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The following table summarizes the requirement differences between residency and fellowship ACGME Common Program Requirements, effective July 1, 2019. Please note that these are direct requirement to requirement comparison and is not inclusive of all Common Program Requirements. Review Committees may further specify additional requirements.

| **Common Program Requirement Citation Number** | **Residency Common Program Requirements (July 1, 2019)** | **Fellowship Common Program Requirements (July 1, 2019)** |
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| I.E. | The presence of other learners and other care providers, including, but not limited to, residents from other reprograms, subspecialty fellows, and advanced practice providers, must enrich the appointed residents' education. (core) | Description only:*A fellowship program usually occurs in the context of many learners and other care providers and limited clinical resources. It should be structured to optimize education for all learners present.* |
| I.E.1. | The program must report circumstances when the presence of other learners has interfered with the residents' education to the DIO and Graduate Medical Education Committee (GMEC). (core) | Fellows should contribute to the education of residents in core programs, if present. (Core). [The RC may further specify] |
| II.A.1.c) | The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core). [May be further specified by RC] | Not present/applicable to fellowships. |
| II.A.2. | At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program. (core) [May be further specified by RC] [The RC may further specify support for associate program director(s)] | The program director must be provided with support adequate for administration of the program based upon its size and configuration. (Core) [The RC must further specify]. [The RC may further specify regarding support for associate program director(s)]. |
| II.A.3.a)(qualifications of PD) | Must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee. (core) | Must include subspecialty expertise and qualifications acceptable to the Review Committee [The RC may further specify] |
| II.A.3.c) | must include current medical licensure and appropriate medical staff appointment; and, (core) | Not present/applicable to fellowships. |
| II.A.3.d) | must include ongoing clinical activity. (core) [The Review Committee may further specific additional program director qualifications] | Not present/applicable to fellowships. |
| II.B.2.g).(1) (in regards to faculty development) | as educators; (core) | Not present/applicable to fellowships. |
| II.B.2.g).(2) | in quality improvement and patient safety; (core) | Not present/applicable to fellowships. |
| II.B.2.g).(3) | in fostering their won and their residents; well-being; and, (core) | Not present/applicable to fellowships. |
| II.B.2.g).(4) | in patient care based on their practice-based learning and improvement efforts. (core) [The Review Committee may further specify additional faculty responsibilities] | Not present/applicable to fellowships. |
| II.B.3.d). | Not present/applicable to residency programs. | Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee (Core). [The RC may further specify] |
| II.C.2. | At a minimum, the program coordinator must be supported at 50 percent FTE (at least 20 hours per week) for administrative time. (core). [May be further specified by the RC] | The program coordinator must be provided with support adequate for administration of the program based upon its size and configuration. [The RC may further specify] |
| III.A.1 (eligibility requirements) | An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (core) | [Review Committee to choose one of the following:]Option1: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC) accredited or College of Family Physicians of Canada (CFPC) accredited residency program located in Canada. (Core).Option 2: All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program or an AOA-approved residency program. (Core). |
| III.A.1.a) | graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, (Core) | If RC selects Option 1: Fellowship programs must receive verification of each entering fellow’s level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core).If RC selects Option 2: Fellowship programs must receive verification of each entering fellow’s level of competence in the required field, upon matriculation, using ACGME Milestones evaluations from the core residency program. (Core). |
| III.A.1.b) | graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: (Core) | The Review Committee must further specify prerequisite postgraduate clinical education |
| III.A.1.b).(1) | holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Core) | Not present/applicable to fellowships. |
| III.A.1.b).(2) | holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located. (Core) | Not present/applicable to fellowships. |
| III.A.2 through III.A.4. | Eligibility exceptions | III.A.1.C lists eligibility exceptions based on RC chosen option and/or allowance of exception |
| IV.A.4.a) | Residents must be provided with protected time to participate in core didactic activities. (Core) | Not present/applicable to fellowships. |
| IV.A.6 | advancement in the residents’ knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients, and applied to patient care. (Core) | Not present/applicable to fellowships. |
| IV.B.1.a.(1)(a) through (g) | Specific sub-competencies of Professionalism | Not present/applicable in fellowships. |
| IV. B.1.d).(1).(a) through (g) | Specific sub-competencies of Practice-based Learning and Improvement | Not present/applicable in fellowships. |
| IV.B.1.e).(1).(a) through (f) and IV. B.1.e).(2) | Specific sub-competencies of Interpersonal and Communication Skills | Not present/applicable in fellowships. |
| IV.B.1.f).(1).(a) through (g) and IV. B.1.f).(2) | Specific sub-competencies of Systems-based Practice | Not present/applicable in fellowships. |
| IV.D.1.c) | The program must advance residents’ knowledge and practice of the scholarly approach to evidence-based patient care. (Core) | Not present/applicable in fellowships. |
| IV.D.3.a) | Residents must participate in scholarship. (Core) [The Review Committee may further specify] | Not present/applicable in fellowships. |
| IV.E.  | Not present/applicable to residency programs. | Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program. |
| IV.E.1. | Not present/applicable to residency programs. | If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core) [This section will be deleted for those Review Committees that choose not to permit the independent practice option. For those that choose to permit this option, the Review Committee may further specify.] |
| V.B.1.b) | This evaluation must include written, anonymous, and confidential evaluations by the residents. (Core) | This evaluation must include written, confidential evaluations by the fellows. (Core)(removed anonymous) |
| VI.A.2.e).(1).(a) | Initially, PGY-1 residents must be supervised either directly, or indirectly with direct supervision immediately available. [Each Review Committee may describe the conditions and the achieved competencies under which PGY-1 residents’ progress to be supervised indirectly with direct supervision available.] (Core) | Not present/applicable in fellowships. |
| VI.F.5.c) | PGY-1 residents are not permitted to moonlight. (Core) | Not present/applicable in fellowships. |