Accreditation Council for
Graduate Medical Education

ACGME Program Requirements for Graduate Medical Education in Endocrinology, Diabetes, and Metabolism (Internal Medicine)

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1 **ACGME Program Requirements for Graduate Medical Education**
2 **in Endocrinology, Diabetes and Metabolism (Internal Medicine)**
3
4 **Common Program Requirements are in BOLD**
5
6 **Introduction**
7
8 **Int.A.** **Residency is an essential dimension of the transformation of the medical**
9 **student to the independent practitioner along the continuum of medical**
10 **education. It is physically, emotionally, and intellectually demanding, and**
11 **requires longitudinally-concentrated effort on the part of the resident.**
12
13 **The specialty education of physicians to practice independently is**
14 **experiential, and necessarily occurs within the context of the health care**
15 **delivery system. Developing the skills, knowledge, and attitudes leading to**
16 **proficiency in all the domains of clinical competency requires the resident**
17 **physician to assume personal responsibility for the care of individual**
18 **patients. For the resident, the essential learning activity is interaction with**
19 **patients under the guidance and supervision of faculty members who give**
20 **value, context, and meaning to those interactions. As residents gain**
21 **experience and demonstrate growth in their ability to care for patients,**
22 **they assume roles that permit them to exercise those skills with greater**
23 **independence. This concept—graded and progressive responsibility—is**
24 **one of the core tenets of American graduate medical education.**
25 **Supervision in the setting of graduate medical education has the goals of**
26 **assuring the provision of safe and effective care to the individual patient;**
27 **assuring each resident's development of the skills, knowledge, and**
28 **attitudes required to enter the unsupervised practice of medicine; and**
29 **establishing a foundation for continued professional growth.**
30
31 Int.B. Endocrinology, diabetes, and metabolism fellowships provide advanced
32 education to allow a fellow to acquire competency in the subspecialty with
33 sufficient expertise to act as an independent consultant.
34
35 Int.C. The educational program in endocrinology, diabetes and metabolism must be 24
36 months in length. (Core)*
37
38 **I. Institutions**
39
40 **I.A. Sponsoring Institution**
41
42 **One sponsoring institution must assume ultimate responsibility for the**
43 **program, as described in the Institutional Requirements, and this**
44 **responsibility extends to fellow assignments at all participating sites.** (Core)
45
46 **The sponsoring institution and the program must ensure that the program**
47 **director has sufficient protected time and financial support for his or her**
48 **educational and administrative responsibilities to the program.** (Core)
49

50 I.A.1. An endocrinology, diabetes and metabolism fellowship must function as
51 an integral part of an ACGME-accredited residency in internal medicine.
52 (Core)
53
54 I.A.2. The sponsoring institution must: (Core)
55
56 I.A.2.a) establish the endocrinology, diabetes and metabolism fellowship
57 within a department of internal medicine or an administrative unit
58 whose primary mission is the advancement of internal medicine
59 subspecialty education and patient care; and, (Detail)
60
61 I.A.2.b) provide the program director with adequate support for the
62 administrative activities of the fellowship. (Core)
63
64 I.A.2.b).(1) The program director must not be required to generate
65 clinical or other income to provide this administrative
66 support. (Core)
67
68 I.A.2.b).(2) This support should be 25-50% of the program director's
69 salary, or protected time, depending on the size of the
70 program. (Detail)
71
72 I.A.3. The sponsoring institution and participating sites must share appropriate
73 inpatient and outpatient faculty performance data with the program
74 director. (Core)
75
76 **I.B. Participating Sites**
77
78 **I.B.1. There must be a program letter of agreement (PLA) between the**
79 **program and each participating site providing a required**
80 **assignment. The PLA must be renewed at least every five years.** (Core)
81
82 **The PLA should:**
83
84 **I.B.1.a) identify the faculty who will assume both educational and**
85 **supervisory responsibilities for fellows;** (Detail)
86
87 **I.B.1.b) specify their responsibilities for teaching, supervision, and**
88 **formal evaluation of fellows, as specified later in this**
89 **document;** (Detail)
90
91 **I.B.1.c) specify the duration and content of the educational**
92 **experience; and,** (Detail)
93
94 **I.B.1.d) state the policies and procedures that will govern fellow**
95 **education during the assignment.** (Detail)
96
97 **I.B.2. The program director must submit any additions or deletions of**
98 **participating sites routinely providing an educational experience,**
99 **required for all fellows, of one month full time equivalent (FTE) or**

100 **more through the Accreditation Council for Graduate Medical**
101 **Education (ACGME) Accreditation Data System (ADS).** (Core)
102
103 **II. Program Personnel and Resources**
104
105 **II.A. Program Director**
106
107 **II.A.1. There must be a single program director with authority and**
108 **accountability for the operation of the program. The sponsoring**
109 **institution's GMEC must approve a change in program director.** (Core)
110
111 **II.A.1.a) The program director must submit this change to the ACGME**
112 **via the ADS.** (Core)
113
114 **II.A.2. The program director should continue in his or her position for a**
115 **length of time adequate to maintain continuity of leadership and**
116 **program stability.** (Detail)
117
118 **II.A.3. Qualifications of the program director must include:**
119
120 **II.A.3.a) requisite specialty expertise and documented educational**
121 **and administrative experience acceptable to the Review**
122 **Committee;** (Core)
123
124 II.A.3.a).(1) The program director must have at least five years of
125 participation as an active faculty member in an ACGME-
126 accredited internal medicine residency or endocrinology,
127 diabetes, and metabolism fellowship. (Detail)
128
129 **II.A.3.b) current certification in the subspecialty by the American**
130 **Board of** Internal Medicine (ABIM)**, or subspecialty**
131 **qualifications that are acceptable to the Review Committee;**
132 **and,** (Core)
133
134 II.A.3.b).(1) The Review Committee only accepts current ABIM
135 certification in endocrinology, diabetes and metabolism.
136 (Core)
137
138 **II.A.3.c) current medical licensure and appropriate medical staff**
139 **appointment.** (Core)
140
141 **II.A.4. The program director must administer and maintain an educational**
142 **environment conducive to educating the fellows in each of the**
143 **ACGME competency areas.** (Core)
144
145 **The program director must:**
146
147 **II.A.4.a) oversee and ensure the quality of didactic and clinical**
148 **education in all sites that participate in the program;** (Core)

149
150 **II.A.4.b)** **approve a local director at each participating site who is**
151 **accountable for fellow education;** (Core)
152
153 **II.A.4.c)** **approve the selection of program faculty as appropriate;** (Core)
154
155 **II.A.4.d)** **evaluate program faculty;** (Core)
156
157 **II.A.4.e)** **approve the continued participation of program faculty based**
158 **on evaluation;** (Core)
159
160 **II.A.4.f)** **monitor fellow supervision at all participating sites;** (Core)
161
162 **II.A.4.g)** **prepare and submit all information required and requested by**
163 **the ACGME;** (Core)
164
165 **II.A.4.g).(1)** **This includes but is not limited to the program**
166 **application forms and annual program updates to the**
167 **ADS, and ensure that the information submitted is**
168 **accurate and complete;** (Core)
169
170 **II.A.4.h)** **ensure compliance with grievance and due process**
171 **procedures, as set forth in the Institutional Requirements and**
172 **implemented by the sponsoring institution;** (Detail)
173
174 **II.A.4.i)** **provide verification of fellowship education for all fellows,**
175 **including those who leave the program prior to completion;**
176 (Detail)
177
178 **II.A.4.j)** **implement policies and procedures consistent with the**
179 **institutional and program requirements for fellow duty hours**
180 **and the working environment, including moonlighting** (Core)
181
182 **and, to that end, must:**
183
184 **II.A.4.j).(1)** **distribute these policies and procedures to the fellows**
185 **and faculty;** (Detail)
186
187 **II.A.4.j).(2)** **monitor fellow duty hours, according to sponsoring**
188 **institutional policies, with a frequency sufficient to**
189 **ensure compliance with ACGME requirements;** (Core)
190
191 **II.A.4.j).(3)** **adjust schedules as necessary to mitigate excessive**
192 **service demands and/or fatigue; and,** (Detail)
193
194 **II.A.4.j).(4)** **if applicable, monitor the demands of at-home call and**
195 **adjust schedules as necessary to mitigate excessive**
196 **service demands and/or fatigue.** (Detail)
197

198	**II.A.4.k)**	**monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;** (Detail)
202	**II.A.4.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;** (Detail)
207	**II.A.4.m)**	**be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;** (Detail)
211	**II.A.4.n)**	**obtain review and approval of the sponsoring institution's GMEC/DIO before submitting information or requests to the ACGME, including:** (Core)
215	**II.A.4.n).(1)**	**all applications for ACGME accreditation of new programs;** (Detail)
218	**II.A.4.n).(2)**	**changes in fellow complement;** (Detail)
220	**II.A.4.n).(3)**	**major changes in program structure or length of training;** (Detail)
223	**II.A.4.n).(4)**	**progress reports requested by the Review Committee;** (Detail)
226	**II.A.4.n).(5)**	**requests for increases or any change to fellow duty hours;** (Detail)
229	**II.A.4.n).(6)**	**voluntary withdrawals of ACGME-accredited programs;** (Detail)
232	**II.A.4.n).(7)**	**requests for appeal of an adverse action; and,** (Detail)
234	**II.A.4.n).(8)**	**appeal presentations to a Board of Appeal or the ACGME.** (Detail)
237	**II.A.4.o)**	**obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses:** (Detail)
241	**II.A.4.o).(1)**	**program citations; and/or** (Detail)
243	**II.A.4.o).(2)**	**request for changes in the program that would have significant impact, including financial, on the program or institution.** (Detail)

II.A.4.p) be responsible for monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction; (Core)

II.A.4.p).(1) The program director should provide access to timely confidential counseling and psychological support services to fellows. (Detail)

II.A.4.p).(2) Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified. (Detail)

II.A.4.q) ensure that fellows’ service responsibilities are limited to patients for whom the teaching service has diagnostic and therapeutic responsibility. (Core)

II.A.4.r) dedicate an average of 20 hours per week of his or her professional effort to the fellowship, including time for administration of the program; (Detail)

II.A.4.s) participate in academic societies and in educational programs designed to enhance his or her educational and administrative skills; (Detail)

II.A.4.t) have a reporting relationship with the program director of the internal medicine residency program to ensure compliance with ACGME accreditation standards; and, (Core)

II.A.4.u) be available at the primary clinical site. (Detail)

II.B. Faculty

II.B.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. (Core)

The faculty must:

II.B.1.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 (Core)

II.B.1.b) administer and maintain an educational environment conducive to educating fellows in each of the ACGME competency areas. (Core)

II.B.2. The physician faculty must have current certification in the subspecialty by the American Board of Internal Medicine**, or possess qualifications judged acceptable to the Review Committee.** (Core)

297
298 **II.B.3.** **The physician faculty must possess current medical licensure and**
299 **appropriate medical staff appointment.** (Core)
300
301 **II.B.4.** **The nonphysician faculty must have appropriate qualifications in**
302 **their field and hold appropriate institutional appointments.** (Core)
303
304 **II.B.5.** **The faculty must establish and maintain an environment of inquiry**
305 **and scholarship with an active research component.** (Core)
306
307 **II.B.5.a)** **The faculty must regularly participate in organized clinical**
308 **discussions, rounds, journal clubs, and conferences.** (Detail)
309
310 **II.B.5.b)** **Some members of the faculty should also demonstrate**
311 **scholarship by one or more of the following:**
312
313 **II.B.5.b).(1)** **peer-reviewed funding;** (Detail)
314
315 **II.B.5.b).(2)** **publication of original research or review articles in**
316 **peer-reviewed journals, or chapters in textbooks;** (Detail)
317
318 **II.B.5.b).(3)** **publication or presentation of case reports or clinical**
319 **series at local, regional, or national professional and**
320 **scientific society meetings; or,** (Detail)
321
322 **II.B.5.b).(4)** **participation in national committees or educational**
323 **organizations.** (Detail)
324
325 **II.B.5.c)** **Faculty should encourage and support fellows in scholarly**
326 **activities.** (Core)
327
328 II.B.6. The physician faculty must meet professional standards of ethical
329 behavior. (Core)
330
331 II.B.7. Key Clinical Faculty
332
333 II.B.7.a) In addition to the program director, each program must have at
334 least one Key Clinical Faculty (KCF). (Core)
335
336 II.B.7.b) KCF are attending physicians who dedicate, on average, 10 hours
337 per week throughout the year to the program. (Core)
338
339 II.B.7.c) For programs with more than three fellows, there must be at least
340 one KCF for every 1.5 fellows. (Core)
341
342 II.B.7.d) Key Clinical Faculty Qualifications
343
344 II.B.7.d).(1) KCF must be active clinicians with knowledge of,
345 experience with, and commitment to endocrinology,

346 diabetes and metabolism as a discipline. (Core)
347
348 II.B.7.d).(2) KCF must have current ABIM certification in
349 endocrinology, diabetes and metabolism. (Core)
350
351 II.B.7.e) Key Clinical Faculty Responsibilities
352
353 II.B.7.e).(1) In addition to the responsibilities of all individual faculty
354 members, the KCF and the program director are
355 responsible for the planning, implementation, monitoring
356 and evaluation of the fellows' clinical and research
357 education. (Core)
358
359 II.B.7.e).(2) At least 50% of the KCF must demonstrate evidence of
360 productivity in scholarship, specifically, peer-reviewed
361 funding; publication of original research, review articles,
362 editorial, or case reports in peer-reviewed journals; or
363 chapters in textbooks. (Detail)
364
365 II.B.7.e).(3) At least one of the KCF must:
366
367 II.B.7.e).(3).(a) be knowledgeable in the evaluation and
368 assessment of the ACGME competencies; and,
369 (Detail)
370
371 II.B.7.e).(3).(b) spend significant time in the evaluation of fellows,
372 including the direct observation of fellows with
373 patients. (Detail)
374
375 II.B.7.e).(4) Appointment of one KCF to be an associate program
376 director is suggested. (Detail)
377
378 **II.C. Other Program Personnel**
379
380 **The institution and the program must jointly ensure the availability of all**
381 **necessary professional, technical, and clerical personnel for the effective**
382 **administration of the program.** (Core)
383
384 II.C.1. There must be services available from other health care professionals,
385 including dietitians, language interpreters, nurses, occupational
386 therapists, physical therapists, and social workers. (Detail)
387
388 II.C.2. There must be a close working relationship with dietary and/or nutrition
389 services, as well as with specialists in general surgery, nephrology,
390 neurological surgery, neurology, obstetrics and gynecology,
391 ophthalmology, pediatrics, podiatry, and urology. (Detail)
392
393 II.C.3. There must be appropriate and timely consultation from other specialties.
394 (Detail)
395

396 **II.D.** **Resources**
397
398 **The institution and the program must jointly ensure the availability of**
399 **adequate resources for fellow education, as defined in the specialty**
400 **program requirements.** (Core)
401
402 II.D.1. Space and Equipment
403
404 There must be space and equipment for the program, including meeting
405 rooms, examination rooms, computers, visual and other educational aids,
406 and work/study space. (Core)
407
408 II.D.2. Facilities
409
410 II.D.2.a) Inpatient and outpatient systems must be in place to prevent
411 fellows from performing routine clerical functions, such as
412 scheduling tests and appointments, and retrieving records and
413 letters. (Detail)
414
415 II.D.2.b) The sponsoring institution must provide the broad range of
416 facilities and clinical support services required to provide
417 comprehensive care of adult patients. (Core)
418
419 II.D.2.c) Fellows must have access to a lounge facility during assigned
420 duty hours. (Detail)
421
422 II.D.2.d) When fellows are in the hospital, assigned night duty, or called in
423 from home, they must be provided with a secure space for their
424 belongings. (Detail)
425
426 II.D.3. Laboratory and Imaging Services
427
428 II.D.3.a) There must be a complete biochemistry laboratory and facilities
429 for hormone immunoassays. (Core)
430
431 II.D.3.b) There must be access to karyotyping and immunohistologic
432 studies. (Core)
433
434 II.D.3.c) Imaging services must include nuclear, ultrasound, and radiologic
435 facilities, including bone density. (Core)
436
437 II.D.4. Medical Records
438
439 Access to an electronic health record should be provided. In the absence
440 of an existing electronic health record, institutions must demonstrate
441 institutional commitment to its development and progress toward its
442 implementation. (Core)
443
444 II.D.5. Patient Population
445

446 II.D.5.a) The patient population must have a variety of clinical problems
447 and stages of diseases. (Core)
448
449 II.D.5.b) There must be patients of each gender, with a broad age range,
450 including geriatric patients. (Core)
451
452 II.D.5.c) A sufficient number of patients must be available to enable each
453 fellow to achieve the required educational outcomes. (Core)
454
455 **II.E. Medical Information Access**
456
457 **Fellows must have ready access to specialty-specific and other**
458 **appropriate reference material in print or electronic format. Electronic**
459 **medical literature databases with search capabilities should be available.**
460 (Detail)
461
462 **III. Fellow Appointments**
463
464 **III.A. Eligibility Criteria**
465
466 **The program director must comply with the criteria for resident eligibility**
467 **as specified in the Institutional Requirements.** (Core)
468
469 **III.A.1. Eligibility Requirements – Residency Programs**
470
471 **III.A.1.a) All prerequisite post-graduate clinical education required for**
472 **initial entry or transfer into ACGME-accredited residency**
473 **programs must be completed in ACGME-accredited**
474 **residency programs, or in Royal College of Physicians and**
475 **Surgeons of Canada (RCPSC)-accredited or College of Family**
476 **Physicians of Canada (CFPC)-accredited residency programs**
477 **located in Canada. Residency programs must receive**
478 **verification of each applicant's level of competency in the**
479 **required clinical field using ACGME or CanMEDS Milestones**
480 **assessments from the prior training program.** (Core)
481
482 **III.A.1.b) A physician who has completed a residency program that**
483 **was not accredited by ACGME, RCPSC, or CFPC may enter**
484 **an ACGME-accredited residency program in the same**
485 **specialty at the PGY-1 level and, at the discretion of the**
486 **program director at the ACGME-accredited program may be**
487 **advanced to the PGY-2 level based on ACGME Milestones**
488 **assessments at the ACGME-accredited program. This**
489 **provision applies only to entry into residency in those**
490 **specialties for which an initial clinical year is not required for**
491 **entry.** (Core)
492
493 **III.A.1.c) A Review Committee may grant the exception to the eligibility**
494 **requirements specified in Section III.A.2.b) for residency**

495 **programs that require completion of a prerequisite residency**
496 **program prior to admission.** (Core)
497
498 **III.A.1.d)** **Review Committees will grant no other exceptions to these**
499 **eligibility requirements for residency education.** (Core)
500
501 **III.A.2.** **Eligibility Requirements – Fellowship Programs**
502
503 **All required clinical education for entry into ACGME-accredited**
504 **fellowship programs must be completed in an ACGME-accredited**
505 **residency program, or in an RCPSC-accredited or CFPC- accredited**
506 **residency program located in Canada.** (Core)
507
508 Prior to appointment in the fellowship, fellows should have completed an
509 ACGME- or RCPSC-accredited internal medicine program. (Core)
510
511 **III.A.2.a)** **Fellowship programs must receive verification of each**
512 **entering fellow's level of competency in the required field**
513 **using ACGME or CanMEDS Milestones assessments from the**
514 **core residency program.** (Core)
515
516 **III.A.2.b)** **Fellow Eligibility Exception**
517
518 **A Review Committee may grant the following exception to**
519 **the fellowship eligibility requirements:**
520
521 **An ACGME-accredited fellowship program may accept an**
522 **exceptionally qualified applicant**, who does not satisfy the**
523 **eligibility requirements listed in Sections III.A.2. and III.A.2.a),**
524 **but who does meet all of the following additional**
525 **qualifications and conditions:** (Core)
526
527 **III.A.2.b).(1)** **Assessment by the program director and fellowship**
528 **selection committee of the applicant's suitability to**
529 **enter the program, based on prior training and review**
530 **of the summative evaluations of training in the core**
531 **specialty; and,** (Core)
532
533 **III.A.2.b).(2)** **Review and approval of the applicant's exceptional**
534 **qualifications by the GMEC or a subcommittee of the**
535 **GMEC; and,** (Core)
536
537 **III.A.2.b).(3)** **Satisfactory completion of the United States Medical**
538 **Licensing Examination (USMLE) Steps 1, 2, and, if the**
539 **applicant is eligible, 3; and,** (Core)
540
541 **III.A.2.b).(4)** **For an international graduate, verification of**
542 **Educational Commission for Foreign Medical**
543 **Graduates (ECFMG) certification; and,** (Core)

544
545 **III.A.2.b).(5)** **Applicants accepted by this exception must complete fellowship Milestones evaluation (for the purposes of establishment of baseline performance by the Clinical Competency Committee), conducted by the receiving fellowship program within six weeks of matriculation. This evaluation may be waived for an applicant who has completed an ACGME International-accredited residency based on the applicant's Milestones evaluation conducted at the conclusion of the residency program; and,** (Core)
546–555

556 **III.A.2.b).(5).(a)** **If the trainee does not meet the expected level of Milestones competency following entry into the fellowship program, the trainee must undergo a period of remediation, overseen by the Clinical Competency Committee and monitored by the GMEC or a subcommittee of the GMEC. This period of remediation must not count toward time in fellowship training.** (Core)
557–564

565 **** An exceptionally qualified applicant has (1) completed a non-ACGME-accredited residency program in the core specialty, 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; (c) demonstrated leadership during or after residency training; (d) completion of an ACGME-International-accredited residency program.**
566–576

577 III.A.2.b).(6) Fellows from non-ACGME- or RCPSC-accredited internal medicine programs must have at least three years of internal medicine education prior to starting the fellowship. (Core)
578–581

582 III.A.2.b).(6).(a) The program director must inform applicants from non-ACGME-accredited programs, prior to appointment and in writing, of the ABIM policies and procedures that will affect their eligibility for ABIM certification. (Detail)
583–587

588 **III.A.2.c)** **The Review Committee for** Internal Medicine **does allow exceptions to the Eligibility Requirements for Fellowship Programs in Section III.A.2.** **(Core)**
589–591

592 **III.B. Number of Fellows**

593
594 **The program's educational resources must be adequate to support the**
595 **number of fellows appointed to the program.** (Core)
596
597 **III.B.1.** **The program director may not appoint more fellows than approved**
598 **by the Review Committee, unless otherwise stated in the specialty-**
599 **specific requirements.** (Core)
600
601 III.B.2. The number of available fellow positions in the program must be at least
602 one per year. (Detail)
603
604 **III.C.** **Fellow Transfers**
605
606 **III.C.1.** **Before accepting a fellow who is transferring from another program,**
607 **the program director must obtain written or electronic verification of**
608 **previous educational experiences and a summative competency-**
609 **based performance evaluation of the transferring fellow.** (Detail)
610
611 **III.C.2.** **A program director must provide timely verification of fellowship**
612 **education and summative performance evaluations for fellows who**
613 **may leave the program prior to completion.** (Detail)
614
615 **III.D.** **Appointment of Fellows and Other Learners**
616
617 **III.D.1.** **The presence of other learners (including, but not limited to,**
618 **residents from other specialties, subspecialty fellows, PhD**
619 **students, and nurse practitioners) in the program must not interfere**
620 **with the appointed fellows' education.** (Core)
621
622 **III.D.2.** **The program director must report the presence of other learners to**
623 **the DIO and GMEC in accordance with sponsoring institution**
624 **guidelines.** (Detail)
625
626 **IV.** **Educational Program**
627
628 **IV.A.** **The curriculum must contain the following educational components:**
629
630 **IV.A.1.** **Overall educational goals for the program, which the program must**
631 **make available to fellows and faculty;** (Core)
632
633 **IV.A.2.** **Competency-based goals and objectives for each assignment at**
634 **each educational level, which the program must distribute to fellows**
635 **and faculty at least annually, in either written or electronic form.** (Core)
636
637 **IV.A.3.** **Regularly scheduled didactic sessions;** (Core)
638
639 IV.A.3.a) The core curriculum must include a didactic program based upon
640 the core knowledge content in the subspecialty area. (Core)
641

642 IV.A.3.a).(1) The program must afford each fellow an opportunity to
643 review topics covered in conferences that he or she was
644 unable to attend. (Detail)
645
646 IV.A.3.a).(2) Fellows must participate in clinical case conferences,
647 journal clubs, research conferences, and morbidity and
648 mortality or quality improvement conferences. (Detail)
649
650 IV.A.3.a).(3) All core conferences must have at least one faculty
651 member present, and must be scheduled as to ensure
652 peer-peer and peer-faculty interaction. (Detail)
653
654 IV.A.3.b) Patient-based teaching must include direct interaction between
655 fellows and faculty members, bedside teaching, discussion of
656 pathophysiology, and the use of current evidence in diagnostic
657 and therapeutic decisions. (Core)
658
659 The teaching must be:
660
661 IV.A.3.b).(1) formally conducted on all inpatient, outpatient, and
662 consultative services; and, (Detail)
663
664 IV.A.3.b).(2) conducted with a frequency and duration that ensures a
665 meaningful and continuous teaching relationship between
666 the assigned supervising faculty member(s) and fellows.
667 (Detail)
668
669 IV.A.3.c) Fellows must receive instruction in practice management relevant
670 to endocrinology, diabetes, and metabolism. (Detail)
671
672 **IV.A.4.** **Delineation of fellow responsibilities for patient care, progressive**
673 **responsibility for patient management, and supervision of fellows**
674 **over the continuum of the program.** (Core)
675
676 **IV.A.5.** **ACGME Competencies**
677
678 **The program must integrate the following ACGME competencies**
679 **into the curriculum:** (Core)
680
681 **IV.A.5.a)** **Patient Care and Procedural Skills**
682
683 **IV.A.5.a).(1)** **Fellows must be able to provide patient care that is**
684 **compassionate, appropriate, and effective for the**
685 **treatment of health problems and the promotion of**
686 **health. Fellows:** (Outcome)
687
688 IV.A.5.a).(1).(a) must demonstrate competence in the practice of
689 health promotion, disease prevention, diagnosis,
690 care, and treatment of patients of each gender,
691 from adolescence to old age, during health and all

692 stages of illness; (Outcome)
693
694 IV.A.5.a).(1).(b) must demonstrate competence in the evaluation
695 and management of hormonal problems including
696 diseases, infections, neoplasms and other causes
697 of dysfunction of the following endocrine organs:
698 (Outcome)
699
700 IV.A.5.a).(1).(b).(i) adrenal cortex and medulla; (Outcome)
701
702 IV.A.5.a).(1).(b).(ii) hypothalamus and pituitary; (Outcome)
703
704 IV.A.5.a).(1).(b).(iii) ovaries and testes; (Outcome)
705
706 IV.A.5.a).(1).(b).(iv) pancreatic islets; (Outcome)
707
708 IV.A.5.a).(1).(b).(v) parathyroid; and, (Outcome)
709
710 IV.A.5.a).(1).(b).(vi) thyroid. (Outcome)
711
712 IV.A.5.a).(1).(c) must demonstrate competence in the care of
713 patients with type-1 and type-2 diabetes, including:
714 (Outcome)
715
716 IV.A.5.a).(1).(c).(i) diabetes detection and management during
717 pregnancy; (Outcome)
718
719 IV.A.5.a).(1).(c).(ii) evaluation and management of acute, life-
720 threatening complications of hyper- and
721 hypo-glycemia; (Outcome)
722
723 IV.A.5.a).(1).(c).(iii) evaluation and management of intensive
724 insulin therapy in critical care and surgical
725 patients; (Outcome)
726
727 IV.A.5.a).(1).(c).(iv) intensive management of glycemic control
728 in the ambulatory setting; (Outcome)
729
730 IV.A.5.a).(1).(c).(v) long term goals, counseling, education, and
731 monitoring; (Outcome)
732
733 IV.A.5.a).(1).(c).(vi) multidisciplinary diabetes education and
734 treatment program; and, (Outcome)
735
736 IV.A.5.a).(1).(c).(vii) prevention and surveillance of
737 microvascular and macrovascular
738 complications. (Outcome)
739
740 IV.A.5.a).(1).(d) must demonstrate competence in the care of
741 patients with:

742
743 IV.A.5.a).(1).(d).(i) calcium, phosphorus, and magnesium
744 imbalances; (Outcome)
745
746 IV.A.5.a).(1).(d).(ii) disorders of bone and mineral metabolism,
747 with particular emphasis on the diagnosis
748 and management of osteoporosis; (Outcome)
749
750 IV.A.5.a).(1).(d).(iii) disorders of fluid, electrolyte, and acid-base
751 metabolism; (Outcome)
752
753 IV.A.5.a).(1).(d).(iv) gonadal disorders; and, (Outcome)
754
755 IV.A.5.a).(1).(d).(v) nutritional disorders of obesity, anorexia
756 nervosa, and bulimia. (Outcome)
757
758 IV.A.5.a).(1).(e) must demonstrate competence in the performance
759 of the following:
760
761 IV.A.5.a).(1).(e).(i) diagnosis and management of ectopic
762 hormone production; (Outcome)
763
764 IV.A.5.a).(1).(e).(ii) diagnosis and management of lipid and
765 lipoprotein disorders; (Outcome)
766
767 IV.A.5.a).(1).(e).(iii) genetic screening and counseling for
768 endocrine and metabolic disorders; (Outcome)
769
770 IV.A.5.a).(1).(e).(iv) interpretation of hormone assays; (Outcome)
771
772 IV.A.5.a).(1).(e).(v) interpretation of laboratory studies,
773 including the effects of non-endocrine
774 disorders on these studies; (Outcome)
775
776 IV.A.5.a).(1).(e).(vi) interpretation of radiologic studies for
777 diagnosis and treatment of endocrine and
778 metabolic diseases, including: (Outcome)
779
780 IV.A.5.a).(1).(e).(vi).(a) computed tomography; (Outcome)
781
782 IV.A.5.a).(1).(e).(vi).(b) magnetic resonance imaging; (Outcome)
783
784 IV.A.5.a).(1).(e).(vi).(c) quantification of bone density;
785 (Outcome)
786
787 IV.A.5.a).(1).(e).(vi).(d) radionuclide localization of
788 endocrine tissue; and, (Outcome)
789
790 IV.A.5.a).(1).(e).(vi).(e) ultrasonography of the soft tissues
791 of the neck. (Outcome)

792
793 **IV.A.5.a).(2)** **Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows:** (Outcome)

798 must demonstrate competence in the performance of:

800 IV.A.5.a).(2).(a) parenteral nutrition support; (Outcome)

802 IV.A.5.a).(2).(b) performance and interpretation of stimulation and suppression tests; ~~and,~~ (Outcome)

805 IV.A.5.a).(2).(c) thyroid biopsy~~.~~ ;and, (Outcome)

807 IV.A.5.a).(2).(d) thyroid ultrasound; (Outcome)

809 IV.A.5.a).(2).(e) skeletal dual photon absorptiometry interpretation; (Outcome)

812 IV.A.5.a).(2).(f) management of insulin pumps; and, (Outcome)

814 IV.A.5.a).(2).(g) continuous glucose monitoring. (Outcome)

816 **IV.A.5.b)** **Medical Knowledge**

818 **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:** (Outcome)

823 IV.A.5.b).(1) must demonstrate knowledge of the scientific method of problem solving, and evidence-based decision making; (Outcome)

827 IV.A.5.b).(2) must demonstrate knowledge of indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indications for and use of screening tests/procedures; (Outcome)

834 IV.A.5.b).(3) must demonstrate knowledge of:

836 IV.A.5.b).(3).(a) basic laboratory techniques, including quality control, quality assurance, and proficiency standards; (Outcome)

840 IV.A.5.b).(3).(b) biochemistry and physiology, including cell and molecular biology, as they relate to endocrinology,

842 diabetes, and metabolism; (Outcome)
843
844 IV.A.5.b).(3).(c) developmental endocrinology, including growth and
845 development, sexual differentiation, and pubertal
846 maturation; (Outcome)
847
848 IV.A.5.b).(3).(d) endocrine adaptations and maladaptations to
849 systemic diseases; (Outcome)
850
851 IV.A.5.b).(3).(e) endocrine aspects of psychiatric diseases; (Outcome)
852
853 IV.A.5.b).(3).(f) endocrine physiology and pathophysiology in
854 systemic diseases and principles of hormone
855 action; (Outcome)
856
857 IV.A.5.b).(3).(g) genetics as it relates to endocrine diseases; (Outcome)
858
859 IV.A.5.b).(3).(h) pathogenesis and epidemiology of diabetes
860 mellitus; (Outcome)
861
862 IV.A.5.b).(3).(i) signal transduction pathways and biology of
863 hormone receptors; and, (Outcome)
864
865 IV.A.5.b).(3).(j) whole organ and islet cell pancreatic
866 transplantation. (Outcome)
867
868 **IV.A.5.c) Practice-based Learning and Improvement**
869
870 **Fellows must demonstrate the ability to investigate and**
871 **evaluate their care of patients, to appraise and assimilate**
872 **scientific evidence, and to continuously improve patient care**
873 **based on constant self-evaluation and life-long learning.**
874
875 **Fellows are expected to develop skills and habits to be able**
876 **to meet the following goals:**
877
878 **IV.A.5.c).(1) identify strengths, deficiencies, and limits in one's**
879 **knowledge and expertise;** (Outcome)
880
881 **IV.A.5.c).(2) set learning and improvement goals;** (Outcome)
882
883 **IV.A.5.c).(3) identify and perform appropriate learning activities;**
884 (Outcome)
885
886 **IV.A.5.c).(4) systematically analyze practice, using quality**
887 **improvement methods, and implement changes with**
888 **the goal of practice improvement;** (Outcome)
889
890 **IV.A.5.c).(5) incorporate formative evaluation feedback into daily**
891 **practice;** (Outcome)

892
893 **IV.A.5.c).(6)** **locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;** (Outcome)
896
897 **IV.A.5.c).(7)** **use information technology to optimize learning;** (Outcome)
899
900 **IV.A.5.c).(8)** **participate in the education of patients, families, students, fellows and other health professionals;** (Outcome)
903
904 **IV.A.5.c).(9)** obtain procedure-specific informed consent by competently educating patients about rationale, technique, and complications of procedures. (Outcome)
907
908 IV.A.5.c).(10) demonstrate competence in educating patients about the rationale, technique, and complications of thyroid biopsy. (Outcome)
911
912 **IV.A.5.d)** **Interpersonal and Communication Skills**
913
914 **Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.** (Outcome)
918
919 **Fellows are expected to:**
920
921 **IV.A.5.d).(1)** **communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;** (Outcome)
924
925 **IV.A.5.d).(2)** **communicate effectively with physicians, other health professionals, and health related agencies;** (Outcome)
927
928 **IV.A.5.d).(3)** **work effectively as a member or leader of a health care team or other professional group;** (Outcome)
930
931 **IV.A.5.d).(4)** **act in a consultative role to other physicians and health professionals; and,** (Outcome)
933
934 **IV.A.5.d).(5)** **maintain comprehensive, timely, and legible medical records, if applicable.** (Outcome)
936
937 **IV.A.5.e)** **Professionalism**
938
939 **Fellows must demonstrate a commitment to carrying out**
940 **professional responsibilities and an adherence to ethical**

941 **principles.** (Outcome)
942
943 **Fellows are expected to demonstrate:**
944
945 **IV.A.5.e).(1)** **compassion, integrity, and respect for others;** (Outcome)
946
947 **IV.A.5.e).(2)** **responsiveness to patient needs that supersedes self-**
948 **interest;** (Outcome)
949
950 **IV.A.5.e).(3)** **respect for patient privacy and autonomy;** (Outcome)
951
952 **IV.A.5.e).(4)** **accountability to patients, society and the profession;**
953 (Outcome)
954
955 **IV.A.5.e).(5)** **sensitivity and responsiveness to a diverse patient**
956 **population, including but not limited to diversity in**
957 **gender, age, culture, race, religion, disabilities, and**
958 **sexual orientation; and,** (Outcome)
959
960 IV.A.5.e).(6) high standards of ethical behavior, including maintaining
961 appropriate professional boundaries and relationships with
962 other physicians and other health care team members,
963 and avoiding conflicts of interest. (Outcome)
964
965 **IV.A.5.f)** **Systems-based Practice**
966
967 **Fellows must demonstrate an awareness of and**
968 **responsiveness to the larger context and system of health**
969 **care, as well as the ability to call effectively on other**
970 **resources in the system to provide optimal health care.**
971 (Outcome)
972
973 **Fellows are expected to:**
974
975 **IV.A.5.f).(1)** **work effectively in various health care delivery**
976 **settings and systems relevant to their clinical**
977 **specialty;** (Outcome)
978
979 **IV.A.5.f).(2)** **coordinate patient care within the health care system**
980 **relevant to their clinical specialty;** (Outcome)
981
982 **IV.A.5.f).(3)** **incorporate considerations of cost awareness and**
983 **risk-benefit analysis in patient and/or population-**
984 **based care as appropriate;** (Outcome)
985
986 **IV.A.5.f).(4)** **advocate for quality patient care and optimal patient**
987 **care systems;** (Outcome)
988
989 **IV.A.5.f).(5)** **work in interprofessional teams to enhance patient**

990 **safety and improve patient care quality; and** (Outcome)
991
992 **IV.A.5.f).(6)** **participate in identifying system errors and**
993 **implementing potential systems solutions.** (Outcome)
994
995 IV.A.6. Curriculum Organization and Fellow Experiences
996
997 IV.A.6.a) A minimum of 12 months must be devoted to clinical experience.
998 (Core)
999
1000 IV.A.6.b) Fellows must participate in training using simulation. (Detail)
1001
1002 IV.A.6.c) Experience with Continuity Ambulatory Patients
1003
1004 IV.A.6.c).(1) Fellows must have continuity ambulatory clinic experience
1005 that exposes them to the breadth and depth of the
1006 subspecialty. (Core)
1007
1008 IV.A.6.c).(2) This experience should average one half-day each week.
1009 (Detail)
1010
1011 IV.A.6.c).(2).(a) The program must include a minimum of two half-
1012 days of ambulatory care per week, averaged over
1013 the two years of education, which includes the
1014 continuity ambulatory experience. (Detail)
1015
1016 IV.A.6.c).(2).(b) Three half-days of ambulatory care per week is
1017 suggested. (Detail)
1018
1019 IV.A.6.c).(3) This experience must include an appropriate distribution of
1020 patients of each gender and a diversity of ages. (Core)
1021
1022 This should be accomplished through either:
1023
1024 IV.A.6.c).(3).(a) a continuity clinic which provides fellows the
1025 opportunity to learn the course of disease; or, (Detail)
1026
1027 IV.A.6.c).(3).(b) selected blocks of at least six months which
1028 address specific areas of endocrine disease. (Detail)
1029
1030 IV.A.6.c).(4) Each fellow should, on average, be responsible for four to
1031 eight patients during each half-day session. (Detail)
1032
1033 IV.A.6.c).(5) The continuity patient care experience should not be
1034 interrupted by more than one month, excluding a fellow’s
1035 vacation. (Detail)
1036
1037 IV.A.6.c).(6) Fellows should be informed of the status of their continuity
1038 patients when such patients are hospitalized, as clinically
1039 appropriate. (Detail)

1040
1041 IV.A.6.d) Procedures and Technical Skills
1042
1043 IV.A.6.d).(1) Direct supervision of procedures performed by each fellow
1044 must occur until proficiency has been acquired and
1045 documented by the program director. (Core)
1046
1047 IV.A.6.d).(2) Faculty members must teach and supervise the fellows in
1048 the performance and interpretation of procedures, which
1049 must be documented in each fellow's record, including
1050 indications, outcomes, diagnoses, and supervisor(s). (Core)
1051
1052 IV.A.6.e) Fellows must have experience in the role of an endocrinology
1053 consultant in both the inpatient and outpatient settings. (Core)
1054
1055 **IV.B. Fellows' Scholarly Activities**
1056
1057 **IV.B.1. The curriculum must advance fellows' knowledge of the basic**
1058 **principles of research, including how research is conducted,**
1059 **evaluated, explained to patients, and applied to patient care.** (Core)
1060
1061 **IV.B.2. Fellows should participate in scholarly activity.** (Core)
1062
1063 IV.B.2.a) The majority of fellows must demonstrate evidence of scholarship
1064 conducted during the fellowship. (Outcome)
1065
1066 This should be achieved through one or more of the following:
1067
1068 IV.B.2.a).(1) publication of articles, book chapters, abstracts or case
1069 reports in peer-reviewed journals; (Detail)
1070
1071 IV.B.2.a).(2) publication of peer-reviewed performance improvement or
1072 education research; (Detail)
1073
1074 IV.B.2.a).(3) peer-reviewed funding; or, (Detail)
1075
1076 IV.B.2.a).(4) peer-reviewed abstracts presented at regional, state or
1077 national specialty meetings. (Detail)
1078
1079 **IV.B.3. The sponsoring institution and program should allocate adequate**
1080 **educational resources to facilitate fellow involvement in scholarly**
1081 **activities.** (Detail)
1082
1083 **V. Evaluation**
1084
1085 **V.A. Fellow Evaluation**
1086
1087 **V.A.1. The program director must appoint the Clinical Competency**
1088 **Committee.** (Core)
1089

1090	**V.A.1.a)**	**At a minimum the Clinical Competency Committee must be**
1091		**composed of three members of the program faculty.** (Core)
1092		
1093	**V.A.1.a).(1)**	**The program director may appoint additional members**
1094		**of the Clinical Competency Committee.**
1095		
1096	**V.A.1.a).(1).(a)**	**These additional members must be physician**
1097		**faculty members from the same program or**
1098		**other programs, or other health professionals**
1099		**who have extensive contact and experience**
1100		**with the program's fellows in patient care and**
1101		**other health care settings. (Core)**
1102		
1103	**V.A.1.a).(1).(b)**	**Chief residents who have completed core**
1104		**residency programs in their specialty and are**
1105		**eligible for specialty board certification may be**
1106		**members of the Clinical Competency**
1107		**Committee. (Core)**
1108		
1109	**V.A.1.b)**	**There must be a written description of the responsibilities of**
1110		**the Clinical Competency Committee.** (Core)
1111		
1112	**V.A.1.b).(1)**	**The Clinical Competency Committee should:**
1113		
1114	**V.A.1.b).(1).(a)**	**review all fellow evaluations semi-annually;** (Core)
1115		
1116	**V.A.1.b).(1).(b)**	**prepare and ensure the reporting of Milestones**
1117		**evaluations of each fellow semi-annually to**
1118		**ACGME; and,** (Core)
1119		
1120	**V.A.1.b).(1).(c)**	**advise the program director regarding fellow**
1121		**progress, including promotion, remediation,**
1122		**and dismissal.** (Detail)
1123		
1124	**V.A.2.**	**Formative Evaluation**
1125		
1126	**V.A.2.a)**	**The faculty must evaluate fellow performance in a timely**
1127		**manner during each rotation or similar educational**
1128		**assignment, and document this evaluation at completion of**
1129		**the assignment.** (Core)
1130		
1131	V.A.2.a).(1)	The faculty must discuss this evaluation with each fellow at
1132		the completion of each assignment. (Core)
1133		
1134	V.A.2.a).(2)	Assessment of procedural competence should include a
1135		formal evaluation process and not be based solely on a
1136		minimum number of procedures performed. (Detail)
1137		
1138	**V.A.2.b)**	**The program must:**

1139
1140 **V.A.2.b).(1)** **provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones;** (Core)

1147 V.A.2.b).(1).(a) Patient Care

1149 The program must assess the fellow in data gathering, clinical reasoning, patient management and procedures in both the inpatient and outpatient setting. (Core)

1154 V.A.2.b).(1).(a).(i) This assessment must involve direct observation of fellow patient encounters (Detail)

1158 V.A.2.b).(1).(a).(ii) Each program must define criteria for competence for all required and elective procedures. (Detail)

1162 V.A.2.b).(1).(a).(iii) The record of evaluation must include the fellow's logbook or an equivalent method to demonstrate that each fellow has achieved competence in the performance of required procedures. (Detail)

1168 V.A.2.b).(1).(b) Medical Knowledge

1170 The program must use an objective formative assessment method. The same formative assessment method must be administered at least twice during the program. (Detail)

1175 V.A.2.b).(1).(c) Practice-based Learning and Improvement

1177 The program must use performance data to assess the fellow in:

1180 V.A.2.b).(1).(c).(i) application of evidence to patient care; (Detail)

1182 V.A.2.b).(1).(c).(ii) practice improvement; (Detail)

1184 V.A.2.b).(1).(c).(iii) teaching skills involving peers and patients; and, (Detail)

1187 V.A.2.b).(1).(c).(iv) scholarship. (Detail)
1188

1189 V.A.2.b).(1).(d) Interpersonal and Communication Skills
1190
1191 The program must use both direct observation and
1192 multi-source evaluation, including patients, peers
1193 and non-physician team members, to assess fellow
1194 performance in:
1195
1196 V.A.2.b).(1).(d).(i) communication with patient and family; (Detail)
1197
1198 V.A.2.b).(1).(d).(ii) teamwork; (Detail)
1199
1200 V.A.2.b).(1).(d).(iii) communication with peers, including
1201 transitions in care; and, (Detail)
1202
1203 V.A.2.b).(1).(d).(iv) record keeping. (Detail)
1204
1205 V.A.2.b).(1).(e) Professionalism
1206
1207 The program must use multi-source evaluation,
1208 including patients, peers, and non-physician team
1209 members, to assess each fellow's:
1210
1211 V.A.2.b).(1).(e).(i) honesty and integrity; (Detail)
1212
1213 V.A.2.b).(1).(e).(ii) ability to meet professional responsibilities;
1214 (Detail)
1215
1216 V.A.2.b).(1).(e).(iii) ability to maintain appropriate professional
1217 relationships with patients and colleagues;
1218 and, (Detail)
1219
1220 V.A.2.b).(1).(e).(iv) commitment to self-improvement. (Detail)
1221
1222 V.A.2.b).(1).(f) Systems-based Practice
1223
1224 The program must use multi-source evaluation,
1225 including peers, and non-physician team members,
1226 to assess each fellow's:
1227
1228 V.A.2.b).(1).(f).(i) ability to provide care coordination,
1229 including transition of care; (Detail)
1230
1231 V.A.2.b).(1).(f).(ii) ability to work in interdisciplinary teams;
1232 (Detail)
1233
1234 V.A.2.b).(1).(f).(iii) advocacy for quality of care; and, (Detail)
1235
1236 V.A.2.b).(1).(f).(iv) ability to identify system problems and
1237 participate in improvement activities. (Detail)
1238

1239 **V.A.2.b).(2)** **use multiple evaluators (e.g., faculty, peers, patients,**
1240 **self, and other professional staff);** (Detail)
1241
1242 **V.A.2.b).(3)** **document progressive fellow performance**
1243 **improvement appropriate to educational level; and,**
1244 (Core)
1245
1246 **V.A.2.b).(4)** **provide each fellow with documented semiannual**
1247 **evaluation of performance with feedback.** (Core)
1248
1249 V.A.2.b).(4).(a) Fellows' performance in continuity clinic must be
1250 reviewed with them verbally and in writing at least
1251 semiannually. (Detail)
1252
1253 **V.A.2.c)** **The evaluations of fellow performance must be accessible for**
1254 **review by the fellow, in accordance with institutional policy;**
1255 (Detail)
1256
1257 **V.A.3.** **Summative Evaluation**
1258
1259 **V.A.3.a)** **The specialty-specific Milestones must be used as one of the**
1260 **tools to ensure fellows are able to practice core professional**
1261 **activities without supervision upon completion of the**
1262 **program.** (Core)
1263
1264 **V.A.3.b)** **The program director must provide a summative evaluation**
1265 **for each fellow upon completion of the program.** (Core)
1266
1267 **This evaluation must:**
1268
1269 **V.A.3.b).(1)** **become part of the fellow's permanent record**
1270 **maintained by the institution, and must be accessible**
1271 **for review by the fellow in accordance with**
1272 **institutional policy;** (Detail)
1273
1274 **V.A.3.b).(2)** **document the fellow's performance during the final**
1275 **period of education; and,** (Detail)
1276
1277 **V.A.3.b).(3)** **verify that the fellow has demonstrated sufficient**
1278 **competence to enter practice without direct**
1279 **supervision.** (Detail)
1280
1281 **V.B.** **Faculty Evaluation**
1282
1283 **V.B.1.** **At least annually, the program must evaluate faculty performance as**
1284 **it relates to the educational program.** (Core)
1285
1286 **V.B.2.** **These evaluations should include a review of faculty's clinical**
1287 **teaching abilities, commitment to the educational program, clinical**

1288 **knowledge, professionalism, and scholarly activities.** (Detail)
1289
1290 **V.B.3.** **This evaluation must include at least annual written confidential**
1291 **evaluations by fellows.** (Detail)
1292
1293 V.B.3.a) Fellows must have the opportunity to provide confidential written
1294 evaluations of each supervising faculty member at the end of
1295 each rotation. (Detail)
1296
1297 V.B.3.b) These evaluations must be reviewed with each faculty member
1298 annually. (Detail)
1299
1300 **V.C.** **Program Evaluation and Improvement**
1301
1302 **V.C.1.** **The program director must appoint the Program Evaluation**
1303 **Committee (PEC).** (Core)
1304
1305 **V.C.1.a)** **The Program Evaluation Committee:**
1306
1307 **V.C.1.a).(1)** **must be composed of at least two program faculty**
1308 **members and should include at least one fellow;** (Core)
1309
1310 **V.C.1.a).(2)** **must have a written description of its responsibilities;**
1311 **and,** (Core)
1312
1313 **V.C.1.a).(3)** **should participate actively in:**
1314
1315 **V.C.1.a).(3).(a)** **planning, developing, implementing, and**
1316 **evaluating educational activities of the**
1317 **program;** (Detail)
1318
1319 **V.C.1.a).(3).(b)** **reviewing and making recommendations for**
1320 **revision of competency-based curriculum goals**
1321 **and objectives;** (Detail)
1322
1323 **V.C.1.a).(3).(c)** **addressing areas of non-compliance with**
1324 **ACGME standards; and,** (Detail)
1325
1326 **V.C.1.a).(3).(d)** **reviewing the program annually using**
1327 **evaluations of faculty, fellows, and others, as**
1328 **specified below.** (Detail)
1329
1330 **V.C.2.** **The program, through the PEC, must document formal, systematic**
1331 **evaluation of the curriculum at least annually, and is responsible for**
1332 **rendering a written, annual program evaluation.** (Core)
1333
1334 **The program must monitor and track each of the following areas:**
1335
1336 **V.C.2.a)** **fellow performance;** (Core)

1337
1338 **V.C.2.b)** **faculty development;** (Core)
1339
1340 **V.C.2.c)** **graduate performance, including performance of program**
1341 **graduates on the certification examination;** (Core)
1342
1343 V.C.2.c).(1) At least 80% of the program's graduating fellows from the
1344 most recently defined five year period who are eligible
1345 should take the ABIM certifying examination. (Outcome)
1346
1347 V.C.2.c).(2) At least 80% of a program's graduates taking the ABIM
1348 certifying examination for the first time during the most
1349 recently defined five year period should pass. (Outcome)
1350
1351 **V.C.2.d)** **program quality; and,** (Core)
1352
1353 **V.C.2.d).(1)** **Fellows and faculty must have the opportunity to**
1354 **evaluate the program confidentially and in writing at**
1355 **least annually.** (Detail)
1356
1357 **V.C.2.d).(2)** **The program must use the results of fellows' and**
1358 **faculty members' assessments of the program**
1359 **together with other program evaluation results to**
1360 **improve the program.** (Detail)
1361
1362 V.C.2.d).(3) At least 80% of the entering fellows should have
1363 completed the program when averaged over a five-year
1364 period. (Outcome)
1365
1366 **V.C.2.e)** **progress on the previous year's action plan(s).** (Core)
1367
1368 **V.C.3.** **The PEC must prepare a written plan of action to document**
1369 **initiatives to improve performance in one or more of the areas listed**
1370 **in section V.C.2., as well as delineate how they will be measured**
1371 **and monitored.** (Core)
1372
1373 **V.C.3.a)** **The action plan should be reviewed and approved by the**
1374 **teaching faculty and documented in meeting minutes.** (Detail)
1375
1376 V.C.4. Representative program personnel, at a minimum to include the program
1377 director, representative faculty, and one fellow, must review program
1378 goals and objectives, and the effectiveness with which they are achieved.
1379 (Detail)
1380
1381 **VI. Fellow Duty Hours in the Learning and Working Environment**
1382
1383 **VI.A. Professionalism, Personal Responsibility, and Patient Safety**
1384
1385 **VI.A.1.** **Programs and sponsoring institutions must educate fellows and**

1386 **faculty members concerning the professional responsibilities of**
1387 **physicians to appear for duty appropriately rested and fit to provide**
1388 **the services required by their patients.** (Core)
1389
1390 **VI.A.2.** **The program must be committed to and responsible for promoting**
1391 **patient safety and fellow well-being in a supportive educational**
1392 **environment.** (Core)
1393
1394 **VI.A.3.** **The program director must ensure that fellows are integrated and**
1395 **actively participate in interdisciplinary clinical quality improvement**
1396 **and patient safety programs.** (Core)
1397
1398 **VI.A.4.** **The learning objectives of the program must:**
1399
1400 **VI.A.4.a)** **be accomplished through an appropriate blend of supervised**
1401 **patient care responsibilities, clinical teaching, and didactic**
1402 **educational events; and,** (Core)
1403
1404 **VI.A.4.b)** **not be compromised by excessive reliance on fellows to**
1405 **fulfill non-physician service obligations.** (Core)
1406
1407 **VI.A.5.** **The program director and institution must ensure a culture of**
1408 **professionalism that supports patient safety and personal**
1409 **responsibility.** (Core)

1410 **VI.A.6.** **Fellows and faculty members must demonstrate an understanding**
1411 **and acceptance of their personal role in the following:**
1412
1413 **VI.A.6.a)** **assurance of the safety and welfare of patients entrusted to**
1414 **their care;** (Outcome)
1415
1416 **VI.A.6.b)** **provision of patient- and family-centered care;** (Outcome)
1417
1418 **VI.A.6.c)** **assurance of their fitness for duty;** (Outcome)
1419
1420 **VI.A.6.d)** **management of their time before, during, and after clinical**
1421 **assignments;** (Outcome)
1422
1423 **VI.A.6.e)** **recognition of impairment, including illness and fatigue, in**
1424 **themselves and in their peers;** (Outcome)
1425
1426 **VI.A.6.f)** **attention to lifelong learning;** (Outcome)
1427
1428 **VI.A.6.g)** **the monitoring of their patient care performance**
1429 **improvement indicators; and,** (Outcome)
1430
1431 **VI.A.6.h)** **honest and accurate reporting of duty hours, patient**
1432 **outcomes, and clinical experience data.** (Outcome)
1433

1434 **VI.A.7.** **All fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.** (Outcome)
1435
1436
1437
1438
1439
1440 **VI.B. Transitions of Care**
1441
1442 **VI.B.1.** **Programs must design clinical assignments to minimize the number of transitions in patient care.** (Core)
1443
1444
1445 **VI.B.2.** **Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.** (Core)
1446
1447
1448
1449 **VI.B.3.** **Programs must ensure that fellows are competent in communicating with team members in the hand-over process.** (Outcome)
1450
1451
1452
1453 **VI.B.4.** **The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and fellows currently responsible for each patient's care.** (Detail)
1454
1455
1456
1457
1458 **VI.C. Alertness Management/Fatigue Mitigation**
1459
1460 **VI.C.1.** **The program must:**
1461
1462 **VI.C.1.a)** **educate all faculty members and fellows to recognize the signs of fatigue and sleep deprivation;** (Core)
1463
1464
1465 **VI.C.1.b)** **educate all faculty members and fellows in alertness management and fatigue mitigation processes; and,** (Core)
1466
1467
1468 **VI.C.1.c)** **adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.** (Detail)
1469
1470
1471
1472 **VI.C.2.** **Each program must have a process to ensure continuity of patient care in the event that a fellow may be unable to perform his/her patient care duties.** (Core)
1473
1474
1475
1476 **VI.C.3.** **The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for fellows who may be too fatigued to safely return home.** (Core)
1477
1478
1479
1480 **VI.D. Supervision of Fellows**
1481
1482 **VI.D.1.** **In the clinical learning environment, each patient must have an**

1483 **identifiable, appropriately-credentialed and privileged attending**
1484 **physician (or licensed independent practitioner as approved by**
1485 **each Review Committee) who is ultimately responsible for that**
1486 **patient's care.** (Core)
1487
1488 **VI.D.1.a) This information should be available to fellows, faculty**
1489 **members, and patients.** (Detail)
1490
1491 **VI.D.1.b) Fellows and faculty members should inform patients of their**
1492 **respective roles in each patient's care.** (Detail)
1493
1494 **VI.D.2. The program must demonstrate that the appropriate level of**
1495 **supervision is in place for all fellows who care for patients.** (Core)
1496
1497 **Supervision may be exercised through a variety of methods. Some**
1498 **activities require the physical presence of the supervising faculty**
1499 **member. For many aspects of patient care, the supervising**
1500 **physician may be a more advanced resident or fellow. Other**
1501 **portions of care provided by the fellow can be adequately**
1502 **supervised by the immediate availability of the supervising faculty**
1503 **member or resident physician, either in the institution, or by means**
1504 **of telephonic and/or electronic modalities. In some circumstances,**
1505 **supervision may include post-hoc review of fellow-delivered care**
1506 **with feedback as to the appropriateness of that care.** (Detail)
1507
1508 **VI.D.3. Levels of Supervision**
1509
1510 **To ensure oversight of fellow supervision and graded authority and**
1511 **responsibility, the program must use the following classification of**
1512 **supervision:** (Core)
1513
1514 **VI.D.3.a) Direct Supervision – the supervising physician is physically**
1515 **present with the fellow and patient.** (Core)
1516
1517 **VI.D.3.b) Indirect Supervision:**
1518
1519 **VI.D.3.b).(1) with direct supervision immediately available – the**
1520 **supervising physician is physically within the hospital**
1521 **or other site of patient care, and is immediately**
1522 **available to provide Direct Supervision.** (Core)
1523
1524 **VI.D.3.b).(2) with direct supervision available – the supervising**
1525 **physician is not physically present within the hospital**
1526 **or other site of patient care, but is immediately**
1527 **available by means of telephonic and/or electronic**
1528 **modalities, and is available to provide Direct**
1529 **Supervision.** (Core)
1530
1531 **VI.D.3.c) Oversight – the supervising physician is available to provide**

1532 **review of procedures/encounters with feedback provided**
1533 **after care is delivered.** (Core)
1534
1535 **VI.D.4.** **The privilege of progressive authority and responsibility, conditional**
1536 **independence, and a supervisory role in patient care delegated to**
1537 **each fellow must be assigned by the program director and faculty**
1538 **members.** (Core)
1539
1540 **VI.D.4.a)** **The program director must evaluate each fellow's abilities**
1541 **based on specific criteria. When available, evaluation should**
1542 **be guided by specific national standards-based criteria.** (Core)
1543
1544 **VI.D.4.b)** **Faculty members functioning as supervising physicians**
1545 **should delegate portions of care to fellows, based on the**
1546 **needs of the patient and the skills of the fellows.** (Detail)
1547
1548 **VI.D.4.c)** **Senior residents or fellows should serve in a supervisory role**
1549 **of junior residents in recognition of their progress toward**
1550 **independence, based on the needs of each patient and the**
1551 **skills of the individual resident or fellow.** (Detail)
1552
1553 **VI.D.5.** **Programs must set guidelines for circumstances and events in**
1554 **which fellows must communicate with appropriate supervising**
1555 **faculty members, such as the transfer of a patient to an intensive**
1556 **care unit, or end-of-life decisions.** (Core)
1557
1558 **VI.D.5.a)** **Each fellow must know the limits of his/her scope of**
1559 **authority, and the circumstances under which he/she is**
1560 **permitted to act with conditional independence.** (Outcome)
1561
1562 **VI.D.5.a).(1)** **In particular, PGY-1 residents should be supervised**
1563 **either directly or indirectly with direct supervision**
1564 **immediately available.** (Core)
1565
1566 **VI.D.6.** **Faculty supervision assignments should be of sufficient duration to**
1567 **assess the knowledge and skills of each fellow and delegate to**
1568 **him/her the appropriate level of patient care authority and**
1569 **responsibility.** (Detail)
1570
1571 **VI.E.** **Clinical Responsibilities**
1572
1573 **The clinical responsibilities for each fellow must be based on PGY-level,**
1574 **patient safety, fellow education, severity and complexity of patient**
1575 **illness/condition and available support services.** (Core)
1576
1577 **VI.F.** **Teamwork**
1578
1579 **Fellows must care for patients in an environment that maximizes effective**
1580 **communication. This must include the opportunity to work as a member of**

1581 **effective interprofessional teams that are appropriate to the delivery of**
1582 **care in the specialty.** (Core)
1583
1584 **VI.G. Fellow Duty Hours**
1585
1586 **VI.G.1. Maximum Hours of Work per Week**
1587
1588 **Duty hours must be limited to 80 hours per week, averaged over a**
1589 **four-week period, inclusive of all in-house call activities and all**
1590 **moonlighting.** (Core)
1591
1592 **VI.G.1.a) Duty Hour Exceptions**
1593
1594 **A Review Committee may grant exceptions for up to 10% or a**
1595 **maximum of 88 hours to individual programs based on a**
1596 **sound educational rationale.** (Detail)
1597
1598 The Review Committee for Internal Medicine will not consider
1599 requests for exceptions to the 80-hour limit to the fellows' work
1600 week.
1601
1602 **VI.G.1.a).(1) In preparing a request for an exception the program**
1603 **director must follow the duty hour exception policy**
1604 **from the ACGME Manual on Policies and Procedures.**
1605 (Detail)
1606
1607 **VI.G.1.a).(2) Prior to submitting the request to the Review**
1608 **Committee, the program director must obtain approval**
1609 **of the institution's GMEC and DIO.** (Detail)
1610
1611 **VI.G.2. Moonlighting**
1612
1613 **VI.G.2.a) Moonlighting must not interfere with the ability of the fellow**
1614 **to achieve the goals and objectives of the educational**
1615 **program.** (Core)
1616
1617 **VI.G.2.b) Time spent by fellows in Internal and External Moonlighting**
1618 **(as defined in the ACGME Glossary of Terms) must be**
1619 **counted towards the 80-hour Maximum Weekly Hour Limit.**
1620 (Core)
1621
1622 **VI.G.2.c) PGY-1 residents are not permitted to moonlight.** (Core)
1623
1624 **VI.G.3. Mandatory Time Free of Duty**
1625
1626 **Fellows must be scheduled for a minimum of one day free of duty**
1627 **every week (when averaged over four weeks). At-home call cannot**
1628 **be assigned on these free days.** (Core)
1629

1630 **VI.G.4. Maximum Duty Period Length**
1631
1632 **VI.G.4.a) Duty periods of PGY-1 residents must not exceed 16 hours in**
1633 **duration.** (Core)
1634
1635 **VI.G.4.b) Duty periods of PGY-2 residents and above may be**
1636 **scheduled to a maximum of 24 hours of continuous duty in**
1637 **the hospital.** (Core)
1638
1639 **VI.G.4.b).(1) Programs must encourage fellows to use alertness**
1640 **management strategies in the context of patient care**
1641 **responsibilities. Strategic napping, especially after 16**
1642 **hours of continuous duty and between the hours of**
1643 **10:00 p.m. and 8:00 a.m., is strongly suggested.** (Detail)
1644
1645 **VI.G.4.b).(2) It is essential for patient safety and fellow education**
1646 **that effective transitions in care occur. Fellows may be**
1647 **allowed to remain on-site in order to accomplish these**
1648 **tasks; however, this period of time must be no longer**
1649 **than an additional four hours.** (Core)
1650
1651 **VI.G.4.b).(3) Fellows must not be assigned additional clinical**
1652 **responsibilities after 24 hours of continuous in-house**
1653 **duty.** (Core)
1654
1655 **VI.G.4.b).(4) In unusual circumstances, fellows, on their own**
1656 **initiative, may remain beyond their scheduled period**
1657 **of duty to continue to provide care to a single patient.**
1658 **Justifications for such extensions of duty are limited**
1659 **to reasons of required continuity for a severely ill or**
1660 **unstable patient, academic importance of the events**
1661 **transpiring, or humanistic attention to the needs of a**
1662 **patient or family.** (Detail)
1663
1664 **VI.G.4.b).(4).(a) Under those circumstances, the fellow must:**
1665
1666 **VI.G.4.b).(4).(a).(i) appropriately hand over the care of all**
1667 **other patients to the team responsible**
1668 **for their continuing care; and,** (Detail)
1669
1670 **VI.G.4.b).(4).(a).(ii) document the reasons for remaining to**
1671 **care for the patient in question and**
1672 **submit that documentation in every**
1673 **circumstance to the program director.**
1674 (Detail)
1675
1676 **VI.G.4.b).(4).(b) The program director must review each**
1677 **submission of additional service, and track**
1678 **both individual fellow and program-wide**

1679 **episodes of additional duty.** (Detail)
1680
1681 **VI.G.5. Minimum Time Off between Scheduled Duty Periods**
1682
1683 **VI.G.5.a) PGY-1 residents should have 10 hours, and must have eight**
1684 **hours, free of duty between scheduled duty periods.** (Core)
1685
1686 **VI.G.5.b) Intermediate-level residents should have 10 hours free of**
1687 **duty, and must have eight hours between scheduled duty**
1688 **periods. They must have at least 14 hours free of duty after**
1689 **24 hours of in-house duty.** (Core)
1690
1691 Internal medicine subspecialty fellows are considered to be in the
1692 final years of education.
1693
1694 **VI.G.5.c) Residents in the final years of education must be prepared to**
1695 **enter the unsupervised practice of medicine and care for**
1696 **patients over irregular or extended periods.** (Outcome)
1697
1698 Internal medicine subspecialty fellows are considered to be in the
1699 final years of education.
1700
1701 **VI.G.5.c).(1) This preparation must occur within the context of the**
1702 **80-hour, maximum duty period length, and one-day-**
1703 **off-in-seven standards. While it is desirable that**
1704 **residents in their final years of education have eight**
1705 **hours free of duty between scheduled duty periods,**
1706 **there may be circumstances when these fellows must**
1707 **stay on duty to care for their patients or return to the**
1708 **hospital with fewer than eight hours free of duty.** (Detail)
1709
1710 **VI.G.5.c).(1).(a) Circumstances of return-to-hospital activities**
1711 **with fewer than eight hours away from the**
1712 **hospital by residents in their final years of**
1713 **education must be monitored by the program**
1714 **director.** (Detail)
1715
1716 VI.G.5.c).(1).(b) In unusual circumstances, fellows may remain
1717 beyond their scheduled period of duty or return
1718 after their scheduled period of duty to provide care
1719 to a single patient. Justifications for such
1720 extensions of duty are limited to reasons of
1721 required continuity of care for a severely ill or
1722 unstable patient, academic importance of the
1723 events transpiring, or humanistic attention to the
1724 needs of the patient or family. Such episodes
1725 should be rare, must be of the fellows' own
1726 initiative, and need not initiate a new 'off-duty
1727 period' nor require a change in the scheduled 'off-

1728 duty period.' (Detail)
1729
1730 VI.G.5.c).(1).(c) Under such circumstances, the fellow must appropriately hand over care of all other patients to the team responsible for their continuing care, and document the reasons for remaining or returning to care for the patient in question and submit that documentation to the program director. (Detail)
1736
1737 VI.G.5.c).(1).(d) The program director must review each submission of additional service and track both individual fellows' and program-wide episodes of additional duty. (Detail)
1741
1742 **VI.G.6. Maximum Frequency of In-House Night Float**
1743
1744 **Fellows must not be scheduled for more than six consecutive nights of night float.** (Core)
1746
1747 **VI.G.7. Maximum In-House On-Call Frequency**
1748
1749 **PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).** (Core)
1752
1753 VI.G.7.a) Internal Medicine fellowships must not average in-house call over a four-week period. (Core)
1755
1756 **VI.G.8. At-Home Call**
1757
1758 **VI.G.8.a) Time spent in the hospital by fellows on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.** (Core)
1763
1764 **VI.G.8.a).(1) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow.** (Core)
1767
1768 **VI.G.8.b) Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".** (Detail)
1773
1774 ***
1775
1776 ***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

1778 **Detail Requirements:** Statements that describe a specific structure, resource, or process, for achieving
1779 compliance with a Core Requirement. Programs in substantial compliance with the Outcome
1780 Requirements may utilize alternative or innovative approaches to meet Core Requirements.
1781 **Outcome Requirements:** Statements that specify expected measurable or observable attributes
1782 (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical
1783 education.
1784
1785 **Osteopathic Principles Recognition**
1786 For programs seeking Osteopathic Principles Recognition for the entire program, or for a track
1787 within the program, the Osteopathic Recognition Requirements are also applicable.
1788 (http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/Osteopathic_Recognition_
1789 Requirements.pdf)
1790