

1 **ACGME Program Requirements for Fellowship Education**
2 **in Sports Medicine**

3
4 **Common Program Requirements are in BOLD**

5 Specialty-specific Sports Medicine Requirements are in non-bold

6 New language is in underline

7 Deleted language has a ~~strike~~through.

8
9 Int. Scope and Duration of Education

10
11 Int.A. The practice of sports medicine is the application of the physician's knowledge,
12 skills, and attitudes to those engaged in sports and exercise.

13
14 Int.B. ~~It shall be~~ The educational program in sports medicine must be 12 months in
15 length. ~~duration.~~

16
17 ~~The program should emphasize physiology and biomechanics; principles of~~
18 ~~nutrition; pathology and pathophysiology of illness and injury; pharmacology;~~
19 ~~effects of therapeutic, performance-enhancing, and mood-altering drugs;~~
20 ~~psychological aspects of exercise, performance, and competition; ethical~~
21 ~~principles; and medical-legal aspects of exercise and sports.~~

22
23 **I. Institutions**

24
25 **I.A. Sponsoring Institution**

26
27 **One sponsoring institution must assume ultimate responsibility for the**
28 **program, as described in the Institutional Requirements, and this**
29 **responsibility extends to fellow assignments at all participating sites.**

30
31 **The sponsoring institution and the program must ensure that the program**
32 **director has sufficient protected time and financial support for his or her**
33 **educational and administrative responsibilities to the program.**

34
35 I.A.1. The sponsoring institution must also sponsor an ACGME-accredited
36 residency program in family medicine, emergency medicine, pediatrics, or
37 physical medicine and rehabilitation.

38
39 I.A.1.a) The sports medicine program must function as an integral part of
40 an ACGME-accredited residency program in family medicine,
41 emergency medicine, pediatrics, or physical medicine and
42 rehabilitation.

43
44 **I.B. Participating Sites**

45
46 **I.B.1. There must be a program letter of agreement (PLA) between the**
47 **program and each participating site providing a required**
48 **assignment. The PLA must be renewed at least every five years.**

49
50 **The PLA should:**
51

- 52 I.B.1.a) identify the faculty who will assume both educational and
53 supervisory responsibilities for fellows;
54
- 55 I.B.1.b) specify their responsibilities for teaching, supervision, and
56 formal evaluation of fellows, as specified later in this
57 document;
58
- 59 I.B.1.c) specify the duration and content of the educational
60 experience; and
61
- 62 I.B.1.d) state the policies and procedures that will govern fellow
63 education during the assignment.
64
- 65 I.B.2. The program director must submit any additions or deletions of
66 participating sites routinely providing an educational experience,
67 required for all fellows, of one month full time equivalent (FTE) or
68 more through the Accreditation Council for Graduate Medical
69 Education (ACGME) Accreditation Data System (ADS).
70
- 71 II. Program Personnel and Resources
72
- 73 II.A. Program Director
74
- 75 There must be a single program director with authority and accountability
76 for the operation of the program. The sponsoring institution's GMEC must
77 approve a change in program director. After approval, the program director
78 must submit this change to the ACGME via the ADS.
79
- 80 II.A.1. Qualifications of the program director must include:
81
- 82 II.A.1.a) requisite specialty expertise and documented educational
83 and administrative experience acceptable to the Review
84 Committee;
85
- 86 II.A.1.b) current certification in the subspecialty by the American
87 Board of Family Medicine, Emergency Medicine, Internal
88 Medicine, Pediatrics, or Physical Medicine and Rehabilitation, ~~in~~
89 ~~sports medicine~~ or subspecialty qualifications that are
90 acceptable to the Review Committee; and
91
- 92 II.A.1.c) current medical licensure and appropriate medical staff
93 appointment.
94
- 95 II.A.2. The program director must administer and maintain an educational
96 environment conducive to educating the fellows in each of the
97 ACGME competency areas. The program director must:
98
- 99 II.A.2.a) prepare and submit all information required and requested by
100 the ACGME;
101

- 102 **II.A.2.b)** **be familiar with and oversee compliance with ACGME and**
103 **Review Committee policies and procedures as outlined in the**
104 **ACGME Manual of Policies and Procedures;**
105
- 106 **II.A.2.c)** **obtain review and approval of the sponsoring institution’s**
107 **GMEC/DIO before submitting to the ACGME information or**
108 **requests for the following:**
109
- 110 **II.A.2.c).(1)** **all applications for ACGME accreditation of new**
111 **programs;**
112
- 113 **II.A.2.c).(2)** **changes in fellow complement;**
114
- 115 **II.A.2.c).(3)** **major changes in program structure or length of**
116 **training;**
117
- 118 **II.A.2.c).(4)** **progress reports requested by the Review Committee;**
119
- 120 **II.A.2.c).(5)** **responses to all proposed adverse actions;**
121
- 122 **II.A.2.c).(6)** **requests for increases or any change to fellow duty**
123 **hours;**
124
- 125 **II.A.2.c).(7)** **voluntary withdrawals of ACGME-accredited**
126 **programs;**
127
- 128 **II.A.2.c).(8)** **requests for appeal of an adverse action;**
129
- 130 **II.A.2.c).(9)** **appeal presentations to a Board of Appeal or the**
131 **ACGME; and**
132
- 133 **II.A.2.d)** **obtain DIO review and co-signature on all program**
134 **information forms, as well as any correspondence or**
135 **document submitted to the ACGME that addresses:**
136
- 137 **II.A.2.d).(1)** **program citations; and/or**
138
- 139 **II.A.2.d).(2)** **request for changes in the program that would have**
140 **significant impact, including financial, on the program**
141 **or institution.**
142
- 143 **II.A.2.e)** **devote at least 10 hours a week per year of his or her professional**
144 **effort teaching and supervising fellows in the sports medicine**
145 **program.**
146
- 147 **II.A.2.f)** **delineate fellow responsibilities for patient care and, progressive**
148 **responsibility for patient management and supervision of fellows**
149 **during all clinical experiences. ~~accorded meaningful patient~~**
150 **responsibility with the supervision of a faculty member at all**
151 **facilities and sites.**
152

- 153 **II.B. Faculty**
154
- 155 **II.B.1. There must be a sufficient number of faculty with documented**
156 **qualifications to instruct and supervise all fellows.**
157
- 158 **II.B.2. The faculty must devote sufficient time to the educational program**
159 **to fulfill their supervisory and teaching responsibilities and**
160 **demonstrate a strong interest in the education of fellows.**
161
- 162 **II.B.3. The physician faculty must have current certification in the**
163 **subspecialty by the American Board of Emergency Medicine, Family**
164 **Medicine, Internal Medicine, Pediatrics, or Physical Medicine and**
165 **Rehabilitation, or possess qualifications acceptable to the Review**
166 **Committee.**
167
- 168 **II.B.4. The physician faculty must possess current medical licensure and**
169 **appropriate medical staff appointment.**
170
- 171 **II.B.5. The faculty must establish and maintain an environment of inquiry and**
172 **scholarship with an active research component.**
173
- 174 **II.B.5.a) The faculty must regularly participate in organized clinical**
175 **discussions, rounds, journal clubs, and conferences.**
176
- 177 **II.B.5.b) Some members of the faculty should also demonstrate**
178 **scholarship by one or more of the following:**
179
- 180 **II.B.5.b).(1) peer-reviewed funding;**
181
- 182 **II.B.5.b).(2) publication of original research or review articles in peer-**
183 **reviewed journals, or chapters in textbooks;**
184
- 185 **II.B.5.b).(3) publication or presentation of case reports or clinical series**
186 **at local, regional, or national professional and scientific**
187 **society meetings; or**
188
- 189 **II.B.5.b).(4) participation in national committees or educational**
190 **organizations.**
191
- 192 **II.B.5.c) Faculty should encourage and support fellows in scholarly**
193 **activities.**
194
- 195 **II.B.6. In addition to the sports medicine program director, ~~each program there~~**
196 **must ~~be have~~ at least one other sports medicine faculty member with**
197 **current subspecialty certification in sports medicine who devotes at least**
198 **10 hours a week per year of his or her professional time teaching and**
199 **supervising fellows in the program. ~~with similar qualifications who devotes~~**
200 **~~a substantial portion of professional time to the training program.~~**
201
- 202 **II.B.7. The teaching faculty staff must include board-certified orthopaedic**
203 **surgeons who are engaged in the operative management of sports**

204 injuries and other conditions and who are readily available to teach and
205 provide consultation to the fellows.
206

207 **II.C. Other Program Personnel**
208

209 **The institution and the program must jointly ensure the availability of all**
210 **necessary professional, technical, and clerical personnel for the effective**
211 **administration of the program.**
212

213 II.C.1. The sports medicine team must include coaches and certified athletic
214 trainers should be included as members of the sports medicine team that
215 the sports medicine with whom the fellows interacts with, from whom the
216 fellows learns, from and who the fellows also teach at the same time
217 teaches.
218

219 II.C.2. Qualified staff in the disciplines of nutrition, pharmacology, ~~pathology,~~
220 exercise physiology, physical therapy, behavioral science, and clinical
221 imaging also should must be available to assist with teaching and
222 supervising fellows.
223

224 **II.D. Resources**
225

226 **The institution and the program must jointly ensure the availability of**
227 **adequate resources for fellow education, as defined in the specialty**
228 **program requirements.**
229

230 ~~The program must include the following:~~
231

232 II.D.1. There must be a patient population that is unlimited by age or gender that
233 includes patients of all ages and physical abilities, as well as each or
234 genders and abilities and is adequate in number and variety to meet the
235 needs of the education program. The program director must ensure that
236 residents are accorded meaningful patient responsibility with the
237 supervision of a faculty member at all facilities and sites.
238

239 II.D.2. There must be an identifiable sports medicine clinic that offers continuing
240 care to patients who seek consultation regarding sports-related or
241 exercise-related health problems.
242

243 II.D.2.a) ~~Adequate~~ The sports medicine clinic must have up-to-date
244 diagnostic imaging and functional rehabilitation services ~~which are~~
245 readily available and accessible to clinic patients.
246

247 II.D.2.b) Consultation in medical and surgical subspecialties and
248 subspecialties, physical therapy, nursing, nutrition, and pharmacy
249 clinical pharmacology must be readily available. ~~The opportunity to~~
250 ~~render continuing care and to organize recommendations from~~
251 ~~other specialties, and disciplines is mandatory and will require that~~
252 ~~medical records include information pertinent to the assessment~~
253 ~~and management of patients with health problems related to~~
254 ~~sports and exercise.~~

255
256 II.D.3. The program must have access to sporting events, team sports, and
257 mass-participation events ~~during which the fellow can have meaningful~~
258 ~~patient responsibility.~~
259
260 II.D.4. There must be an acute care facility that provides access to the full range
261 of services typically found in an acute care general hospital. ~~hospital~~
262 ~~associated with and in proximity to the sponsoring residency. This facility~~
263 ~~must be readily accessible to patients served by the program.~~
264
265 **II.E. Medical Information Access**
266
267 **Fellows must have ready access to specialty-specific and other appropriate**
268 **reference material in print or electronic format. Electronic medical literature**
269 **databases with search capabilities should be available.**
270
271 **III. Fellow Appointments**
272
273 **III.A. Eligibility Criteria**
274
275 **Each fellow must successfully complete an ACGME-accredited specialty**
276 **program and/or meet other eligibility criteria as specified by the Review**
277 **Committee. The program must document that each fellow has met the**
278 **eligibility criteria.**
279
280 III.A.1. Prior to appointment in the program fellows should have completed an
281 ACGME-accredited residency program in emergency medicine, family
282 medicine, internal medicine, pediatrics, or physical medicine and
283 rehabilitation.
284
285 III.A.2. The program director must inform applicants from non-ACGME-
286 accredited residency education programs in emergency medicine, family
287 medicine, internal medicine, pediatrics, or physical medicine and
288 rehabilitation, prior to appointment and in writing, of the specialty board's
289 policies and procedures that will affect their eligibility for certification.
290
291 **III.B. Number of Fellows**
292
293 **The program director may not appoint more fellows than approved by the**
294 **Review Committee, unless otherwise stated in the specialty-specific**
295 **requirements. The program's educational resources must be adequate to**
296 **support the number of fellows appointed to the program.**
297
298 **IV. Educational Program**
299
300 **IV.A. The curriculum must contain the following educational components:**
301
302 **IV.A.1. Skills and competencies the fellow will be able to demonstrate at the**
303 **conclusion of the program. The program must distribute these skills**
304 **and competencies to fellows and faculty annually, in either written**
305 **or electronic form. These skills and competencies should be**

306 reviewed by the fellow at the start of each rotation;

307

308 **IV.A.2. ACGME Competencies**

309

310 The program must integrate the following ACGME competencies
311 into the curriculum:

312

313 **IV.A.2.a) Patient Care**

314

315 **Fellows must be able to provide patient care that is**
316 **compassionate, appropriate, and effective for the treatment of**
317 **health problems and the promotion of health. Fellows:**

318

319 IV.A.2.a).(1) must demonstrate competence in applying medical
320 knowledge, skills, and attitudes to the care of those
321 engaged in sports and exercise;

322

323 IV.A.2.a).(2) must demonstrate competence provide training in the
324 development of competencies needed to in the diagnosis
325 and non-operative management of medical illnesses and
326 injuries related to sports and exercise, including non-
327 surgical sprains and strains, hematomas, stress fractures,
328 traumatic fractures and dislocations;

329

330 IV.A.2.a).(3) must demonstrate competence in the diagnosis of, and
331 timely referral for operative treatment of sports related
332 injuries, including surgical sprains and strains, hematomas,
333 stress fractures, traumatic fractures and dislocations.

334

335 **IV.A.2.b) Medical Knowledge**

336

337 **Fellows must demonstrate knowledge of established and**
338 **evolving biomedical, clinical, epidemiological and social-**
339 **behavioral sciences, as well as the application of this**
340 **knowledge to patient care. Fellows:**

341

342 IV.A.2.b).(1) must demonstrate a level of expertise in the knowledge of
343 those areas appropriate for a subspecialist in sports
344 medicine, specifically: provide educational experiences
345 that enable residents to develop clinical competence in the
346 overall field of sports medicine. The curriculum must
347 include but not be limited to the following content and skill
348 areas:

349

350 IV.A.2.b).(1).(a) anatomy, physiology, and biomechanics of
351 exercise;

352

353 IV.A.2.b).(1).(b) basic nutritional principles and their application to
354 exercise;

355

356	IV.A.2.b).(1).(c)	psychological aspects of exercise, performance, and competition;
357		
358		
359	IV.A.2.b).(1).(d)	guidelines for <u>appropriate history taking and physical</u> evaluation prior to participation in exercise and sport;
360		
361		
362		
363	IV.A.2.b).(1).(e)	physical conditioning requirements for various <u>exercise related activities and sports</u> ;
364		
365		
366	IV.A.2.b).(1).(f)	special considerations related to age, gender, and disability;
367		
368		
369	IV.A.2.b).(1).(g)	pathology and pathophysiology of illness and injury as they relate to exercise;
370		
371		
372	IV.A.2.b).(1).(h)	effects of disease on exercise and the use of exercise in the care of medical and <u>musculoskeletal</u> problems;
373		
374		
375		
376	IV.A.2.b).(1).(i)	prevention, evaluation, management, and rehabilitation of injuries <u>and sports related illnesses</u> ;
377		
378		
379	IV.A.2.b).(1).(j)	understanding clinical <u>pharmacology relevant to sports medicine</u> and <u>the</u> effects of therapeutic, performance-enhancing, and mood-altering drugs;
380		
381		
382		
383	IV.A.2.b).(1).(k)	promotion of physical fitness and healthy lifestyles;
384		
385	IV.A.2.b).(1).(l)	understanding <u>how to</u> function as a team physician;
386		
387	IV.A.2.b).(1).(m)	ethical principles as applied to exercise and sports;
388		
389	IV.A.2.b).(1).(n)	medicolegal aspects of exercise and sports;
390		
391	IV.A.2.b).(1).(o)	environmental effects on exercise;
392		
393	IV.A.2.b).(1).(p)	growth and development related to exercise;
394		
395	IV.A.2.b).(1).(q)	the importance of the role of exercise in maintaining the health and function of the elderly; and
396		
397		
398	IV.A.2.b).(1).(r)	the importance of exercise programs in school-age children.
399		
400		

IV.A.2.c)

Practice-based Learning and Improvement

Fellows are expected to develop skills and habits to be able to meet the following goals:

406	IV.A.2.c).(1)	systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
407		
408		
409		
410	IV.A.2.c).(2)	locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
411		
412		
413		
414	IV.A.2.c).(3)	teach and educate develop and demonstrate competence in patient education in patients and other health care professionals (including nurses, allied health personnel, medical students, residents, coaches, athletes, and other professionals, and members of patients' families) regarding <u>issues</u> related to sports and exercise.
415		
416		
417		
418		
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420		
421	IV.A.2.d)	Interpersonal and Communication Skills
422		
423		Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
424		
425		
426		
427		
428	IV.A.2.e)	Professionalism
429		
430		Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
431		
432		
433		
434	IV.A.2.f)	Systems-based Practice
435		
436		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.
437		
438		
439		
440		
441	IV.A.3.	<u>Curriculum Organization</u>
442		
443	IV.A.3.a)	There must be conferences, seminars and/or workshops in sports medicine that are should be specifically designed for the residents to augment the <u>fellows'</u> clinical experiences.
444		
445		The curriculum must provide the educational experiences necessary for the residents to achieve cognitive knowledge,
446		psychomotor skills, interpersonal skills, professional attitudes, and practice experience required of physicians in the care of patients with health problems related to sports medicine.
447		
448		
449		
450		
451		
452	IV.A.3.b)	The clinical activities in sports medicine must represent a minimum of <u>60-50%</u> of the time in the <u>fellowship</u> program. The remainder of the time should be spent in didactic teaching, <u>and</u> <u>scholarly and/or research</u> activities <u>and in the practice of</u> family medicine, emergency medicine, internal medicine, pediatrics, or
453		
454		
455		
456		

457 physical medicine and rehabilitation, depending on the fellow's
458 primary specialty, ~~care or emergency medicine ambulatory facility.~~

459

460 IV.A.3.c) Fellows must spend at least one half-~~1~~¹/₂ day per week maintaining
461 their skills in their primary specialty.

462

463 IV.A.4. Fellow Experiences

464

465 IV.A.4.a) ~~The program must ensure that all sports medicine fellows~~ Fellows
466 must participate in developing and conducting pre-participation
467 physical evaluations ~~examinations~~ of athletes.

468

469 IV.A.4.b) Fellows must have experience with procedures relevant to the
470 practice of primary care sports medicine. ~~Participation in the~~
471 ~~following must be required of all sports medicine residents:~~

472

473 IV.A.4.b).(1) Fellows must assist with, observe, and perform outpatient
474 non-operative interventional procedures clinically relevant
475 to the practice of primary care sports medicine.

476

477 IV.A.4.b).(2) Fellows must assist with and/or should arrange for fellows
478 ~~to observe representative inpatient and outpatient~~
479 ~~operative orthopaedic-musculoskeletal~~ procedures
480 clinically relevant to the practice of primary care sports
481 medicine.

482

483 ~~The resident must have appropriate authority and~~
484 ~~responsibility to participate meaningfully in the medical~~
485 ~~care that is provided to acute care patients (see Scope~~
486 ~~and Duration of Training, above).~~

487

488 IV.A.4.c) Fellows must have a sports medicine clinic experience.

489

490 IV.A.4.c).(1) Fellows must provide sports medicine clinic patients attend
491 ~~patients in a~~ with continuing, comprehensive care ~~manner,~~
492 and providing consultation for health problems related to
493 sports and exercise.

494

495 IV.A.4.c).(2) Although multiple sports medicine clinics can be used ~~for~~
496 ~~fellowship,~~ each fellow must shall spend at least one day
497 per week for 10 months in a single sports medicine clinic
498 providing care to patients. ~~training period in this activity;~~

499

500 IV.A.4.c).(3) If a fellow's sports medicine clinic patients are hospitalized,
501 the fellow must should either follow them during their
502 inpatient stay and resume outpatient care following the
503 hospitalization, or remain in active communication with the
504 inpatient care team regarding management and treatment
505 decisions and resume outpatient care following the
506 hospitalization. ~~Consultation with other physicians and~~
507 ~~professionals in other disciplines should be encouraged.~~

508		
509	IV.A.4.d)	Fellows must have experience providing on-site sports care.
510		
511	IV.A.4.d).(1)	Fellows must plan and implement all aspects of medical care at various sporting events.
512		
513		
514	IV.A.4.d).(2)	Fellows must participate in providing comprehensive and continuing care to a single sports team <u>where medical care can be provided across seasons, or, preferably the experience should include to several sports teams across seasons, throughout the training period;</u>
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519		
520	IV.A.4.d).(3)	<u>Fellows must have clinical experiences that provide</u> exposure to, and facilitate skill development in, the appropriate recognition, on-field management, and medical transportation of sports medicine <u>urgencies</u> and emergencies.
521		
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525		
526	IV.A.4.e)	Fellows must participate in mass-participation events.
527		
528	IV.A.4.e).(1)	Fellows must plan and implement all aspects of medical care for at least one mass-participation sports events.
529		
530		
531	IV.A.4.e).(2)	Fellows The program must ensure that its- have experience that includes providing medical consultation, direct patient care- <u>planning</u> , event planning, protection of participants, and coordination with local EMS systems, and other medical aspects of these events.
532		
533		
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535		
536		
537	IV.A.4.f)	Fellows There must also be- <u>have</u> experience working in a community sports medicine network involving parents, coaches, certified athletic trainers, allied <u>health</u> medical personnel, residents, and physicians.
538		
539		
540		
541		
542	IV.B.	Fellows' Scholarly Activities
543		
544		<u>Fellows should complete a scholarly or quality improvement project during</u>
545		<u>fellowship.</u>
546		
547	V.	Evaluation
548		
549	V.A.	Fellow Evaluation
550		
551	V.A.1.	Formative Evaluation
552		
553	V.A.1.a)	The faculty must evaluate fellow performance in a timely manner.
554		
555		
556	V.A.1.b)	The program must:
557		

- 558 V.A.1.b).(1) provide objective assessments of competence in
559 patient care, medical knowledge, practice-based
560 learning and improvement, interpersonal and
561 communication skills, professionalism, and systems-
562 based practice;
- 563
- 564 V.A.1.b).(2) use multiple evaluators (e.g., faculty, peers, patients,
565 self, and other professional staff); and
566
- 567 V.A.1.b).(3) provide each fellow with documented semiannual
568 evaluation of performance with feedback.
569
- 570 V.A.1.c) The evaluations of fellow performance must be accessible for
571 review by the fellow, in accordance with institutional policy.
572
- 573 V.A.2. Summative Evaluation
- 574
- 575 The program director must provide a summative evaluation for each
576 fellow upon completion of the program. This evaluation must
577 become part of the fellow’s permanent record maintained by the
578 institution, and must be accessible for review by the fellow in
579 accordance with institutional policy. This evaluation must:
580
- 581 V.A.2.a) document the fellow’s performance during their education,
582 and
583
- 584 V.A.2.b) verify that the fellow has demonstrated sufficient competence
585 to enter practice without direct supervision.
586
- 587 V.B. Faculty Evaluation
- 588
- 589 V.B.1. At least annually, the program must evaluate faculty performance as
590 it relates to the educational program.
591
- 592 V.B.2. These evaluations should include a review of the faculty’s clinical
593 teaching abilities, commitment to the educational program, clinical
594 knowledge, professionalism, and scholarly activities.
595
- 596 V.C. Program Evaluation and Improvement
- 597
- 598 V.C.1. The program must document formal, systematic evaluation of the
599 curriculum at least annually. The program must monitor and track
600 each of the following areas:
601
- 602 V.C.1.a) fellow performance, and
603
- 604 V.C.1.b) faculty development
605
- 606 V.C.1.c) performance of program graduates on the certification
607 examination; and
608

- 609 V.C.1.c).(1) At least 75% of fellows who completed the program in the
610 preceding five years, and were eligible, must have taken
611 the certifying examination.
612
- 613 V.C.1.c).(2) 75% of a program's graduates from the preceding five
614 years who took the certifying examination for sports
615 medicine for the first time must have passed.
616
- 617 V.C.1.d) program quality. Specifically, fellows and faculty must have the
618 opportunity to evaluate the program.
619
- 620 **V.C.2. If deficiencies are found, the program should prepare a written plan**
621 **of action to document initiatives to improve performance in the**
622 **areas listed in section V.C.1. The action plan should be reviewed**
623 **and approved by the teaching faculty and documented in meeting**
624 **minutes.**
625
- 626 **VI. Fellow Duty Hours in the Learning and Working Environment**
627
- 628 **VI.A. Principles**
629
- 630 **VI.A.1. The program must be committed to and be responsible for**
631 **promoting patient safety and fellow well-being and to providing a**
632 **supportive educational environment.**
633
- 634 **VI.A.2. Duty hour assignments must recognize that faculty and fellows**
635 **collectively have responsibility for the safety and welfare of patients.**
636
- 637 **VI.A.3. The learning objectives of the program must not be compromised by**
638 **excessive reliance on fellows to fulfill service obligations.**
639
- 640 **VI.B. Supervision of Fellows**
641
- 642 **The program must ensure that qualified faculty provide appropriate**
643 **supervision of fellows in patient care activities.**
644
- 645 **VI.C. Duty Hours (the terms in this section are defined in the ACGME Glossary**
646 **and apply to all programs)**
647
- 648 **Duty hours are defined as all clinical and academic activities related to the**
649 **program; i.e., patient care (both inpatient and outpatient), administrative**
650 **duties relative to patient care, the provision for transfer of patient care,**
651 **time spent in-house during call activities, and scheduled activities, such as**
652 **conferences. Duty hours do *not* include reading and preparation time spent**
653 **away from the duty site.**
654
- 655 **VI.C.1. Duty hours must be limited to 80 hours per week, averaged over a**
656 **four-week period, inclusive of all in-house call activities.**
657
- 658 **VI.C.2. Fellows must be provided with one day in seven free from all**
659 **educational and clinical responsibilities, averaged over a four-week**

- 660 period, inclusive of call.
661
662 **VI.C.3. Adequate time for rest and personal activities must be provided.**
663 **This should consist of a 10-hour time period provided between all**
664 **daily duty periods and after in-house call.**
665
666 VI.C.3.a) The Review Committee will not consider requests for a rest period
667 of fewer than 10 hours.
668
669 **VI.D. On-call Activities**
670
671 **VI.D.1. In-house call must occur no more frequently than every third night,**
672 **averaged over a four-week period.**
673
674 **VI.D.2. Continuous on-site duty, including in-house call, must not exceed 24**
675 **consecutive hours. Fellows may remain on duty for up to six**
676 **additional hours to participate in didactic activities, transfer care of**
677 **patients, conduct outpatient clinics, and maintain continuity of**
678 **medical and surgical care.**
679
680 **VI.D.3. No new patients may be accepted after 24 hours of continuous duty.**
681
682 VI.D.3.a) A new patient is defined as any patient for whom the fellow has
683 not previously provided care.
684
685 **VI.D.4. At-home call (or pager call)**
686
687 **VI.D.4.a) The frequency of at-home call is not subject to the every third**
688 **night, or 24+6 limitation. However at-home call must not be**
689 **so frequent as to preclude rest and reasonable personal time**
690 **for each fellow.**
691
692 **VI.D.4.b) Fellows taking at-home call must be provided with one day in**
693 **seven completely free from all educational and clinical**
694 **responsibilities, averaged over a four-week period.**
695
696 **VI.D.4.c) When fellows are called into the hospital from home, the**
697 **hours fellows spend in-house are counted toward the 80-hour**
698 **limit.**
699
700 **VI.E. Moonlighting**
701
702 **Internal moonlighting must be considered part of the 80-hour weekly limit**
703 **on duty hours.**
704
705 **VI.E.1. Moonlighting must not interfere with the ability of the fellow to achieve the**
706 **goals and objectives of the educational program.**
707
708
