
298 such as Cardiology, Critical Care Medicine, Geriatric
299 Medicine and Oncology, and from other specialties such as
300 Anesthesiology, Emergency Medicine, Family Medicine,
301 Internal Medicine, Neurology, Psychiatry, Obstetrics and
302 Gynecology, Pediatrics, Physical Medicine and
303 Rehabilitation, Radiation Oncology, and Surgery.
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305 **3. The physician faculty must possess current medical licensure
306 and applicable medical staff appointment.**
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308 **4. The nonphysician faculty must have appropriate qualifications
309 in their field and hold appropriate institutional appointments.**
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311 a) The following healthcare professionals must be included as
312 members of the faculty, with significant responsibilities for
313 teaching and supervising fellows: nurse, psychosocial
314 clinician (social worker or psychologist), and chaplain.
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316 b) Each type of faculty should devote sufficient time to the
317 program.

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- 5. **The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.**
 - a) **The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.**
 - b) **Some members of the faculty should also demonstrate scholarship by one or more of the following:**
 - (1) **peer-reviewed funding;**
 - (2) **publication of original research, or review articles in peer-reviewed journals, or chapters in textbooks;**
 - (3) **publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,**
 - (4) **participation in national committees or educational organizations.**
 - c) **Faculty should encourage and support fellows in scholarly activities.**
 - d) Hospice and palliative medicine faculty must have a record of ongoing involvement in education and scholarly activities, including, but not limited to, generating peer review publications, mentoring fellows (i.e., guiding fellows in the acquisition of competence in the clinical, teaching, research and advocacy skills pertinent to the discipline), serving as a clinical supervisor in an inpatient or outpatient setting, developing curricula, and/or participating in didactic activities.
- 6. **Fellows must interact regularly with one or more interdisciplinary teams in the conduct of clinical care. This includes participating in regular team conferences with the interdisciplinary teams in order to coordinate the implementation of recommendations from these teams.**

The interdisciplinary teams must include physicians, nurses, psychosocial clinicians (such as a social workers or psychologists), and chaplains.

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C. Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.

D. Resources

The institution and the program must jointly ensure the availability of adequate resources for fellow education, as defined in the specialty program requirements.

1. Patient Population

- a) The program must ensure fellows have access to a patient population adequate to meet the needs of the fellowship program. The population must represent a broad range of diagnoses and palliative care needs, including patients with advanced conditions. The population should include patients of all ages, and the full pediatric age range (neo-natal through adolescent/young adult) should be available. Because fewer expected deaths occur in the pediatric population, cases should include children with chronic conditions and children with palliative care needs who may recover. Fellows should be exposed to patients of diverse socioeconomic and cultural backgrounds. Experience with special populations including the elderly and cognitively impaired, patients with HIV disease, and patients with a history of chemical dependency is suggested.

2. Facilities/Training Sites

- a) Fellows must receive clinical training in a minimum of three types of locations including:
 - (1) an inpatient acute care site;
 - (a) There must be a minimum of four months or equivalent longitudinal experience in the inpatient setting, which may involve participation on a consultation team or on an inpatient unit, or both. Fellows should have patient care experiences in dedicated palliative care/hospice units.

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- (b) The program must ensure that the inpatient setting provides access to a full range of services usually ascribed to an acute-care general hospital, including availability of diagnostic laboratory and imaging services.
 - (c) There must be access-to a range of consulting physicians, including those with expertise in interventional pain management.
- (2) in the community through care in patients' homes and in long term care facilities;
- (a) The program must ensure that fellows provide a minimum of 25 hospice home visits during the fellowship year.
 - (i) All of these visits must be provided through a Medicare certified program.
 - (ii) If the hospice program does not care for children, a portion of the visits may be done through a pediatric home care program for children with life-limiting conditions.
 - (iii) The medical director of the hospice home care program should be certified in Hospice and Palliative Medicine.
 - (b) Fellows should receive a long term care experience at a skilled nursing home facility, chronic care hospital or children's rehabilitation center.
 - (i) The long-term care experience should comprise a minimum of one month or equivalent and provide access to meaningful longitudinal care of patients either on a consultation team or a hospice or palliative care unit.
 - (ii) Except in the case of federal institutions, the institutions(s) must be approved by the appropriate licensing agencies of the state, and the standard of facilities and

456 care in each facility must be consistent
457 with those promulgated by the Joint
458 Commission on Accreditation of
459 Healthcare Organizations or another
460 entity with reasonably equivalent
461 standards.

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463 (3) ambulatory practice setting

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465 (a) Fellows must have a supervised continuity
466 experience in an ambulatory setting, such as
467 an outpatient hospice clinic or day hospital, a
468 dedicated palliative care clinic, or other
469 ambulatory practice providing relevant
470 palliative interventions to patients with life-
471 threatening conditions.

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473 (b) The ambulatory experience must occur for at
474 least six months of the program.
475 Interdisciplinary care of patients must be
476 available in the setting.

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478 b) Across the three clinical settings listed above, the time spent
479 participating in a Medicare-certified or Veteran
480 Administration hospice program must comprise at least 15%
481 of the fellow's time.

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483 c) The program must ensure that fellows see at least 100 new
484 patients over the course of the year, and fellows should
485 follow at least half of these patients longitudinally across
486 settings.

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488 **E. Medical Information Access**

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490 **Fellows must have ready access to specialty-specific and other**
491 **appropriate reference material in print or electronic format at all**
492 **times. Electronic medical literature databases with search**
493 **capabilities should be available.**

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495 **III. Fellow Appointments**

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497 **A. Eligibility Criteria**

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499 **The Program Director must comply with the criteria for fellow**
500 **eligibility as specified in the Institutional Requirements.**
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502 Applicants must have completed an ACGME-accredited residency
503 program in Internal Medicine, Family Medicine, Neurology, Psychiatry,
504 Physical Medicine and Rehabilitation, Pediatrics, Surgery, Anesthesiology,
505 Radiation Oncology, Gynecology, or Emergency Medicine.
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507 **B. Number of Fellows**

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509 **The Program Director may not appoint more fellows than approved**
510 **by the Review Committee. The program's educational resources**
511 **must be adequate to support the number of fellows appointed to the**
512 **program.**
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514 Programs planning to implement a modest increase in complement
515 between formal reviews should follow the directions for such changes
516 provided on the Review Committee's webpage on the ACGME website.
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518 **C. Fellow Transfers**

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520 **1. Before accepting a fellow who is transferring from another**
521 **program, the Program Director must obtain written or**
522 **electronic verification of previous educational experiences and**
523 **a summative competency-based performance evaluation of the**
524 **transferring fellow.**

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526 **2. A Program Director must provide timely verification of**
527 **fellowship education and summative performance evaluations**
528 **for fellows who leave the program prior to completion.**
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530 **D. Appointment of Fellows and Other Students**

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532 **The presence of other students (including, but not limited to,**
533 **residents from other specialties, subspecialty fellows, PhD students,**
534 **and nurse practitioners) in the program must not interfere with the**
535 **appointed fellows' education. The program director must report the**
536 **presence of other learners to the DIO or GMEC in accordance with**
537 **sponsoring institution guidelines.**
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539 **IV. Educational Program**

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541 **A. The curriculum must contain the following educational components:**

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543 **1. Overall educational goals for the program, which the program**
544 **must distribute to fellows and faculty annually.**
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2. **Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to fellows and faculty annually in either written or electronic form. These must be reviewed with the fellow at the start of each rotation.**
 - a) The curriculum, including competency-based goals and objectives, should be aligned with and substantially cover the competencies as outlined in Companion Document: Core Competencies for Hospice & Palliative Medicine Fellowship Training.
 3. **Regularly scheduled didactic sessions;**
 - a) Conferences or seminars/workshops in Hospice and Palliative Medicine for the fellow should be specifically designed to augment the clinical experiences.
 - b) There must be a journal club or other activity that fosters interaction and develops skills in interpreting the medical literature.
 - c) Fellows must participate as both learners and teachers in supplemental educational offerings at conferences, communication skill workshops, lecture series, etc..
 - d) Fellows must have the opportunity to teach personnel such as nurses, allied health personnel, medical students, residents, and/or other fellows.
 4. **Delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of fellows over the continuum of the program;**
 5. **ACGME Competencies;**

The program must integrate the following ACGME competencies into the curriculum.

 - a) **Patient Care**

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. Fellows are expected to:

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- (1) demonstrate assessment, interdisciplinary care planning, management, coordination and follow-up of patients with life-threatening illness;
 - (a) The care provided will be patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering.
 - (b) Fellows will provide palliative care throughout the continuum of illness while addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice.
- (2) coordinate, orchestrate, and facilitate key events in patient care, such as family meetings, consultation around goals of care, advance directive completion, conflict resolution, withdrawal of life-sustaining therapies, and palliative sedation, involving other team members as appropriate;
- (3) provide care to patients and families that reflects unique characteristics of different settings along the palliative care spectrum;
- (4) recognize signs and symptoms of impending death and appropriately care for the imminently dying patient and their family members; and
- (5) provide treatment and counseling to the bereaved.

b) 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. Fellows are expected to:

- (1) learn the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

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c) 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 life-long learning. Fellows are expected to develop skills to meet the following goals:

- (1) identify strengths, deficiencies, and limits in one’s knowledge and expertise;**
- (2) set learning and improvement goals;**
- (3) identify and perform appropriate learning activities;**
- (4) systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement; and**
- (5) demonstrate knowledge of ethical issues, clinical utilization, and financial outcomes of palliative care.**

d) 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 professional associates. Fellows are expected to:

- (1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;**
- (2) communicate effectively with physicians, other health professionals, and health related agencies;**
- (3) work effectively as a member or leader of a health care team or other professional group;**
- (4) act in a consultative role to other physicians and health professionals;**

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- (5) **maintain comprehensive, timely, and legible medical records, if applicable.**
- (6) demonstrate the ability to educate patients/families about the medical, social and psychological issues associated with life-limiting illness;
- (7) demonstrate the above skills in common situations occurring with serious, life-threatening illness and at the end of life, and write an informative, sensitive note in the medical record:
- (8) organize and lead or co-facilitate a family meeting;
- (9) collaborate effectively with others as member or leader of interdisciplinary team; and
- (10) collaborate effectively with all elements of the palliative care continuum, including hospitals, palliative care units, nursing homes, home and inpatient hospice, and other community resources;

e) Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows are expected to demonstrate:

- (1) **compassion, integrity, and respect for others**, including all patients and their families as well as other clinicians;
- (2) **responsiveness to patient needs that supersedes self-interest;**
- (3) **respect for patient privacy and autonomy;**
- (4) **accountability to patients, society and the profession;**
- (5) **sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;**

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- (6) the ability to recognize one’s own role and the role of the system in disclosure and prevention of medical error; and
- (7) the capacity to reflect on personal attitudes, values, strengths, vulnerabilities, and personal experiences to optimize personal wellness and capacity to meet the needs of patients and families.

f) Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call effectively on other resources in the system to provide optimal health care. Fellows are expected to:

- (1) work effectively in various health care delivery settings and systems relevant to their clinical specialty, if applicable;**
- (2) coordinate patient care within the health care system relevant to their clinical specialty;**
- (3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;**
- (4) advocate for quality patient and family care and optimal patient care and/or public health systems;**
- (5) work in interprofessional teams to enhance patient safety and improve patient care quality;**
- (6) participate in identifying system errors and in implementing potential systems solutions;**
- (7) evaluate and implement systems improvement based on clinical practice or patient and family satisfaction data, in personal practice, team practice, and within institutional settings; and
- (8) demonstrate knowledge of the various settings and related structures for organizing, regulating, and financing care for patients at the end of life.

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6. Additional Experiences
 - a) Fellows must spend at least one month of elective time in a clinically relevant field. Electives may include ethics consultations, geriatric medicine, interventional pain management, medical psychiatry, pediatrics, HIV clinic, radiation oncology, pulmonary, cardiology, neurology clinics, or other experiences determined to be appropriate by the program director.
 - b) Fellows must receive training in the organizational and administrative aspects of operating and maintaining a hospice care program.

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B. Fellows' Scholarly Activities

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1. **The curriculum must advance fellows' knowledge of the basic principles of clinical research, including how such research is conducted, evaluated, explained to patients, and applied to patient care.**

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2. **Fellows should participate in scholarly activity.**

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Fellows should complete a scholarly or quality improvement project during the fellowship program.

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3. **The sponsoring institution and program should allocate adequate resources to facilitate fellow involvement in scholarly activities.**

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V. Evaluation

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A. Fellow Evaluation

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1. **Formative Evaluation**

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- a) **The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.**

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- b) **The program must:**

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- (1) **provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and**

- 818 communication skills, professionalism, and
819 systems-based practice;
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821 (2) use multiple evaluators (e.g., faculty, peers,
822 patients, self, and other professional staff);
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824 (3) document progressive fellow performance
825 improvement appropriate to educational level;
826 and
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828 (4) provide each fellow with documented semiannual
829 evaluation of performance with feedback.
830
831 c) The evaluations of resident performance must be
832 accessible for view by the resident, in accordance with
833 institutional policy.
834

835 **2. Summative Evaluation**
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837 The Program Director must provide a summative evaluation
838 for each fellow upon completion of the program. This
839 evaluation must become part of the fellow's permanent record
840 maintained by the institution, and must be accessible for
841 review by the fellow in accordance with institutional policy.
842 This evaluation must:

- 843
844 a) document the fellow's performance during the final
845 period of education, and
846
847 b) verify that the fellow has demonstrated sufficient
848 competence to enter practice competently and without
849 direct supervision.
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851 **B. Faculty Evaluation**
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- 853 1. At least annually, the program must evaluate faculty
854 performance, as it relates to the educational program.
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856 2. These evaluations should include a review of the faculty's
857 clinical teaching abilities, commitment to the educational
858 program, clinical knowledge, professionalism, and scholarly
859 activities.
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861 3. This evaluation must include at least annual written
862 confidential evaluations by the fellows.
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C. Program Evaluation and Improvement

1. The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and document improvement efforts in each of the following areas:
 - a) fellow performance using aggregated fellow data;
 - b) faculty development;
 - c) graduate performance including performance of program graduates on the certification examination; and,
 - d) program quality. Specifically:
 - e) Fellows and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually; and
 - f) the program must use the results of fellows' assessments of the program together with other program evaluation results to improve the program.
2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

VI. Fellow Duty Hours in the Learning and Working Environment

A. Principles

1. The program must be committed to and be responsible for promoting patient safety and fellow well-being and to providing a supportive educational environment.
2. The learning objectives of the program must not be compromised by excessive reliance on fellows to fulfill service obligations.
3. Didactic and clinical education must have priority in the allotment of fellows' time and energy.

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4. **Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.**
- B. Supervision of Fellows**
- The program must ensure that qualified faculty provide appropriate supervision of fellows in patient care activities.
- C. Fatigue**
- Faculty and fellows must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.
- D. Duty Hours (the terms in this section are defined in the ACGME Glossary and apply to all programs)**
- Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
1. **Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.**
 2. **Fellows must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.**
 3. **Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.**
- E. On-call Activities**
1. **In-house call must occur no more frequently than every third night, averaged over a four-week period.**
 2. **Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and**

- 956 maintain continuity of medical and surgical care.
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958 3. No new patients may be accepted after 24 hours of continuous
959 duty.
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961 4. At-home call (or pager call)
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963 a) The frequency of at-home call is not subject to the
964 every-third- night, or 24+6 limitation. However at-home
965 call must not be so frequent as to preclude rest and
966 reasonable personal time for each fellow.
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968 b) Fellows taking at-home call must be provided with one
969 day in seven completely free from all educational and
970 clinical responsibilities, averaged over a four-week
971 period.
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973 c) When fellows are called into the hospital from home, the
974 hours fellows spend in-house are counted toward the
975 80-hour limit.
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977 **F. Moonlighting**
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- 979 1. Moonlighting must not interfere with the ability of the fellow to
980 achieve the goals and objectives of the educational program.
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982 2. Internal moonlighting must be considered part of the 80-hour
983 weekly limit on duty hours.
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985 **G. Duty Hours Exceptions**
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987 A Review Committee may grant exceptions for up to 10% or a
988 maximum of 88 hours to individual programs based on a sound
989 educational rationale.
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- 991 1. In preparing a request for an exception the Program Director
992 must follow the duty hour exception policy from the ACGME
993 Manual on Policies and Procedures.
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995 2. Prior to submitting the request to the RC, the Program Director
996 must obtain approval of the institution's GMEC and DIO.
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998 **VII. Experimentation and Innovation**
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1000 **Requests for experimentation or innovative projects that may deviate from**
1001 **the institutional, common and/or specialty specific program requirements**
1002 **must be approved in advance by the Review Committee. In preparing**
1003 **requests, the program director must follow Procedures for Approving**
1004 **Proposals for Experimentation or Innovative Projects located in the**
1005 **ACGME Manual on Policies and Procedures. Once a Review Committee**
1006 **approves a project, the sponsoring institution and program are jointly**
1007 **responsible for the quality of education offered to residents for the**
1008 **duration of such a project.**