Requirement Number - Pre-Reformatting	Requirement Language	Reformatted Requirement Number	Requirement
	The Requirements for Combined Programs are an addendum to the specialty- subspecialty- specific Program Requirements for each participating specialty/subspecialty.		The Requirements for Combined Program subspecialty- specific Program Requirem specialty/subspecialty.
Introduction	The resident/fellow positions for the combined program will be included within the approved complement numbers for the combined program and will not be counted in the respective participating specialty/subspecialty programs.	Introduction	The resident/fellow positions for the com the approved complement numbers for th counted in the respective participating sp
Section 1	Section 1: Length of Educational Program	Section 1	Section 1: Length of Educational Program
1.1.	The length of training and educational format of the combined program must meet the requirements for eligibility for certification in the relevant specialties/subspecialties by American Board of Medical Specialties (ABMS) member boards and/or American Osteopathic Association (AOA) certifying boards. (Core)	1.1.	The length of training and educational for meet the requirements for eligibility for ce specialties/subspecialties by American B member boards and/or American Osteop boards. (Core)
1.1.a.	Residents should not enter the combined program beyond the beginning of the PGY-2 level without approval of the applicable ABMS or AOA boards. (Core)	1.1.a.	Residents should not enter the combined PGY-2 level without approval of the appli
Section 2	Section 2: Oversight	Section 2	Section 2: Oversight
2.1.	The combined program must comply with the Program Requirements for each participating specialty/subspecialty, except for modifications to the curriculum where permitted by the applicable ABMS member boards and/or AOA certifying boards. (Core)	2.1.	The combined program must comply with participating specialty/subspecialty, exce where permitted by the applicable ABMS boards. (Core)
2.2.	The Sponsoring Institution of the combined program should also sponsor ACGME-accredited programs in each of the program's participating specialties/subspecialties. (Core)	2.2.	The Sponsoring Institution of the combin ACGME-accredited programs in each of specialties/subspecialties. (Core)
2.2.a.	If the accredited programs in the participating specialties/subspecialties are not all sponsored by a single Sponsoring Institution, the combined program must be sponsored by one of those Sponsoring Institutions, and all elements of the combined program will be subject to the policies and procedures of that Sponsoring Institution. (Core)	2.2.a.	If the accredited programs in the participa all sponsored by a single Sponsoring Ins sponsored by one of those Sponsoring Ir combined program will be subject to the Sponsoring Institution. (Core)
2.3.	The participating specialty/subspecialty programs must be in close geographic proximity. (Core)	2.3.	The participating specialty/subspecialty p proximity. (Core)
2.3.a.	The program directors of the related specialty/subspecialty programs and the program director of the combined program must demonstrate regular collaboration and coordination of curriculum and rotations. (Core)	2.3.a.	The program directors of the related spec program director of the combined program collaboration and coordination of curricul
Section 3	Section 3: Program Leadership	Section 3	Section 3: Program Leadership
3.1.	The program director and, as applicable, the leadership team of the combined program must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	3.1.	The program director and, as applicable, program must be provided with support a program based upon its size and configu

## ent Language

rams are an addendum to the specialtyements for each participating

mbined program will be included within r the combined program and will not be specialty/subspecialty programs. ram

format of the combined program must certification in the relevant Board of Medical Specialties (ABMS) opathic Association (AOA) certifying

ed program beyond the beginning of the plicable ABMS or AOA boards. (Core)

vith the Program Requirements for each cept for modifications to the curriculum //S member boards and/or AOA certifying

nined program should also sponsor of the program's participating

sipating specialties/subspecialties are not nstitution, the combined program must be Institutions, and all elements of the le policies and procedures of that

y programs must be in close geographic

becialty/subspecialty programs and the ram must demonstrate regular culum and rotations. (Core)

le, the leadership team of the combined t adequate for administration of the guration. (Core)

Requirement Number - Pre-Reformatting	Requirement Language	Reformatted Requirement Number	Requiremen
	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided among the program director and one or more associate (or assistant) program directors.		Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direct director and one or more associate (or a
3.1.a.	Number of Approved Resident/Fellow Positions: <7   Minimum Support Required (FTE): 0.2 Number of Approved Resident/Fellow Positions: 7-10  Minimum Support Required (FTE): 0.4 Number of Approved Resident/Fellow Positions: >10   Minimum Support Required (FTE): 0.5	3.1.a.	Number of Approved Resident/Fellow Po Required (FTE): 0.2 Number of Approved Resident/Fellow Po Required (FTE): 0.4 Number of Approved Resident/Fellow Po Required (FTE): 0.5
3.2.	The program director should possess the qualifications specified in the Program Requirements for each participating specialty/subspecialty or possess qualifications acceptable to the Review Committee. (Core)	3.2.	The program director should possess the Requirements for each participating spe qualifications acceptable to the Review (
3.3.	For each specialty/subspecialty participating in the program, there must be at least one member of the program's leadership (program director, associate program director(s)) with current certification by the applicable ABMS member board and/or AOA certifying board. (Core)	3.3.	For each specialty/subspecialty participa least one member of the program's lead program director(s)) with current certifica board and/or AOA certifying board. (Cor
Section 4	Section 4: Core Faculty	Section 4	Section 4: Core Faculty
4.1.	The combined program must include at least one core faculty member from each participating specialty/subspecialty program. (Core)	4.1.	The combined program must include at I each participating specialty/subspecialty
4.1.a.	For programs with an approved complement of more than eight resident/fellow positions, there must be at least one additional core faculty member from each participating specialty/subspecialty program for every eight residents/fellows in the program. (Core)	4.1.a.	For programs with an approved compler positions, there must be at least one add participating specialty/subspecialty progr the program. (Core)
Section 5	Section 5: Program Coordinator	Section 5	Section 5: Program Coordinator
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core) Number of Approved Resident/Fellow Positions: 1-15   Minimum FTE: 20 percent Number of Approved Resident/Fellow Positions: 16-20   Minimum FTE: 30 percent Number of Approved Resident/Fellow Positions: 21 or more   Minimum FTE: 40		At a minimum, the program coordinator in time and support specified below for adm Number of Approved Resident/Fellow Po percent Number of Approved Resident/Fellow Po percent
5.1.	percent	5.1.	percent
Section 6 6.1.	Section 6: Curriculum The curriculum for a participating specialty-subspecialty may be truncated and must comply with the combined program curriculum provided by the applicable ABMS member board and/or AOA certifying board. (Core)	Section 6 6.1.	Section 6: Curriculum The curriculum for a participating specia must comply with the combined program ABMS member board and/or AOA certify
	The curriculum must provide a cohesive planned educational experience, and not simply be a series of rotations between the participating specialties/subspecialties. The majority of the educational experiences should be derived from the educational experiences and training provided in the participating programs. (Core)		The curriculum must provide a cohesive not simply be a series of rotations betwe specialties/subspecialties. The majority be derived from the educational experies participating programs. (Core)
6.2.	Section 7: Resident/Fellow Scholarly Activity	6.2.	Section 7: Resident/Fellow Scholarly Act
Section 7		Section 7	Section 7. Resident/Fellow Scholarly Ac

## ent Language

st be provided with support equal to a bw for administration of the program. This ector only or divided among the program assistant) program directors.

Positions: <7 | Minimum Support

Positions: 7-10 |Minimum Support

Positions: >10 | Minimum Support

the qualifications specified in the Program becialty/subspecialty or possess v Committee. (Core)

pating in the program, there must be at adership (program director, associate ication by the applicable ABMS member ore)

at least one core faculty member from Ity program. (Core)

ement of more than eight resident/fellow dditional core faculty member from each ogram for every eight residents/fellows in

r must be provided with the dedicated dministration of the program: (Core)

Positions: 1-15 | Minimum FTE: 20

Positions: 16-20 | Minimum FTE: 30

Positions: 21 or more | Minimum FTE: 40

ialty-subspecialty may be truncated and am curriculum provided by the applicable tifying board. (Core)

ve planned educational experience, and veen the participating

y of the educational experiences should iences and training provided in the

Activity

Requirement Number - Pre-Reformatting	Requirement Language	Reformatted Requirement Number	Requiremen
7.1.	Residents/fellows in the combined program must meet the specialty- /subspecialty-specific scholarly activity requirements specified by the Review Committee that accredits the combined program, as detailed in the Program Requirements for the applicable specialty/subspecialty. If a combined program includes a specialty and one or more subspecialty programs accredited by a single Review Committee, the residents/fellows must meet the scholarly activity requirements specified in the applicable subspecialty-specific Program Requirements. (Core)	7.1.	Residents/fellows in the combined progr /subspecialty-specific scholarly activity r Committee that accredits the combined Requirements for the applicable special includes a specialty and one or more su single Review Committee, the residents requirements specified in the applicable Requirements. (Core)
Section 8	Section 8: Evaluation	Section 8	Section 8: Evaluation
8.1.	The Clinical Competency Committee(s) must include faculty members from each participating program. (Core)	8.1.	The Clinical Competency Committee(s) each participating program. (Core)
8.2.	The Clinical Competency Committee(s) must determine each resident's/fellow's progress on achievement of the Milestones for each participating specialty/subspecialty. (Core)	8.2.	The Clinical Competency Committee(s) progress on achievement of the Mileston specialty/subspecialty. (Core)
8.3.	The Clinical Competency Committee(s) must advise the program director on each resident's/fellow's progress. (Core)	8.3.	The Clinical Competency Committee(s) each resident's/fellow's progress. (Core
8.4.	The program directors of the participating programs must provide input to the program director of the combined program regarding the required semi-annual evaluations and the final evaluation for residents/fellows in the combined program. (Core)	8.4.	The program directors of the participatin program director of the combined progra evaluations and the final evaluation for r program. (Core)
8.5.	The final evaluation must verify that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice in each of the participating specialties/subspecialties. (Core)	8.5.	The final evaluation must verify that the knowledge, skills, and behaviors necess each of the participating specialties/subs
8.6.	Residents/fellows must provide annual, written evaluations of the combined program and each of the participating specialty/subspecialty programs. (Core)	8.6.	Residents/fellows must provide annual, program and each of the participating sp
8.7.	The combined program director must appoint a Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the combined program's continuous improvement process. (Core)	8.7.	The combined program director must ap to conduct and document the Annual Pr combined program's continuous improve
8.8.	In assessing the combined program's compliance with Common Program Requirements V.C.3.a)-V.C.3.f), the Review Committee will consider the three- year aggregate pass rate of program graduates on each applicable specialty/subspecialty certification exam.	8.8.	In assessing the combined program's co Requirements 5.6. – 5.6.e., the Review aggregate pass rate of program graduat specialty/subspecialty certification exam

## ent Language

bgram must meet the specialtyy requirements specified by the Review ed program, as detailed in the Program ialty/subspecialty. If a combined program subspecialty programs accredited by a hts/fellows must meet the scholarly activity ble subspecialty-specific Program

s) must include faculty members from

s) must determine each resident's/fellow's tones for each participating

s) must advise the program director on re)

ting programs must provide input to the gram regarding the required semi-annual or residents/fellows in the combined

ne resident/fellow has demonstrated the essary to enter autonomous practice in ubspecialties. (Core)

l, written evaluations of the combined specialty/subspecialty programs. (Core)

appoint a Program Evaluation Committee Program Evaluation as part of the ovement process. (Core)

compliance with Common Program w Committee will consider the three-year lates on each applicable am.