



**ACGME-I
INTERNATIONAL ADVANCED SPECIALTY
PROGRAM REQUIREMENTS
SUMMARY OF REVISIONS AND RATIONALE**

Advanced Specialty Requirements for: **Cardiovascular Disease**
Proposed Effective Date of revised requirements: **1 July 2025**

Comments are currently being solicited on revisions to the International Advanced Specialty Program Requirements for the subspecialty listed above. To aid those providing comment, the following table summarizes and provides a rationale for the major revisions in the requirements.

The comments provided will be considered by the Review Committee-International as it determines the final revision of these Requirements, which will be posted on the ACGME-I website following approval.

REQUIREMENTS DELETED

| Requirement Number | Line Number | Rationale |
|---|-------------|--|
| IV.C.9.b).(1) Each fellow should, on average, be responsible for four to eight patients during each half day session 1) Each fellow should, on average, be responsible for no more than eight to 12 patients during each half-day ambulatory session | 393-398 | The specific number of patients seen by fellows during ambulatory care experiences was removed to allow programs flexibility. Programs should continue to monitor fellows' ambulatory clinic load to maximize learning opportunities over service needs. |

REQUIREMENTS ADDED

| Requirement Number | Line Number | Rationale |
|---|-------------|---|
| II.B.1. In addition to the program director, there must be at least three core faculty members. | 45-46 | The program must also meet Foundational requirement II.B.6. and have a core faculty member-to-fellow ratio of 1:2. If the program has less than six fellows, there must be at least three core faculty members. The responsibilities of core faculty members are outlined in Foundational requirement II.B.4. |
| II.D.1.b) The following must be present at the primary clinical site b) an active cardiac surgery program. | 76 | The requirement for an active cardiac surgery program was added to ensure educational experiences with and appropriate care for a wide variety of cardiac patients. |
| IV.A.1.b).(1) Fellows must demonstrate competence in | 126-139 | The additions to competencies in patient care and procedural skills include the new |

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| managing care of patients a) in a variety of health care settings, including inpatient and ambulatory settings. b) using critical thinking and evidence-based tools; c) using population-based data; and d) with whom they have limited or no physical contact, through the use of telemedicine. | | and emerging area of telemedicine, the importance of training fellows to deliver care in the ambulatory setting, and the increasing importance of data-driven clinical decision-making. |
| <p>IV.B.1. The educational program must include didactic instruction based upon the core knowledge content in cardiovascular disease. a) Fellows must have a sufficient number of didactic sessions to ensure fellow-fellow and fellow-and-faculty interaction</p> <p>IV.B.2 The program must ensure that fellows have an opportunity to review all knowledge content from conferences that they could not attend.</p> | 298-303 | The addition of these requirements ensure that all fellows have access to didactic sessions and that faculty members are actively involved in didactics. |
| IV.C.1. Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback | 307-311 | Education and patient safety are impacted by the length of clinical rotations. Programs must consider the length of a rotation when planning educational experiences. |
| IV.C.2. Rotations must be structured to allow fellows to function as a part of an effective interprofessional team that works together toward the shared goals of patient safety and quality improvement. | 312-314 | Clinical rotations must be planned to enhance opportunities for fellows to actively engage with an interprofessional team. These experiences should allow for interaction between team members to both teach fellows and provide patient care. |
| IV.C.7. The education program must provide fellows with elective experiences relevant to their future practice or to further skill/competence development. | 377-379 | Providing educational experiences that are individualized to each fellow's learning needs and individual interests is an important component of the fellowship. |
| IV.C.8. Fellows must participate in training using simulation. | 381 | Simulation can be used to provide opportunities for learning and development of clinical competence and for evaluation of fellows. |
| IV.D.1.a) While in the program all fellows must complete at least one of | 405-412 | All fellows must engage in scholarly work during the fellowship. Scholarly work is |

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| <p>the following scholarly activities: 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.</p> | | <p>broadly interpreted to include a variety of professional activities.</p> |
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