



**ACGME International
Subspecialty Foundational Program Requirements for
Graduate Medical Education**

Reformatted: 1 April 2022
Revised effective: 1 July 2020
Reformatted: 31 March 2016
Initial Approval: 2 October 2012

ACGME International Subspecialty Foundational Program Requirements for Graduate Medical Education

Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-educated physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Post-graduate medical education values the strength that a diverse group of physicians brings to medical care.

Fellows who have completed a residency program are able to practice independently in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering into residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice.

In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.

I. Institution

I.A. Sponsoring Institution

- I.A.1. The Sponsoring Institution must establish the fellowship within a department of the core specialty or in an administrative unit with a primary mission of advancing subspecialty education and patient care.

I.B. Participating Sites

- I.B.1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment.
- I.B.2. The PLA must be approved by the designated institutional official (DIO) and renewed at least every five years.

II. Program Personnel and Resources

II.A. Program Director

- II.A.1. There must be a single program director with authority and accountability for the operation of the program.

- II.A.1.a) The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in the program director.
- II.A.1.b) After approval, the program director must submit this change to the ACGME-I via the Accreditation Data System (ADS).
- II.A.2. The program director must have a reporting relationship with the program director of the core specialty residency program to ensure compliance with ACGME-I requirements.
- II.A.3. The program director must be available at the primary clinical site.
- II.A.4. The program director must dedicate, on average, a minimum of 15 hours per week of his/her professional effort to the administrative and educational activities of the program.
- II.A.5. The program director's responsibilities must include:
 - II.A.5.a) administering and maintaining an educational environment conducive to educating the fellows in each of the ACGME-I Competencies;
 - II.A.5.b) formally meeting with each fellow to discuss his/her semiannual or final evaluation based on the review of the Clinical Competency Committee (CCC);
 - II.A.5.c) monitoring fellow supervision at all participating sites;
 - II.A.5.d) in specialties where ACGME-I Case Logs are required, monitoring fellow Case Logs at least semi-annually, and counseling fellows or revising clinical experiences as needed;
 - II.A.5.e) developing and overseeing a process to evaluate candidates prior to approval as program faculty members for participation in fellowship program education, and at least annually thereafter;
 - II.A.5.f) approving program faculty members for participation in fellow education at all sites;
 - II.A.5.g) removing program faculty members from participation in fellow education at all sites;
 - II.A.5.h) removing fellows from supervising interactions and/or learning environments that do not meet the standards of the program;
 - II.A.5.i) providing applicants who are offered an interview with information related to the applicant's eligibility for the relevant subspecialty board examination(s);

- II.A.5.j) providing a learning and working environment in which fellows have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation;
- II.A.5.k) ensuring the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process;
- II.A.5.l) ensuring the program's compliance with the Sponsoring Institution's policies and procedures for due process when action is taken to suspend or dismiss, not to promote, or not to renew the appointment of a fellow;
- II.A.5.m) submitting accurate and complete information required as requested by the DIO, GMEC, and ACGME-I; and,
- II.A.5.n) obtaining review and approval of the Sponsoring Institution's DIO before submitting information or requests to the ACGME-I, as required in the Institutional Requirements and outlined in the ACGME-I Program Director's Guide to the Common Program Requirements.
- II.A.6. Qualifications of the program director should include:
 - II.A.6.a) a minimum of three years of documented experience as a clinician, administrator, and educator in the subspecialty;
 - II.A.6.b) current American Board of Medical Specialties (ABMS) certification in the subspecialty or specialty qualifications that are deemed equivalent or acceptable to the Review Committee-International; and,
 - II.A.6.c) current medical licensure to practice in the Sponsoring Institution's host country and appropriate medical staff appointment.

II.B. Faculty

- II.B.1. There must be a sufficient number of (physician and non-physician) faculty members with documented qualifications to instruct and supervise all fellows in the program.
- II.B.2. All faculty members must:
 - II.B.2.a) be role models of professionalism;
 - II.B.2.b) demonstrate commitment to delivery of safe, quality, cost-effective, patient-centered care;

- II.B.2.c) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities;
- II.B.2.d) demonstrate a strong interest in the education of fellows;
- II.B.2.e) administer and maintain an educational environment conducive to educating fellows in each of the ACGME-I Competency areas;
- II.B.2.f) regularly participate in organized clinical discussions, rounds, journal clubs, and conferences;
- II.B.2.g) establish and maintain an environment of inquiry and scholarship with an active research component; and,
- II.B.2.h) pursue faculty development designed to enhance their skills, at least annually.
- II.B.3. All physician faculty members must:
 - II.B.3.a) have current ABMS certification in the subspecialty or possess qualifications that meet all criteria for appointment as a faculty member at the program's Sponsoring Institution; and,
 - II.B.3.b) possess current medical licensure and appropriate medical staff appointment.
- II.B.4. A portion of the faculty must be designated as core physician faculty members who:
 - II.B.4.a) are expert evaluators of the competency domains;
 - II.B.4.b) work closely with and support the program director;
 - II.B.4.c) assist in developing and implementing evaluation systems;
 - II.B.4.d) teach and advise fellows; and,
 - II.B.4.e) dedicate, on average, 15 hours per week throughout the year to the program.
- II.B.5. Each program must have at least one core faculty member in addition to the program director.
- II.B.6. The minimum core faculty member-to-fellow ratio is 1:2.

II.C. Other Program Personnel

- II.C.1. The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.

- II.C.2. There must be a program coordinator.
- II.C.2.a) The program coordinator must be provided with support adequate for administration of the program based on its size and configuration.

II.D. Resources

- II.D.1. The institution and the program must jointly ensure the availability of adequate resources for fellow education, as defined in the Advanced Specialty Program Requirements.
- II.D.2. There must be sufficient patient population of different ages and genders, with a variety of ethnic, racial, sociocultural, and economic backgrounds, having a range of clinical problems to meet the program's educational goals and provide a breadth and depth of experience in the subspecialty.
- II.D.3. Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format.
- II.D.3.a) Electronic medical literature databases with search capabilities must be available.

III. Fellow Appointment

III.A. Eligibility Criteria

- III.A.1. Prior to appointment in the program, fellows should have completed an Accreditation Council for Graduate Medical Education (ACGME)- or ACGME-I-accredited residency program or an equivalent program acceptable to the DIO, GMEC, and program director.

III.B. Number of Fellows

- III.B.1. The number of available fellow positions in the program must be at least one per year unless otherwise specified in the Advanced Specialty Program Requirements.
- III.B.2. The presence of other learners (including fellows from other specialties, subspecialty fellows, students, and nurse practitioners) in the program must not interfere with the appointed fellows' education.

IV. Educational Program

IV.A. ACGME-I Competencies

- IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum, and structure the curriculum to support fellow attainment of each:

- IV.A.1.a) Professionalism
Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- IV.A.1.b) Patient Care and Procedural Skills
Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- IV.A.1.c) Medical Knowledge
Fellows must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
- IV.A.1.d) Practice-based Learning and Improvement
Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and lifelong learning.
- IV.A.1.e) Interpersonal and Communication Skills
Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- IV.A.1.f) Systems-based Practice
Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinates of health, as well as the ability to call effectively on other resources in the system to provide optimal patient care.

IV.B. Regularly Scheduled Educational Activities

- IV.B.1. Fellows must have protected time to participate in didactic and other educational sessions.
- IV.B.2. All core conferences must have at least one faculty member present, and must be scheduled to ensure peer-peer and peer-faculty interaction.
- IV.B.3. Patient-based teaching must include direct interaction between fellows and faculty members, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions. The teaching must be:
 - IV.B.3.a) formally conducted on all inpatient, outpatient, and consultative services; and,

IV.B.3.b) conducted with a frequency and duration that ensures a meaningful and continuous teaching relationship between the assigned supervising faculty member(s) and fellows.

IV.B.4. Fellows must receive instruction in practice management, professionalism, and ethical conduct relevant to the subspecialty.

IV.C. Clinical Experiences

IV.C.1. Clinical responsibilities must be structured so that progressive clinical, technical, and consultative experiences are provided to enable all fellows to develop expertise as a consultant.

IV.C.2. The curriculum must contain the following educational components:

IV.C.2.a) a set of program aims, consistent with the Sponsoring Institution's mission, the needs of the country or jurisdiction that the program serves, and the desired distinctive capabilities of its graduates;

IV.C.2.b) overall educational goals that must be distributed to fellows and faculty members annually in either written or electronic form; and,

IV.C.2.c) competency-based goals and objectives for each assignment at each educational level that must be distributed to fellows and faculty members annually, in either written or electronic form.

IV.C.2.c).(1) These should be reviewed by the fellows at the start of each rotation.

IV.D. Scholarly Activity

IV.D.1. Fellow Scholarly Activity

IV.D.1.a) The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

IV.D.1.b) Fellows should participate in scholarly activity.

IV.D.1.c) The Sponsoring Institution and program should allocate adequate educational resources to facilitate fellow involvement in scholarly activities.

IV.D.2. Faculty Scholarly Activity

IV.D.2.a) Among their scholarly activity, programs must demonstrate faculty members' accomplishments in at least three of the following domains:

- IV.D.2.a).(1) research in basic science, education, translational science, patient care, or population health;
- IV.D.2.a).(2) peer-reviewed grants;
- IV.D.2.a).(3) quality improvement and/or patient safety initiatives;
- IV.D.2.a).(4) systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports;
- IV.D.2.a).(5) creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials;
- IV.D.2.a).(6) active membership in national or international committees or leadership in educational organizations; and,
- IV.D.2.a).(7) innovations in education.
- IV.D.2.b) The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:
- IV.D.2.b).(1) faculty member participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; and,
- IV.D.2.b).(2) peer-reviewed publication.

V. Evaluation

V.A. Fellow Evaluation

V.A.1. Formative Evaluation

- V.A.1.a) The members of the faculty must directly observe, evaluate, and provide feedback on fellow performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.
- V.A.1.b) The program must:
 - V.A.1.b).(1) provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;

- V.A.1.b).(2) use multiple evaluators, including faculty members, peers, patients, self, and other professional staff members;
- V.A.1.b).(3) document progressive performance improvement appropriate to educational level in each milestone; and,
- V.A.1.b).(4) provide each fellow with a documented semi-annual evaluation of performance with feedback aimed to assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth.
- V.A.1.c) The evaluations of fellow performance must be accessible for review by the individual fellow, in accordance with institutional policy.
- V.A.1.d) Assessment must include a review of case volume, and breadth and complexity of both inpatient and outpatient cases.
- V.A.2. Summative Evaluation
- V.A.2.a) The program director must provide a summative evaluation for each fellow upon completion of the program.
- V.A.2.b) This evaluation must become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy.
- V.A.2.c) The evaluation must:
 - V.A.2.c).(1) document the fellow's performance during the final period of education; and,
 - V.A.2.c).(2) verify the fellow has demonstrated sufficient competence to enter practice without direct supervision.

V.B. Clinical Competency Committee

- V.B.1. Programs must provide fellows' objective performance evaluations based on the ACGME-I Competencies and regularly evaluations on the Milestones.
- V.B.2. The program director must appoint a Clinical Competency Committee (CCC) to conduct performance evaluations for each fellow.
- V.B.3. The CCC must:
 - V.B.3.a) be composed of at least three program faculty members, at least one of whom is a core faculty member;

- V.B.3.b) have a written description of its responsibilities, including its responsibility to the Sponsoring Institution and to the program director; and,
- V.B.3.c) participate actively in:
 - V.B.3.c).(1) reviewing all fellow evaluations by all evaluators, Case Logs, Milestones assessments, incident reports, and other data semi-annually; and,
 - V.B.3.c).(2) making recommendations to the program director for fellow progress, including promotion, remediation, corrective actions, or dismissal.
- V.B.4. The findings of the CCC and program director must be shared with each fellow on at least a semi-annual basis.

V.C. Faculty Evaluation

V.C.1. The program must evaluate faculty member performance as it relates to the educational program at least once per year.

V.C.1.a) These evaluations should include a review of each faculty member's clinical teaching abilities, commitment to the educational program, participation in faculty development related to their skills as an educator, clinical knowledge, professionalism, and scholarly activities.

Background and Intent: Faculty development is structured programming developed to enhance transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may use a variety of methods, such as a lecture, workshop, or video conference, and can use internal or external resources. Programming is based on the needs of the faculty member(s) (individual or group), and may be specific to the institution or the program. Faculty development programming is reported for the members of the residency program faculty in aggregate.

V.C.2. The evaluation of faculty members must include the confidential evaluations written by the fellows each year.

V.D. Program Evaluation and Improvement

V.D.1. The program must document formal, systematic evaluation of the curriculum at least once per year that is based on the program's stated mission and aims and monitors and tracks each of the following areas:

V.D.1.a) fellow performance, including Milestones evaluations;

V.D.1.b) faculty development;

- V.D.1.c) graduate performance, including performance of program graduates taking the certification examination;
- V.D.1.d) program quality;
- V.D.1.d).(1) Fellows and faculty members must have the opportunity to evaluate the program confidentially and in writing at a minimum of once per year.
- V.D.1.d).(2) The program must use the results of fellows' and faculty members' assessments of the program together with other program evaluation results to improve the program.
- V.D.1.e) measures of fellow and faculty member well-being;
- V.D.1.f) engagement in quality improvement and patient safety efforts; and,
- V.D.1.g) scholarly activity of fellows and faculty members.
- V.D.2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the above listed areas, which should be reviewed and approved by the members of the teaching faculty and documented in meeting minutes.
- V.D.3. Programs that are reviewed annually as part of the Next Accreditation System-International (NAS-I), must complete a Self-Study prior to the program's accreditation site visit.
- V.D.3.a) The Self-Study must include a longitudinal evaluation of the program and its learning environment using data from the following:
 - V.D.3.a).(1) the annual reviews of the program; and,
 - V.D.3.a).(2) an analysis of the program's strengths and self-identified areas for improvement.
- V.D.3.b) A summary of the Self-Study must be submitted to the DIO.

V.E. Program Evaluation Committee

- V.E.1. The program director must appoint a Program Evaluation Committee (PEC) to evaluate the overall program.
- V.E.2. The PEC must:
 - V.E.2.a) be composed of at least two program faculty members, at least one of whom is a core faculty member, and include fellow representatives from different years of the educational program;

- V.E.2.b) have a written description of its responsibilities, including its responsibility to the Sponsoring Institution and to the program director; and,
- V.E.2.c) participate actively in:
 - V.E.2.c).(1) planning, developing, implementing, and evaluating all significant activities of the program;
 - V.E.2.c).(2) developing competency-based curriculum goals and objectives;
 - V.E.2.c).(3) annually reviewing the program using evaluations from faculty members, fellows, and others;
 - V.E.2.c).(4) creating the annual program evaluation document;
 - V.E.2.c).(5) reviewing the GMCEC's internal review of the program with recommended action plans; and,
 - V.E.2.c).(6) ensuring that areas of non-compliance with ACGME-I requirements are corrected.

VI. The Learning and Working Environment

VI.A. Principles

- VI.A.1. The program must be committed to and be responsible for promoting patient safety and fellow well-being and be committed to providing a supportive educational environment.
- VI.A.2. The learning objectives of the program must not be compromised by excessive reliance on fellows to fulfill service obligations.

VI.B. Patient Safety

- VI.B.1. The program and its faculty members and fellows must actively participate in patient safety systems and contribute to a culture of safety.
- VI.B.2. The program must have a structure that promotes safe, interprofessional, team-based care.
- VI.B.3. Education on Patient Safety
 - VI.B.3.a) Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.
 - VI.B.3.b) Residents, fellows, faculty members, and other clinical staff members must:

- VI.B.3.b).(1) know their responsibilities in reporting patient safety events at the clinical site; and,
- VI.B.3.b).(2) know how to report patient safety events, including near misses, at the clinical site.

VI.C. Quality Improvement

- VI.C.1. Fellows must receive training and experience and participate in quality improvement processes, including an understanding of health care disparities.
- VI.C.2. Fellows must have the opportunity to participate in interprofessional quality improvement activities.

VI.D. Supervision and Accountability

- VI.D.1. Lines of responsibility for the fellows must be clearly defined.
- VI.D.2. The program must ensure that qualified faculty members provide appropriate supervision of fellows in patient care activities.
- VI.D.3. To promote oversight of fellow supervision while providing fellows with graded authority and responsibility, the program must have a supervision policy that includes the following classifications of supervision:
 - VI.D.3.a) Direct Supervision: The supervising physician is physically present with the fellow and patient.
 - VI.D.3.b) Indirect Supervision with Direct Supervision Immediately Available: The supervising physician is physically within the site of patient care and available to provide direct supervision.
 - VI.D.3.c) Indirect Supervision with Direct Supervision Available: The supervising physician is available by phone or other means, and able to provide supervision. but is not physically present within the site of patient care.
 - VI.D.3.d) Oversight: The supervising physician is available to provide review and feedback of procedures or patient care encounters after care is delivered.

VI.E. Professionalism

- VI.E.1. Programs must educate fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide patient care.

VI.E.2. The program must provide a culture of professionalism that supports patient safety and personal responsibility.

VI.E.3. Programs must provide a professional, civil, and respectful environment that is free from mistreatment, abuse, or coercion of students, residents, fellows, and faculty members.

VI.F. Well-Being

VI.F.1. Programs, in partnership with its Sponsoring Institution, must demonstrate a responsibility to address well-being of fellows and faculty members, which includes policies and programs that encourage optimal well-being, access to health and personal care, and recognition of burnout, depression, and substance abuse.

VI.F.2. The responsibility of the program, in partnership with its Sponsoring Institution, to address well-being must include:

VI.F.2.a) attention to scheduling, work intensity, and work compression minimizing non-physician obligations and providing administrative support to impact fellow well-being;

VI.F.2.b) evaluating workplace safety;

VI.F.2.c) providing the opportunity to attend medical, mental health, and dental care appointments; and,

VI.F.2.d) attention to fellow and faculty member burnout, depression, and substance abuse.

VI.F.3. The program, in partnership with its Sponsoring Institution, must educate faculty members and fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Fellows and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care.

VI.F.3.a) The program, in partnership with its Sponsoring Institution, must encourage fellows and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

VI.F.4. When fellows are unable to attend work due to circumstances such as fatigue, illness, family emergencies, or parental responsibilities, the program must allow an appropriate length of absence from patient care responsibilities.

VI.F.4.a) Fellows must be permitted to take leave from patient care responsibilities without fear of negative consequences.

VI.G. Fatigue

VI.G.1. Faculty members and fellows must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

VI.G.2. The program, in partnership with its Sponsoring Institution, must ensure adequate sleeping facilities and safe transportation options for fellows who may be too fatigued to safely return home.

VI.H. Transitions of Care

VI.H.1. The program must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.

VI.H.2. The program, in partnership with its Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

VI.H.3. The program and its clinical sites must maintain and communicate schedules of attending physicians and fellows currently responsible for care.

VI.I. Clinical Experience and Education

VI.I.1. Fellows must accurately report their clinical and educational work hours, patient outcomes, Case Logs, and clinical experience data.

VI.I.2. Clinical and educational work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities and clinical work done at home.

VI.I.3. Fellows must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of in-house call.

VI.I.4. Adequate time for rest and personal activities must be provided.

VI.I.4.a) This should consist of an eight-hour time period provided between all daily duty periods and a 14-hour period after 24 hours of in-house call.

VI.J. On-call Activities

VI.J.1. In-house call must occur no more frequently than every third night, averaged over a four-week period.

- VI.J.2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
- VI.J.3. No new patients may be accepted after 24 hours of continuous duty.
- VI.J.4. At-Home Call (or Pager Call)
 - VI.J.4.a) The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation.
 - VI.J.4.b) At-home call must not be so frequent as to preclude rest and reasonable personal time for each fellow.
 - VI.J.4.c) Fellows taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.