

Combined Programs Crosswalk

Requirement Number - Pre-Reformatting	Requirement Language	Reformatted Requirement Number	Requirement Language
Introduction	<p>The Requirements for Combined Programs are an addendum to the specialty-subspecialty- specific Program Requirements for each participating specialty/subspecialty.</p> <p>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.</p>	Introduction	<p>The Requirements for Combined Programs are an addendum to the specialty-subspecialty- specific Program Requirements for each participating specialty/subspecialty.</p> <p>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.</p>
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 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.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 program beyond the beginning of the PGY-2 level without approval of the applicable ABMS or AOA boards. (Core)
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 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)
2.2.	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 combined program should also sponsor ACGME-accredited programs in each of the program's participating 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 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)
2.3.	The participating specialty/subspecialty programs must be in close geographic proximity. (Core)	2.3.	The participating specialty/subspecialty programs must be in close geographic 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 specialty/subspecialty programs and the program director of the combined program must demonstrate regular collaboration and coordination of curriculum and rotations. (Core)
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, 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)

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3.1.a.	<p>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.</p> <p>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</p>	3.1.a.	<p>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.</p> <p>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</p>
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 qualifications specified in the Program Requirements for each participating specialty/subspecialty or possess qualifications acceptable to the Review Committee. (Core)
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 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)
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 least one core faculty member from each participating specialty/subspecialty program. (Core)
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 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)
Section 5	Section 5: Program Coordinator	Section 5	Section 5: Program Coordinator
5.1.	<p>At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)</p> <p>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 percent</p>	5.1.	<p>At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)</p> <p>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 percent</p>
Section 6	Section 6: Curriculum	Section 6	Section 6: Curriculum
6.1.	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)	6.1.	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)
6.2.	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)	6.2.	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)
Section 7	Section 7: Resident/Fellow Scholarly Activity	Section 7	Section 7: Resident/Fellow Scholarly Activity

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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 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)
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) must include faculty members from 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) must determine each resident's/fellow's progress on achievement of the Milestones for each participating 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) must advise the program director on 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 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)
8.5.	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 resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice in each of the participating specialties/subspecialties. (Core)
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, written evaluations of the combined program and each of the participating specialty/subspecialty programs. (Core)
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 appoint a Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the combined program's continuous improvement process. (Core)
8.8.	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 compliance with Common Program Requirements 5.6. – 5.6.e., the Review Committee will consider the three-year aggregate pass rate of program graduates on each applicable specialty/subspecialty certification exam.