

International Advanced Specialty Program Requirements Summary of Requirements for a Newly Accredited Specialty ACGME-I

Advanced Specialty Requirements for: **Residency programs in Cardiovascular Disease**
Proposed Effective Date: **September 2026**

Comments are currently being solicited on Programs Requirements for a newly accredited specialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new Program Requirements.

The Review Committee-International will use the comments provided to determine the final Program Requirements, which will be posted on the ACGME-I website.

Requirement	Line Number	Rationale
Clinical experiences		
Int.II.A. The educational program in cardiovascular disease must be 48 or 60 months in length.	21-22	The residency program includes at least 12 months of education in general internal medicine and at least 36 months of education in cardiology. Specific experiences in these areas are outlined in the Section IV.C., and noted below.
I.B.1. A residency program in internal medicine or transitional year must be available at the primary clinical site or at a participating site.	32-34	To provide appropriate instruction, supervision, and assessment, clinical experiences in general internal medicine must take place in a setting that routinely educates residents in general internal medicine.
IV.C.4. At least 12 months of the program must be in educational experiences that reflects the practice of internal medicine in the country or jurisdiction to include: a) 2 months in critical care medicine; b) 6 months in general internal medicine other than cardiology; c) 2 months each in any two of the following subspecialties: 1) endocrinology; 2) nephrology; 3) neurology; and, 4) pulmonology. d) experiences in both inpatient and outpatient settings.	491-509	Experiences in general internal medicine will generally take place during the first year of the program; however, experiences can be spread across the first two years of the program and should be planned to provide residents with essential clinical skills in general internal medicine.
IV.C.5. Residents must have at least 36 months of clinical experience in cardiology, including inpatient and special	511-544	Experiences in cardiology will generally take place during the last 36 months of the program. The number of months devoted to each area is flexible to allow the program to provide

experiences to include a) at least 4 months in cardiac catheterization laboratory; b) at least 6 months in non-invasive cardiac evaluations including 1) at least 3 months of echocardiography and Doppler; 2) at least 2 months of nuclear cardiology to include active participation in a minimum of 80 hours of daily nuclear cardiology study interpretation; and, 3) at least one month in other non-invasive cardiac evaluations. At least 2 months in electrophysiology; and d) at least 9 months on non-laboratory clinical practice activities including consultations, cardiac care units, post-operative care, and experience in congenital heart disease, preventive cardiology, and vascular medicine.		education in cardiology as it is practiced in the country or jurisdiction.
IV.C.5.d) Residents must have at least nine months of non-laboratory clinical practice activities, including consultations, cardiac care units, post-operative care, and experience in congenital heart disease, preventive cardiology, and vascular medicine.	541-544	The program should identify the essential non-laboratory clinical experiences required for high-quality cardiology practice within the country or jurisdiction. Examples could include advanced heart failure, critical care cardiology, cardio-obstetrics, and pediatric cardiology.
IV.C.9. Residents should participate in training using simulation.	576-577	Programs are not required to use a simulation center or specific simulation equipment. The requirement for simulation means that the program provides learning about patient care in a setting that does not include actual patients. Examples of simulation activities include objective structured clinical examinations (OSCEs); standardized patients; patient simulators; video-based tools; or electronic simulation of codes, procedures, or other clinical scenarios.
Faculty		
II.B.1. In addition to the program director, there must be an associate program director who is an internal medicine physician and who is responsible for the oversight of the internal medicine	44-47	The associate program director supports the program director by overseeing the curriculum in general internal medicine. Ideally, this role is held by a physician practicing primary care as a general internist. However, a physician with subspecialty expertise who provides primary

related clinical educational experience.		care may also qualify.
II.B.2. Faculty members with expertise in the following subspecialty areas of cardiology must function on an ongoing basis to provide education and as integral parts of the clinical components of the program in both inpatient and outpatient settings: a) critical care cardiology; b) electrophysiology; c) heart failure; d) interventional cardiology; and, e) multimodality imaging	49-62	It is important that learners are provided with education and experience related to the relevant subspecialties. In the absence of faculty members with subspecialty certification, the core faculty member responsible for the educational experience must have subspecialty education and training, clinical practice, and scholarship with primary focus in the subspecialty. This appointment must be reviewed and approved by the Graduate Medical Education Committee.
Patient Care and Procedural Skills		
IV.A.1.b).(2) Residents must demonstrate competence in prevention, evaluation, and management of: a) acute myocardial infarction and other acute coronary syndromes; b) adult congenital heart disease; c) arrhythmias; d) cardiomyopathy; e) cardiovascular evaluation of patients undergoing non-cardiac surgery; f) congestive heart failure; g) coronary heart disease, including: acute coronary syndromes; and, chronic coronary artery disease; h) diseases of the aorta; i) heart disease in pregnancy; j) hypertension; k) infectious and inflammatory heart disease; l) lipid disorders and metabolic syndrome; m) need for end-of-life (palliative) care; n) pericardial disease; o) peripheral vascular disease; p) pulmonary hypertension; q) thromboembolic disorders; and, r) valvular heart disease.	213-254	Residents should develop competence in providing care to a variety of patients in each area listed, according to the health needs of the population served by the program.
IV.A.1.b).(3) Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the prevention and treatment of cardiovascular disease including a) conscious sedation;	255-276	The list represents the procedural competence expected for a general cardiologist in most countries and jurisdictions. Programs can require achievement of competence in additional procedures needed for cardiology practice in the country or jurisdiction where the program is located. It is expected that many

b) direct cardioversion or defibrillation; c) echocardiography; d) exercise stress testing (ECG tests); e) right and left heart catheterization, including coronary arteriography; f) placement and management of temporary pacemakers, including transvenous and transcutaneous; and, g) programming and follow-up surveillance of permanent pacemakers and implantable cardioverter defibrillators (ICD).		procedural skills will require additional specialized education and training after completion of the residency.
--	--	--