ACGME-I ADVANCED SPECIALTY PROGRAM REQUIREMENTS
SUMMARY OF REQUIREMENTS FOR
A NEWLY ACCREDITED SUBSUBSPECIALTY

Advanced Specialty Requirements: **Interventional Cardiology**
Proposed Effective Date: **1 October 2024**

Comments are currently being solicited on Advanced Specialty Program Requirements for a newly accredited sub-subspecialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new requirements.

The comments provided will be used by the Review Committee-International to determine the final version of the Requirements for approval by the ACGME-I Board of Directors, and which will be posted on the ACGME-I website.

Requirement Number	Line Number	Rationale
I.A.1. A fellowship in interventional cardiology must function as an integral part of an ACGME-I-accredited fellowship in cardiology **I.A.1.a)** There must be a collaborative relationship with the program director of the internal medicine residency program and the cardiovascular disease fellowship program to ensure compliance with ACGME-I requirements.	30-31 33-36	The intent of the requirement is that there is a working, synergistic relationship between the fellowships and between the residency and fellowship leadership that enhances each program. The program directors of the residency and fellowship programs should seek interactions that will enhance understanding of the requirements, aid in implementation of the competency-based education program in a coordinated manner across the programs, and ensure that consideration is given to the potential impact of changes in one program on the other. This can be accomplished in a variety of ways such as participation by representatives of the other programs in each program's Program Evaluation Committee; joint meetings with the institution's designated institutional official; or periodic scheduled meetings between the residency and fellowship program directors.
II.A.1. The program director must have at least three years of documented educational and/or administrative experience in an Accreditation Council for Graduate Medical Education- or ACGME-I-accredited internal medicine cardiovascular disease	47-51	Teaching and/or administrative experience is cumulative across multiple programs. Time as a fellow does not count; however, chief residency experience in a fourth-year position with junior faculty member responsibilities does count. The experience can be as an associate program director, core faculty member, faculty member, or subspecialty coordinator in an ACGME-I-

fellowship or interventional cardiology fellowship.		accredited internal medicine residency program or cardiology fellowship program.
II.D.1.c) [Appropriate resources to care for patients undergoing interventional cardiology procedures must be present at the primary clinical sitem including:] a cardiac intensive care unit.	81	Ideally, the cardiac intensive care unit (CICU) will be a dedicated and geographically distinct unit with dedicated and distinct nursing staff members, allied health personnel, and a cardiologist as director. A CICU embedded within a larger medical or surgical intensive care unit would also be acceptable if it is organized and functions as a separate unit, there is an adequate volume and case-mix of patients, and there is appropriate staffing and leadership.
II.D.2. An active cardiac surgery program should be present at the primary clinical site or at participating site(s).	83-84	The presence of an active cardiac surgery program provides opportunities for fellows to care for patients who are being evaluated for and recovering from open heart surgery and conditions requiring surgical guidance. Providing access to this patient resource ensures the breadth, complexity, and acuity of cases are available. If programs do not have an active cardiac surgery program at the primary clinical site, they may establish a rotation to a participating site with an active cardiac surgery program.
IV.A.1.b).(6).(b).(ii).(c) [Fellows must demonstrate competence in the performance of coronary interventions.] This should include performance of a minimum of 250 coronary interventions.	205-207	The fellow must act as the primary operator for the procedure to count toward the required minimum.
IV.B.1.a) The program must ensure that all fellows have an opportunity to review all knowledge content from conferences that they could not attend.	305-307	Core content presented during conferences will need to be available for fellows who missed the conference. This can include repeating the conference, recording the conference and making it available electronically, or otherwise sharing the content from the conference electronically.
IV.C.7. Fellows should participate in training using simulation.	347	The Review Committee-International does not expect each program to own a simulator or have a simulation center. The term ‘simulation’ is used broadly to mean learning about patient care in settings that do not include actual patients. This could include objective structured clinical examinations, standardized patients, patient simulators, or electronic simulation of resuscitation, procedures, and other clinical scenarios.