Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	Definition of Graduate Medical Education		
	Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		Definition of Graduate Medical Educati Fellowship is advanced graduate medi residency program for physicians who practice. Fellowship-trained physicians subspecialty care, which may also incl community resource for expertise in th new knowledge into practice, and educ physicians. Graduate medical educatio group of physicians brings to medical inclusive and psychologically safe lead
Int.A.	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Fellows who have completed residency in their core specialty. The prior medic fellows distinguish them from physicial care of patients within the subspecialty faculty supervision and conditional ind serve as role models of excellence, con professionalism, and scholarship. The knowledge, patient care skills, and exp area of practice. Fellowship is an inten clinical and didactic education that foc of patients. Fellowship education is of intellectually demanding, and occurs in environments committed to graduate r being of patients, residents, fellows, fa members of the health care team.
	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an	[None] - (Continued)	In addition to clinical education, many fellows' skills as physician-scientists. knowledge within medicine is not excl physicians, the fellowship experience pursue hypothesis-driven scientific ind the medical literature and patient care. expertise achieved, fellows develop me infrastructure that promotes collaboration
	Definition of Subspecialty		
	Blood banking/transfusion medicine is the practice of laboratory and clinical medicine concerned with all aspects of blood transfusion, cellular therapies, and apheresis. Blood banking/transfusion medicine fellowship programs provide a strong foundation in clinical pathology and clinical medicine.		Definition of Subspecialty Blood banking/transfusion medicine is the medicine concerned with all aspects of bl and apheresis. Blood banking/transfusion
Int.B.		[None]	provide a strong foundation in clinical path

ation

dical education beyond a core to desire to enter more specialized ins serve the public by providing clude core medical care, acting as a their field, creating and integrating ucating future generations of tion values the strength that a diverse al care, and the importance of earning environments.

acy are able to practice autonomously lical experience and expertise of cians entering residency. The fellow's lty is undertaken with appropriate independence. Faculty members compassion, cultural sensitivity, he fellow develops deep medical expertise applicable to their focused ensive program of subspecialty ocuses on the multidisciplinary care often physically, emotionally, and in a variety of clinical learning e medical education and the wellfaculty members, students, and all

by fellowship programs advance s. While the ability to create new clusive to fellowship-educated e expands a physician's abilities to inquiry that results in contributions to re. Beyond the clinical subspecialty mentored relationships built on an rative research.

the practice of laboratory and clinical blood transfusion, cellular therapies, on medicine fellowship programs athology and clinical medicine.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Length of Educational Program		· · ·
			Length of Program
	The educational program in blood banking/transfusion medicine must be 12 months in length. (Core)		The educational program in blood bankin
Int.C.		4.1.	months in length. (Core)
l.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		
	The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the organultimate financial and academic respondent medical education consistent with the
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is no most commonly utilized site of clinical primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by or Institution. (Core)
	Participating Sites		
I.B.	A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spor primary clinical site. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agre and each participating site that govern program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinical at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must b by the program director, who is accou site, in collaboration with the program
	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)		The program director must submit any participating sites routinely providing for all fellows, of one month full time e
I.B.4.		1.6.	ACGME's Accreditation Data System (

it Language
ing/transfusion medicine must be 12
anization or entity that assumes the onsibility for a program of graduate e ACGME Institutional Requirements.
ot a rotation site for the program, the
al activity for the program is the
one ACGME-accredited Sponsoring
n providing educational experiences s for fellows.
onsoring Institution, must designate a
reement (PLA) between the program
rns the relationship between the
oviding a required assignment. (Core
(01) 10 V0010 (C010)
very 10 years. (Core) esignated institutional official (DIO).
al learning and working environment
be one faculty member, designated untable for fellow education for that m director. (Core)
ny additions or deletions of g an educational experience, required
equivalent (FTE) or more through the (ADS). (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-driv and retention of a diverse and inclusiv present), fellows, faculty members, set members, and other relevant members
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	At the primary clinical site, the program must provide each fellow with:	1.8.a.	At the primary clinical site, the program m
I.D.1.a).(1) I.D.1.a).(2)	a designated work area; (Core) an individual computer with access to hospital and laboratory information	1.8.a.1. 1.8.a.2.	a designated work area; (Core) an individual computer with access to hos
I.D.1.a).(3)	systems, electronic health records, and the internet; and, (Core) access to updated teaching materials, such as interesting case files and archived conference materials, or study sets, such as glass slides and virtual study sets, encompassing the core curriculum areas of anatomic and/or clinical pathology, as matches the program's specialty concentration. (Core)	1.8.a.3.	systems, electronic health records, and the access to updated teaching materials, sur- archived conference materials, or study s study sets, encompassing the core curric pathology, as matches the program's spe
I.D.1.b)	There must be office space, meeting rooms, and laboratory space to support patient care-related teaching, educational, and research activities, and clinical service work. (Core)	1.8.b.	There must be office space, meeting roor patient care-related teaching, educationa service work. (Core)
I.D.1.c)	Clinical material related to the subspecialty area of the fellowship must be provided. (Core)	1.8.c.	Clinical material related to the subspecial provided. (Core)
I.D.1.c).(1)	Clinical information must be indexed so as to permit retrieval of archived records and materials in a timely manner. (Core)	1.8.c.1.	Clinical information must be indexed so a records and materials in a timely manner.
I.D.1.c).(2)	The program must have a wide variety of blood banking/transfusion medicine clinical material that includes blood donors, blood products, immunohematology specimens, transfusion reaction work-ups, and coagulopathies from both adult and pediatric patients. (Core)	1.8.c.2.	The program must have a wide variety of clinical material that includes blood donor specimens, transfusion reaction work-ups and pediatric patients. (Core)
l.D.1.d)	The laboratory must have a blood banking/transfusion medicine information system that is approved by the Food and Drug Administration (FDA) for use in blood banking/transfusion medicine. (Core)	1.8.d.	The laboratory must have a blood banking system that is approved by the Food and blood banking/transfusion medicine. (Cor

n

Sponsoring Institution, must engage riven, ongoing, systematic recruitment sive workforce of residents (if senior administrative GME staff ers of its academic community. (Core)

Sponsoring Institution, must ensure s for fellow education. (Core)

Sponsoring Institution, must ensure s for fellow education. (Core)

must provide each fellow with:

nospital and laboratory information I the Internet; and, (Core)

such as interesting case files and v sets, such as glass slides and virtual riculum areas of anatomic and/or clinical pecialty concentration. (Core)

ooms, and laboratory space to support nal, and research activities, and clinical

ialty area of the fellowship must be

as to permit retrieval of archived er. (Core)

of blood banking/transfusion medicine hors, blood products, immunohematology lps, and coagulopathies from both adult

king/transfusion medicine information nd Drug Administration (FDA) for use in core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
I.D.1.e)	Laboratories must perform all tests required for the education of fellows and/or provide access to the results of reference laboratory tests that are not performed at the primary clinical site and participating sites. (Core)	1.8.e.	Laboratories must perform all tests requir provide access to the results of reference performed at the primary clinical site and
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/res for fellows with proximity appropriate t
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe pat
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropri (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disal Sponsoring Institution's policy. (Core)
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to sub appropriate reference material in print include access to electronic medical lin capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	Other Learners and Health Care Person The presence of other learners and oth but not limited to residents from other and advanced practice providers, mus- appointed fellows' education. (Core)
II .	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member app authority and accountability for the over with all applicable program requirement
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member app authority and accountability for the over with all applicable program requirement
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro- program director's licensure and clinic
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicabl must be provided with support adequa based upon its size and configuration.
II. / 1.2.		2.J.	pased upon its size and connyuration.

uired for the education of fellows and/or ce laboratory tests that are not id participating sites. (Core)

Sponsoring Institution, must ensure genvironments that promote fellow

rest facilities available and accessible e for safe patient care; (Core)

on that have refrigeration capabilities, atient care; (Core)

priate to the participating site; and,

abilities consistent with the e)

subspecialty-specific and other nt or electronic format. This must literature databases with full text

onnel

other health care personnel, including er programs, subspecialty fellows, ust not negatively impact the

ppointed as program director with overall program, including compliance ents. (Core)

ppointed as program director with overall program, including compliance ents. (Core)

te Medical Education Committee ogram director and must verify the lical appointment. (Core)

or resides with the Review Committee.

ble, the program's leadership team, uate for administration of the program n. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.A.2.a)	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 between the program director and one or more associate (or assistant) program directors. (Core)	2.3.a.	Program leadership, in aggregate, must l dedicated minimum time specified below may be time spent by the program director director and one or more associate (or as
II.A.2.a).(1)	Programs with up to four approved fellow positions must be provided with a minimum of 10 percent time. Programs with five or six approved fellow positions must be provided with a minimum of 20 percent time. Programs with seven or more approved fellow positions must be provided with a minimum of 20 percent time and an additional 0.5 percent time for each approved position. (Core)	2.3.a.1.	Programs with up to four approved fellow minimum of 10 percent time. Programs w must be provided with a minimum of 20 p more approved fellow positions must be p time and an additional 0.5 percent time for
II.A.2.b)	Programs that do not function as a dependent subspecialty of an ACGME- accredited pathology residency program must be provided with a minimum of 20 percent time. These programs that have seven or more approved fellow positions must be provided with an additional 1 percent time for each approved position. (Core)	2.3.b.	Programs that do not function as a deper accredited pathology residency program percent time. These programs that have positions must be provided with an addition position. (Core)
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Review
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess su qualifications acceptable to the Review
	must include current certification in the subspecialty for which they are the program director by the American Board of Pathology (ABPath) or subspecialty qualifications that are acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable,		The program director must possess car subspecialty for which they are the pro Board of Pathology (ABPath) or subspe acceptable to the Review Committee. ([Note that while the Common Program Re certifying board of the American Osteopa there is no AOA board that offers certifica
II.A.3.b)	there is no AOA board that offers certification in this specialty/subspecialty] must include at least three years of active participation as a specialist in blood banking/transfusion medicine following completion of all graduate medical education. (Core)	2.4.a. 2.4.b.	The program director must possess at lea as a specialist in blood banking/transfusio graduate medical education. (Core)
	Program Director Responsibilities		
II.A.4.	The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have responsibility for: administration and activity; fellow recruitment and selecti fellows, and disciplinary action; super education in the context of patient card
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role m

t be provided with support equal to a w for administration of the program. This ctor only or divided between the program assistant) program directors. (Core)

w positions must be provided with a with five or six approved fellow positions percent time. Programs with seven or provided with a minimum of 20 percent for each approved position. (Core)

endent subspecialty of an ACGMEn must be provided with a minimum of 20 e seven or more approved fellow itional 1 percent time for each approved

or:

subspecialty expertise and ew Committee. (Core)

r

subspecialty expertise and ew Committee. (Core)

current certification in the program director by the American pecialty qualifications that are . (Core)

Requirements deem certification by a bathic Association (AOA) acceptable, cation in this specialty/subspecialty]

east three years of active participation sion medicine following completion of all

consibility, authority, and d operations; teaching and scholarly ction, evaluation, and promotion of ervision of fellows; and fellow are. (Core)

model of professionalism. (Core)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement I
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and consistent with the needs of the comm Sponsoring Institution, and the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer a environment conducive to educating th Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the auphysicians and non-physicians as facusites, including the designation of core develop and oversee a process to evalut (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the au supervising interactions and/or learning the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit accured and requested by the DIO, GM
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a le which fellows have the opportunity to r mistreatment, and provide feedback in appropriate, without fear of intimidatior
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the point of Sponsoring Institution's policies and point and due process, including when action not to promote, or renew the appointment
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the population of the program director must ensure the population of
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document v fellows within 30 days of completion of (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide veri education upon the fellow's request, wi
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide app interview with information related to the specialty board examination(s). (Core)

nd conduct the program in a fashion munity, the mission(s) of the on(s) of the program. (Core)

er and maintain a learning the fellows in each of the ACGME

authority to approve or remove culty members at all participating re faculty members, and must aluate candidates prior to approval.

authority to remove fellows from ing environments that do not meet

ccurate and complete information MEC, and ACGME. (Core)

learning and working environment in o raise concerns, report in a confidential manner as ion or retaliation. (Core)

e program's compliance with the procedures related to grievances ion is taken to suspend or dismiss, ment of a fellow. (Core)

e program's compliance with the procedures on employment and non-

a non-competition guarantee or

t verification of education for all of or departure from the program.

erification of an individual fellow's within 30 days. (Core)

pplicants who are offered an their eligibility for the relevant e)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
	Faculty		
	Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the		Faculty Faculty members are a foundational el education – faculty members teach fel Faculty members provide an importan and become practice ready, ensuring to quality of care. They are role models for by demonstrating compassion, commi- patient care, professionalism, and a de Faculty members experience the pride development of future colleagues. The the opportunity to teach and model ex- scholarly approach to patient care, fac graduate medical education system, in
	population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of		and the population. Faculty members ensure that patients from a specialist in the field. They reco
	the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and		the patients, fellows, community, and i provide appropriate levels of supervisi Faculty members create an effective le professional manner and attending to
II.B.	themselves.	[None]	themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of fa instruct and supervise all fellows. (Cor
II.B.1.a)	In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in blood blanking/transfusion medicine with either blood banking/transfusion medicine certification by the ABPath or qualifications judged acceptable to the Review Committee. (Core)	2.6.a.	In addition to the program director, the fac faculty member with demonstrated expert medicine with either blood banking and tr ABPath or qualifications judged acceptab
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role models
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality,	2.7.a.	Faculty members must demonstrate co equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient to fulfill their supervisory and teaching re
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and environment conducive to educating fe
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly partic discussions, rounds, journal clubs, an

element of graduate medical ellows how to care for patients. In the bridge allowing fellows to grow of that patients receive the highest for future generations of physicians mitment to excellence in teaching and dedication to lifelong learning. The and joy of fostering the growth and the care they provide is enhanced by exemplary behavior. By employing a faculty members, through the improve the health of the individual

is receive the level of care expected cognize and respond to the needs of d institution. Faculty members ision to promote patient safety. learning environment by acting in a o the well-being of the fellows and

f faculty members with competence to ore)

faculty must include at least one core ertise in blood blanking and transfusion transfusion medicine certification by the able to the Review Committee. (Core)

Is of professionalism. (Core)

commitment to the delivery of safe, , patient-centered care. (Core)

a strong interest in the education of time to the educational program to responsibilities. (Core) nd maintain an educational

fellows. (Core)

ticipate in organized clinical and conferences. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.2.g)	devote at least 20 hours per week in aggregate to fellowship-related clinical work and teaching. (Core)	2.7.f.	Faculty members must devote at least 20 fellowship-related clinical work and teachi
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropriation hold appropriate institutional appointment
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropriate hold appropriate institutional appointmembers
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	 have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA heard that offers certification in this enceight/curbers with the provided of the American Osteopathic Association (AOA) acceptable, 		Subspecialty Physician Faculty Member Subspecialty physician faculty member the subspecialty by the American Boar qualifications judged acceptable to the [Note that while the Common Program Re certifying board of the American Osteopat
II.B.3.b).(1)	there is no AOA board that offers certification in this specialty/subspecialty]	2.9. 2.9.b.	there is no AOA board that offers certificat Core physician faculty members, who are banking/transfusion medicine must have of •completed a fellowship in blood banking/t •at least three years of practice experience
II.B.3.b).(1).(a)	Core physician faculty members who are not currently certified in blood banking/transfusion medicine must have one of the following:		•completed a fellowship in a subspecialty educational responsibilities in the program
		2.9.b.	Core physician faculty members, who are banking/transfusion medicine must have c
			•completed a fellowship in blood banking/
			•at least three years of practice experience
II.B.3.b).(1).(a).(i)	completion of a fellowship in blood banking/transfusion medicine; (Core)		•completed a fellowship in a subspecialty educational responsibilities in the program

y development designed to enhance

20 hours per week in aggregate to ching. (Core)

iate qualifications in their field and tments. (Core)

iate qualifications in their field and tments. (Core)

bers

bers must have current certification in ard of Pathology or possess he Review Committee. (Core)

Requirements deem certification by a bathic Association (AOA) acceptable, cation in this specialty/subspecialty]

re not currently certified in blood e one of the following:

g/transfusion medicine; (Core)

nce in the subspecialty; or, (Core)

ty relevant to their clinical and am. (Core)

re not currently certified in blood e one of the following:

g/transfusion medicine; (Core)

nce in the subspecialty; or, (Core)

ty relevant to their clinical and am. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
		2.9.b.	Core physician faculty members, who are banking/transfusion medicine must have
			•completed a fellowship in blood banking
			•at least three years of practice experience
II.B.3.b).(1).(a).(ii)	at least three years of practice experience in the subspecialty; or, (Core)		 completed a fellowship in a subspecialty educational responsibilities in the program
		2.9.b.	Core physician faculty members, who are banking/transfusion medicine must have
			•completed a fellowship in blood banking
			•at least three years of practice experience
II.B.3.b).(1).(a).(iii)	completion of a fellowship in a subspecialty relevant to their clinical and educational responsibilities in the program. (Core)		 completed a fellowship in a subspecialty educational responsibilities in the program
II.B.3.c)	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)	2.9.a.	Any other specialty physician faculty r certification in their specialty by the ap Medical Specialties (ABMS) member b Association (AOA) certifying board, or acceptable to the Review Committee. (
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sig supervision of fellows and must devot effort to fellow education and/or admin component of their activities, teach, ev feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)
II.B.4.b)	There must be at least two core faculty members, one of whom must be the program director. (Core)	2.10.b.	There must be at least two core faculty m program director. (Core)
II.B.4.b).(1)	At least one core faculty member must be certified in blood banking/transfusion medicine by the ABPath. (Core)	2.10.b.1.	At least one core faculty member must be medicine by the ABPath. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator.
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator.
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro- support adequate for administration of and configuration. (Core)

nt Language are not currently certified in blood e one of the following: ng/transfusion medicine; (Core) ence in the subspecialty; or, (Core) Ity relevant to their clinical and ram. (Core) are not currently certified in blood e one of the following: ng/transfusion medicine; (Core) ence in the subspecialty; or, (Core) ty relevant to their clinical and am. (Core) members must have current appropriate American Board of board or American Osteopathic or possess qualifications judged (Core) ignificant role in the education and ote a significant portion of their entire ninistration, and must, as a evaluate, and provide formative annual ACGME Faculty Survey. members, one of whom must be the be certified in blood banking/transfusion or. (Core) or. (Core)

rovided with dedicated time and of the program based upon its size

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
		2.11.b.	
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program coordinator m time and support specified below for admi
II.C.2.a)	Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.2 Number of Approved Fellow Positions: 4-9 Minimum FTE: 0.3 Number of Approved Fellow Positions: 10 or more Minimum FTE: 0.4		Number of Approved Fellow Positions: 1-3 Number of Approved Fellow Positions: 4-9 Number of Approved Fellow Positions: 10
,	Other Program Personnel		
	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective		Other Program Personnel The program, in partnership with its Sp ensure the availability of necessary per
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core)
II.D.1.	There must be qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the fellowship. (Core)	2.12.a.	There must be qualified laboratory technic teaching, educational, and research activi
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship F
	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		All required clinical education for entry programs must be completed in an AC an AOA-approved residency program, International (ACGME-I) Advanced Spe
III.A.1.	College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	College of Physicians and Surgeons of College of Family Physicians of Canada program located in Canada. (Core)
	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)		Fellowship programs must receive veri level of competence in the required fiel
III.A.1.a)		3.2.a.	CanMEDS Milestones evaluations from

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

1-3 | Minimum FTE: 0.2 4-9 | Minimum FTE: 0.3 10 or more | Minimum FTE: 0.4

Sponsoring Institution, must jointly personnel for the effective)

nical personnel to support the clinical, tivities of the fellowship. (Core)

Programs

try into ACGME-accredited fellowship ACGME-accredited residency program, n, a program with ACGME pecialty Accreditation, or a Royal of Canada (RCPSC)-accredited or ada (CFPC)-accredited residency

erification of each entering fellow's ield using ACGME, ACGME-I, or om the core residency program. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
		3.2.a.1.	
			Prior to appointment in the program, fellow
			•successful completion of at least two year pathology residency program that satisfier
			•certification or eligibility for certification b Board of Pathology (AOBPa) in anatomic clinical pathology; or, (Core)
III.A.1.b)	Prior to appointment in the program, fellows must have one of the following:		 certification or eligibility for certification b certifying board of the AOA in a specialty certification in blood banking/transfusion r
		3.2.a.1.	
			Prior to appointment in the program, fellow
			•successful completion of at least two yea pathology residency program that satisfie
			•certification or eligibility for certification b Board of Pathology (AOBPa) in anatomic clinical pathology; or, (Core)
III.A.1.b).(1)	successful completion of at least two years of clinical pathology education in a pathology residency program that satisfies the requirements in III.A.1.; (Core)		•certification or eligibility for certification b certifying board of the AOA in a specialty certification in blood banking/transfusion r
		3.2.a.1.	
			Prior to appointment in the program, fellow
			•successful completion of at least two year pathology residency program that satisfier
			•certification or eligibility for certification b Board of Pathology (AOBPa) in anatomic clinical pathology; or, (Core)
III.A.1.b).(2)	certification or eligibility for certification by the ABPath or American Osteopathic Board of Pathology (AOBPa) in anatomic pathology and clinical pathology or in clinical pathology; or, (Core)		•certification or eligibility for certification b certifying board of the AOA in a specialty certification in blood banking/transfusion r

lows must have one of the following:

- ears of clinical pathology education in a fies the requirements in 3.2; (Core)
- by the ABPath or American Osteopathic ic pathology and clinical pathology or in

by a member board of the ABMS or a ty or subspecialty deemed eligible for n medicine by the ABPath. (Core)

- lows must have one of the following:
- ears of clinical pathology education in a ies the requirements in 3.2; (Core)
- by the ABPath or American Osteopathic ic pathology and clinical pathology or in

by a member board of the ABMS or a ty or subspecialty deemed eligible for n medicine by the ABPath. (Core)

- lows must have one of the following:
- ears of clinical pathology education in a ies the requirements in 3.2; (Core)
- by the ABPath or American Osteopathic ic pathology and clinical pathology or in

by a member board of the ABMS or a ty or subspecialty deemed eligible for n medicine by the ABPath. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
		3.2.a.1.	
			Prior to appointment in the program, fello
			 successful completion of at least two year pathology residency program that satisfier
			•certification or eligibility for certification b Board of Pathology (AOBPa) in anatomic clinical pathology; or, (Core)
III.A.1.b).(3)	certification or eligibility for certification by a member board of the ABMS or a certifying board of the AOA in a specialty or subspecialty deemed eligible for certification in blood banking/transfusion medicine by the ABPath. (Core)		•certification or eligibility for certification b certifying board of the AOA in a specialty certification in blood banking/transfusion
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Pathology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Pathology w the fellowship eligibility requirements:
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship prog qualified international graduate applica eligibility requirements listed in 3.2, bu additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director and the applicant's suitability to enter the review of the summative evaluations o (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissio (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exce their performance by the Clinical Comp of matriculation. (Core)
Ш.В.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification of and a summative competency-based p acceptance of a transferring fellow, an matriculation. (Core)

llows must have one of the following:

- vears of clinical pathology education in a fies the requirements in 3.2; (Core)
- by the ABPath or American Osteopathic ic pathology and clinical pathology or in
- n by a member board of the ABMS or a lty or subspecialty deemed eligible for an medicine by the ABPath. (Core)
- will allow the following exception to ts:
- ogram may accept an exceptionally icant who does not satisfy the but who does meet all of the following ons: (Core)
- nd fellowship selection committee of e program, based on prior training and s of training in the core specialty; and,
- 's exceptional qualifications by the
- ion for Foreign Medical Graduates
- ception must have an evaluation of mpetency Committee within 12 weeks
- int more fellows than approved by the
- n of previous educational experiences performance evaluation prior to and Milestones evaluations upon

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement L
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is des and innovation in graduate medical edu organizational affiliation, size, or locatio
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must support knowledgeable, skillful physicians who
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may place leadership, public health, etc. It is expect reflect the nuanced program-specific go example, it is expected that a program a scientists will have a different curriculus community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the followi
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with the mission, the needs of the community it capabilities of its graduates, which mus applicants, fellows, and faculty member
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectives designed to promote progress on a traje their subspecialty. These must be distri fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities for responsibility for patient management, a subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyond
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow Exp Experiences Fellows must be provided with protecte didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that promo tools, and techniques. (Core)

designed to encourage excellence ducation regardless of the ation of the program.

ort the development of ho provide compassionate care.

lace different emphasis on research, pected that the program aims will goals for it and its graduates; for m aiming to prepare physicianulum from one focusing on

owing educational components:

h the Sponsoring Institution's it serves, and the desired distinctive just be made available to program bers; (Core)

ves for each educational experience rajectory to autonomous practice in stributed, reviewed, and available to

for patient care, progressive nt, and graded supervision in their

ond direct patient care; and, (Core) Experiences – Didactic and Clinical

cted time to participate in core

mote patient safety-related goals,

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
			ACGME Competencies The Competencies provide a conceptu required domains for a trusted physicia
			These Competencies are core to the pr the specifics are further defined by eac
			trajectories in each of the Competencie Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acquir
	The program must integrate the following ACGME Competencies into the	[None]	The pressure much integrate all ACCM
IV.B.1.	curriculum:	[None]	The program must integrate all ACGME
	Professionalism Fellows must demonstrate a commitment to professionalism and an		ACGME Competencies – Professionalis Fellows must demonstrate a commitme
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	adherence to ethical principles. (Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	· · · ·
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patien centered, compassionate, equitable, ap treatment of health problems and the p
		4.4.a.	
IV(P, 1, h)(1)(a)	Fellows must demonstrate competence in and the ability to provide appropriate and effective consultation in the context of blood banking/transfusion medicine services, including: (Core)		Fellows must demonstrate competence in and effective consultation in the context o
IV.B.1.b).(1).(a)		4.4.a.1.	services, including: (Core)
IV.B.1.b).(1).(a).(i)	accreditation, regulatory issues, and requirements; (Core)		accreditation, regulatory issues, and requ
		4.4.a.2.	
IV.B.1.b).(1).(a).(ii)	blood ordering, blood product indications, and transfusion practices; (Core)		blood ordering, blood product indications,
		4.4.a.3.	
IV.B.1.b).(1).(a).(iii)			
	cellular therapy; (Core)	4 4 - 4	cellular therapy; (Core)
IV.B.1.b).(1).(a).(iv)	consultation with patients and/or families on specific donation or transfusion	4.4.a.4.	consultation with patients and/or families
ιν.υ.ι.υ <i>μ</i> (τ <i>μ</i> (α).(ιν)	issues (e.g., when directed donation may not be appropriate and why); (Core)		issues (e.g., when directed donation may
		4.4.a.5.	
IV.B.1.b).(1).(a).(v)	coordinating quality and safety for donors and patients; (Core)		coordinating quality and safety for donors

tual framework describing the cian to enter autonomous practice. practice of all physicians, although ach subspecialty. The developmental cies are articulated through the e focus in fellowship is on d medical knowledge, as well as uired in residency.

ME Competencies into the curriculum.

alism

ment to professionalism and an J)

ent care that is patient- and familyappropriate, and effective for the promotion of health. (Core)

in and the ability to provide appropriate t of blood banking/transfusion medicine

quirements; (Core)

s, and transfusion practices; (Core)

s on specific donation or transfusion ay not be appropriate and why); (Core)

rs and patients; (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
		4.4.a.6.	
IV.B.1.b).(1).(a).(vi)			
	donor notification, lookback, and component retrieval; (Core)		donor notification, lookback, and compon
		4.4.a.7.	
IV.B.1.b).(1).(a).(vii)			
	donor and therapeutic apheresis; (Core)		donor and therapeutic apheresis; (Core)
		4.4.a.8.	
	educating and assuring the community and potential blood donors of the safety of the blood supply; (Core)		educating and assuring the community ar of the blood supply; (Core)
		4.4.a.9.	
	immunohematology, histocompatibility, and infectious disease testing in donor management, blood component preparation, and blood inventory management; (Core)		immunohematology, histocompatibility, ar management, blood component preparati (Core)
		4.4.a.10.	
	management and direction of a transfusion service and blood center, including quality management; (Core)		management and direction of a transfusio quality management; (Core)
		4.4.a.11.	
IV.B.1.b).(1).(a).(xi)	management of patients with special transfusion requirements, such as alloimmunization, hemoglobinopathies, and single or multiple coagulation factor deficiencies; (Core)		management of patients with special trans alloimmunization, hemoglobinopathies, ar deficiencies; (Core)
		4.4.a.12.	
, , , , , , , ,	perinatal, pediatric, transplantation, massive transfusion, and trauma patient care; (Core)		perinatal, pediatric, transplantation, mass care; (Core)
		4.4.a.13.	
IV.B.1.b).(1).(a).(xiii)	peri-operative blood management; and, (Core)		peri-operative blood management; and, (
		4.4.a.14.	
IV.B.1.b).(1).(a).(xiv)	recruitment of donors. (Core)		recruitment of donors. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural SI Fellows must be able to perform all me procedures considered essential for th
	Fellows must demonstrate competence in the management and supervision of essential procedures, including: (Core)	4.5.a.	Fellows must demonstrate competence in essential procedures, including: (Core)
, , , , , ,	blood management; (Core)	4.5.a.1.	blood management; (Core)

nt Language
onent retrieval; (Core)
)
and potential blood donors of the safety
and infectious disease testing in donor ation, and blood inventory management;
sion service and blood center, including
ansfusion requirements, such as and single or multiple coagulation factor
ssive transfusion, and trauma patient
(Core)
Skills nedical, diagnostic, and surgical the area of practice. (Core)
in the management and supervision of

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
		4.5.a.2.	
IV.B.1.b).(2).(a).(ii)	collecting blood components, including donor apheresis; (Core)		collecting blood components, including do
IV.B.1.b).(2).(a).(iii)		4.5.a.3.	
	histocompatibility testing; (Core)		histocompatibility testing; (Core)
IV.B.1.b).(2).(a).(iv)		4.5.a.4.	
	managing adverse effects of blood donation; (Core)		managing adverse effects of blood donati
IV.B.1.b).(2).(a).(v)	managing adverse effects of blood transfusion; (Core)	4.5.a.5.	managing adverse effects of blood transfu
IV.B.1.b).(2).(a).(vi)		4.5.a.6.	
	preparing blood components; (Core)		preparing blood components; (Core)
		4.5.a.7.	
	selecting and using specific apheresis technologies to ensure appropriate care,		selecting and using specific apheresis tec
IV.B.1.b).(2).(a).(vii)	clinical management, and safety of patients and donors undergoing apheresis		clinical management, and safety of patien
	medicine therapies or blood product collection procedures; (Core)		medicine therapies or blood product collect
		4.5.a.8.	
, , , , , , , ,	testing blood components; (Core)		testing blood components; (Core)
, , , , , , , , ,	therapeutic phlebotomy; and, (Core)	4.5.a.9.	therapeutic phlebotomy; and, (Core)
IV.B.1.b).(2).(a).(x)	transfusing blood components. (Core)	4.5.a.10.	transfusing blood components. (Core)
	Fellows should demonstrate competence in their knowledge of how to obtain	4.5.b.	Fellows should demonstrate competence
IV.B.1.b).(2).(b)	informed consent. (Core)		informed consent. (Core)
		4.5.c.	
	Fellows should participate in performing the patient and laboratory procedures		Fellows should participate in performing th
IV.B.1.b).(2).(c)	for which they will be expected to supervise ancillary staff members. (Core)		for which they will be expected to supervise
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Know Fellows must demonstrate knowledge biomedical, clinical, epidemiological, a including scientific inquiry, as well as t patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate expertise in their knowledge of:	4.6.a.	Fellows must demonstrate expertise in the
IV.B.1.c).(1).(a)	advanced diagnostic and therapeutic techniques as they become available; (Core)	4.6.a.1.	advanced diagnostic and therapeutic tech (Core)
IV.B.1.c).(1).(b)	adverse effects of blood donation; (Core)	4.6.a.2.	adverse effects of blood donation; (Core)
IV.B.1.c).(1).(c)	adverse effects of blood transfusion, including transfusion-transmitted diseases and non-infectious hazards of transfusion; (Core)	4.6.a.3.	adverse effects of blood transfusion, inclu and non-infectious hazards of transfusion
	, (-)	4.0.4	
, , , , ,	alternatives to blood transfusion: (Core)	4624	
IV.B.1.c).(1).(d)	alternatives to blood transfusion; (Core) coagulation (hemostasis/thrombosis); (Core)	4.6.a.4. 4.6.a.5.	alternatives to blood transfusion; (Core) coagulation (hemostasis/thrombosis); (Co
IV.B.1.c).(1).(d) IV.B.1.c).(1).(e)	coagulation (hemostasis/thrombosis); (Core)	4.6.a.5.	coagulation (hemostasis/thrombosis); (Co
IV.B.1.c).(1).(d) IV.B.1.c).(1).(e) IV.B.1.c).(1).(f)	coagulation (hemostasis/thrombosis); (Core) ethical issues; (Core)	4.6.a.5. 4.6.a.6.	coagulation (hemostasis/thrombosis); (Co ethical issues; (Core)
IV.B.1.c).(1).(d) IV.B.1.c).(1).(e) IV.B.1.c).(1).(f) IV.B.1.c).(1).(g)	coagulation (hemostasis/thrombosis); (Core) ethical issues; (Core) red blood cell, platelet, and neutrophil immunology; (Core)	4.6.a.5. 4.6.a.6. 4.6.a.7.	coagulation (hemostasis/thrombosis); (Co ethical issues; (Core) red blood cell, platelet, and neutrophil imm
IV.B.1.c).(1).(d) IV.B.1.c).(1).(e) IV.B.1.c).(1).(f)	coagulation (hemostasis/thrombosis); (Core) ethical issues; (Core)	4.6.a.5. 4.6.a.6.	coagulation (hemostasis/thrombosis); (Co ethical issues; (Core)

donor apheresis; (Core)

ation; (Core) sfusion; (Core)

echnologies to ensure appropriate care, ents and donors undergoing apheresis llection procedures; (Core)

ce in their knowledge of how to obtain

g the patient and laboratory procedures rvise ancillary staff members. (Core)

owledge

e of established and evolving , and social-behavioral sciences, s the application of this knowledge to

their knowledge of:

chniques as they become available;

cluding transfusion-transmitted diseases on; (Core)

Core)

nmunology; (Core)

ors; and, (Core)

, solid organ, and tissue. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Base Fellows must demonstrate the ability to of patients, to appraise and assimilate continuously improve patient care base lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersonal Fellows must demonstrate interperson result in the effective exchange of infor patients, their families, and health prof
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Base Fellows must demonstrate an awarene larger context and system of health car social determinants of health, as well a other resources to provide optimal hea
			4.10. Curriculum Organization and Felle Structure The curriculum must be structured to c experiences, the length of the experien continuity. These educational experien supervised patient care responsibilities educational events. (Core)
			4.11. Curriculum Organization and Felle Clinical Experiences Fellows must be provided with protecte didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Felle The program must provide instruction management if applicable for the subs the signs of substance use disorder. (C

sed Learning and Improvement to investigate and evaluate their care te scientific evidence, and to ased on constant self-evaluation and

al and Communication Skills onal and communication skills that formation and collaboration with ofessionals. (Core)

ased Practice ness of and responsiveness to the care, including the structural and I as the ability to call effectively on ealth care. (Core)

ellow Experiences – Curriculum

o optimize fellow educational ences, and the supervisory ences include an appropriate blend of ies, clinical teaching, and didactic

ellow Experiences – Didactic and

cted time to participate in core

ellow Experiences – Pain Management in and experience in pain ospecialty, including recognition of (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow E The curriculum must be structured to experiences, the length of the experien continuity. These educational experien supervised patient care responsibilitie educational events. (Core)
		4.10.a.	
IV.C.1.a)	There should be one faculty member who is responsible for the educational experience on each rotation to ensure supervisory continuity. (Core)		There should be one faculty member who experience on each rotation to ensure su
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow E The program must provide instruction management if applicable for the subs the signs of substance use disorder. (
IV.C.3.	Fellow experiences must be designed to allow appropriate faculty member supervision such that fellows progress to the performance of assigned clinical responsibilities under oversight, as defined in VI.A.2.b).(3), in order to demonstrate their ability to enter the autonomous practice of blood banking/transfusion medicine prior to completion of the program. (Core)	4.11.a.	Fellow experiences must be designed to a supervision such that fellows progress to responsibilities under Oversight, as define demonstrate their ability to enter the auto banking/transfusion medicine prior to com
IV.C.4.	Fellow experiences must include:	[none]	
IV.C.4.a)	graduated responsibility, including independent diagnoses and decision making; (Core)	4.11.b.	Fellow experiences must include graduate independent diagnoses and decision make
IV.C.4.b)	supervision of residents and/or other learners; and, (Detail)	4.11.c.	Fellow experiences must include supervis (Detail)
IV.C.4.c)	educational activities specific to blood banking/transfusion medicine, review of the medical literature in the subspecialty area, and use of study sets of unusual cases. (Core)	4.11.d.	Fellow experiences must include education banking/transfusion medicine, review of the subspecialty area, and use of study sets of
IV.C.5.	Fellows must participate in ongoing clinical consultations regarding all aspects of blood transfusion. (Core)	4.11.e.	Fellows must participate in ongoing clinic of blood transfusion. (Core)
IV.C.6.	Fellows must participate in the interpretation of laboratory data as part of patient care decision making and patient care consultation. (Core)	4.11.f.	Fellows must participate in the interpretat care decision making and patient care co
IV.C.7.	Fellows must have direct responsibility, with appropriate supervision, to make decisions in the laboratory. (Core)	4.11.g.	Fellows must have direct responsibility, w decisions in the laboratory. (Core)

nt Language
Experiences – Curriculum Structure o optimize fellow educational ences, and the supervisory ences include an appropriate blend of ties, clinical teaching, and didactic
ho is responsible for the educational supervisory continuity. (Core)
Experiences – Pain Management on and experience in pain ospecialty, including recognition of (Core)
o allow appropriate faculty member to the performance of assigned clinical ined in Section 6, in order to tonomous practice of blood ompletion of the program. (Core)
ated responsibility, including aking. (Core) vision of residents and/or other learners.
tional activities specific to blood f the medical literature in the s of unusual cases. (Core)
ical consultations regarding all aspects
ation of laboratory data as part of patient consultation. (Core)
with appropriate supervision, to make

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.8.	The didactic curriculum must include teaching conferences in blood banking/transfusion medicine, journal clubs, and joint conferences within the Pathology Department, as well as with clinical services involved in diagnosis and management of patient care utilizing transfusion medicine. (Core)	4.11.h.	The didactic curriculum must include teach banking/transfusion medicine, journal club Pathology Department, as well as with clir and management of patient care utilizing t
IV.C.8.a)	Fellows must participate in conferences at least once per month on average, and must give a minimum of two presentations per year. (Core)	4.11.h.1.	Fellows must participate in conferences a and must give a minimum of two presenta
IV.C.8.b)	Didactic education must illustrate common and unusual cases. (Core)	4.11.h.2.	Didactic education must illustrate commor
IV.C.9.	Fellows should participate in laboratory quality assurance activities and inspections. (Detail)	4.11.i.	Fellows should participate in laboratory qui inspections. (Detail)
	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and		Scholarship Medicine is both an art and a science. T scientist who cares for patients. This re
	practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		evaluate the literature, appropriately as practice lifelong learning. The program environment that fosters the acquisition participation in scholarly activities as o Program Requirements. Scholarly activ integration, application, and teaching.
IV.D.	The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity of programs prepare physicians for a vari scientists, and educators. It is expected will reflect its mission(s) and aims, and serves. For example, some programs n activity on quality improvement, popula other programs might choose to utilize research as the focus for scholarship.
			Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate eviden consistent with its mission(s) and aims
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate eviden consistent with its mission(s) and aims
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its Spo adequate resources to facilitate fellow a scholarly activities. (Core)

aching conferences in blood lubs, and joint conferences within the clinical services involved in diagnosis g transfusion medicine. (Core) a at least once per month on average, ntations per year. (Core) non and unusual cases. (Core) quality assurance activities and

e. The physician is a humanistic s requires the ability to think critically, assimilate new knowledge, and am and faculty must create an tion of such skills through fellow s defined in the subspecialty-specific stivities may include discovery, g.

of fellowships and anticipates that ariety of roles, including clinicians, ted that the program's scholarship nd the needs of the community it s may concentrate their scholarly ulation health, and/or teaching, while ze more classic forms of biomedical b.

ence of scholarly activities, ns. (Core)

ence of scholarly activities, ns. (Core) Sponsoring Institution, must allocate w and faculty involvement in

Roman Numeral		Reformatted	
Requirement	Denviroment Lenguere	Requirement	
Number	Requirement Language	Number	Requirement I
IV D 2	Faculty Scholarly Activity	4 14	Faculty Scholarly Activity Among their scholarly activity, program accomplishments in at least three of th •Research in basic science, education, or population health •Peer-reviewed grants •Quality improvement and/or patient sa •Systematic reviews, meta-analyses, re textbooks, or case reports •Creation of curricula, evaluation tools electronic educational materials •Contribution to professional committee editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	•Innovations in education
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education	4.14.	Faculty Scholarly Activity Among their scholarly activity, program accomplishments in at least three of th •Research in basic science, education, or population health •Peer-reviewed grants •Quality improvement and/or patient sa •Systematic reviews, meta-analyses, re textbooks, or case reports •Creation of curricula, evaluation tools, electronic educational materials •Contribution to professional committe editorial boards •Innovations in education
IV.D.2.b)	and external to the program by the following methods:	4.14.a.	and external to the program by the follo
	faculty 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; (Outcome)	4.14.a.1.	faculty participation in grand rounds, p improvement presentations, podium pr peer-reviewed print/electronic resource chapters, textbooks, webinars, service serving as a journal reviewer, journal e (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome)

safety initiatives
review articles, chapters in medical

Is, didactic educational activities, or

ttees, educational organizations, or

ams must demonstrate the following domains: (Core) n, translational science, patient care,

safety initiatives review articles, chapters in medical

Is, didactic educational activities, or

ttees, educational organizations, or

emination of scholarly activity within ollowing methods:

posters, workshops, quality presentations, grant leadership, nonrces, articles or publications, book ce on professional committees, or editorial board member, or editor;

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			Fellow Scholarly Activity Each fellow must participate in scholarly a following: (Core)
			•evidence-based presentations at journal national); (Core)
			•preparation and submission of articles fo (Core)
IV.D.3.	Fellow Scholarly Activity	4.15.	•research. (Core)
		4.15.	Fellow Scholarly Activity Each fellow must participate in scholarly a following: (Core)
			•evidence-based presentations at journal national); (Core)
			•preparation and submission of articles fo (Core)
IV.D.3.a)	Each fellow must participate in scholarly activity, including at least one of the following: (Core)		•research. (Core)
		4.15.	Fellow Scholarly Activity Each fellow must participate in scholarly a following: (Core)
			•evidence-based presentations at journal national); (Core)
			•preparation and submission of articles fo (Core)
IV.D.3.a).(1)	evidence-based presentations at journal clubs or meetings (local, regional, or national); (Core)		•research. (Core)
		4.15.	Fellow Scholarly Activity Each fellow must participate in scholarly a following: (Core)
			•evidence-based presentations at journal national); (Core)
			•preparation and submission of articles fo (Core)
IV.D.3.a).(2)	preparation and submission of articles for peer-reviewed publications; or, (Core)		•research. (Core)

y activity, including at least one of the

nal clubs or meetings (local, regional, or

for peer-reviewed publications; or,

ly activity, including at least one of the

nal clubs or meetings (local, regional, or

for peer-reviewed publications; or,

ly activity, including at least one of the

nal clubs or meetings (local, regional, or

for peer-reviewed publications; or,

ly activity, including at least one of the nal clubs or meetings (local, regional, or

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
		4.15.	Fellow Scholarly Activity Each fellow must participate in scholarly a following: (Core)
			•evidence-based presentations at journal national); (Core)
			•preparation and submission of articles fo (Core)
IV.D.3.a).(3)	research. (Core)		•research. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Evalu Faculty members must directly observ feedback on fellow performance during educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Evalu Faculty members must directly observ feedback on fellow performance during educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Evalu Faculty members must directly observ feedback on fellow performance during educational assignment. (Core)
V.A.1.a).(1)	The feedback, based on direct observation, should incorporate competency- based assessments. (Core)	5.1.h.	The feedback on fellow performance, bas incorporate competency-based assessme
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than three must be documented at least every thr
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as cont clinical responsibilities must be evalua at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecialt (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty m other professional staff members); and
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinical synthesis of progressive fellow perform unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	

activity, including at least one of the

al clubs or meetings (local, regional, or

for peer-reviewed publications; or,

aluation

rve, evaluate, and frequently provide ng each rotation or similar

aluation

rve, evaluate, and frequently provide ing each rotation or similar

aluation

rve, evaluate, and frequently provide ng each rotation or similar

ased on direct observation, should nents. (Core)

ne completion of the assignment.

ree months in duration, evaluation hree months. (Core)

ontinuity clinic in the context of other uated at least every three months and

ive performance evaluation based on alty-specific Milestones, and must:

members, peers, patients, self, and nd, (Core)

cal Competency Committee for its prmance and improvement toward

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; (Core)	5.1.c.	The program director or their designee Competency Committee, must meet wi documented semi-annual evaluation of along the subspecialty-specific Milesto
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designee Competency Committee, must assist fe learning plans to capitalize on their str growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designee Competency Committee, must develop progress, following institutional policie
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sum that includes their readiness to progres applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performan by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a fi completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a fi completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, a subspecialty-specific Case Logs, must are able to engage in autonomous prac program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become part maintained by the institution, and mus fellow in accordance with institutional
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the knowledge, skills, and behaviors neces (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared wi the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mus director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competency members, at least one of whom is a co be faculty members from the same pro health professionals who have extensi- program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee m least semi-annually. (Core)

ee, with input from the Clinical with and review with each fellow their of performance, including progress stones. (Core)

ee, with input from the Clinical fellows in developing individualized strengths and identify areas for

ee, with input from the Clinical op plans for fellows failing to cies and procedures. (Core)

mmative evaluation of each fellow ress to the next year of the program, if

ance must be accessible for review

final evaluation for each fellow upon

final evaluation for each fellow upon

s, and when applicable the st be used as tools to ensure fellows actice upon completion of the

rt of the fellow's permanent record ust be accessible for review by the al policy. (Core)

the fellow has demonstrated the essary to enter autonomous practice.

with the fellow upon completion of

ust be appointed by the program

cy Committee must include three core faculty member. Members must rogram or other programs, or other sive contact and experience with the

must review all fellow evaluations at

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement I
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee m progress on achievement of the subsp
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee m annual evaluations and advise the proc fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to en performance as it relates to the education (Core)
V.D .		0.7.	Faculty Evaluation
	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually.		The program must have a process to e performance as it relates to the educat
V.B.1.	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical		This evaluation must include a review of teaching abilities, engagement with the in faculty development related to their s
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and sch This evaluation must include written, c
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	fellows. (Core)
	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedbac
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluprogram-wide faculty development plan
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the conduct and document the Annual Pro program's continuous improvement pr
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the conduct and document the Annual Pro program's continuous improvement pr
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee mu program faculty members, at least one and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respon program's self-determined goals and p (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respon ongoing program improvement, includi based upon outcomes. (Core)

must determine each fellow's specialty-specific Milestones. (Core) must meet prior to the fellows' semiogram director regarding each

evaluate each faculty member's ational program at least annually.

evaluate each faculty member's ational program at least annually.

w of the faculty member's clinical he educational program, participation ir skills as an educator, clinical cholarly activities. (Core)

confidential evaluations by the

ack on their evaluations at least

aluations should be incorporated into lans. (Core)

he Program Evaluation Committee to rogram Evaluation as part of the process. (Core)

he Program Evaluation Committee to rogram Evaluation as part of the process. (Core)

must be composed of at least two ne of whom is a core faculty member,

onsibilities must include review of the progress toward meeting them.

onsibilities must include guiding Iding development of new goals,

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respon current operating environment to ident opportunities, and threats as related to (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee sh prior Annual Program Evaluation(s), ag evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee mu and aims, strengths, areas for improve
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includ distributed to and discussed with the f teaching faculty, and be submitted to t
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self- (Core)
V.C.3.	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	Board Certification One goal of ACGME-accredited educat seek and achieve board certification. C the educational program is the ultimate The program director should encourag take the certifying examination offered of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual writ years, the program's aggregate pass ra for the first time must be higher than th programs in that subspecialty. (Outcor
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial write years, the program's aggregate pass ra for the first time must be higher than the programs in that subspecialty. (Outcor
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual oral the program's aggregate pass rate of the first time must be higher than the botto that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial oral the program's aggregate pass rate of the first time must be higher than the botto that subspecialty. (Outcome)

onsibilities must include review of the ntify strengths, challenges, to the program's mission and aims.

should consider the outcomes from aggregate fellow and faculty written r relevant data in its assessment of

must evaluate the program's mission vement, and threats. (Core)

uding the action plan, must be fellows and the members of the the DIO. (Core)

If-Study and submit it to the DIO.

ation is to educate physicians who One measure of the effectiveness of ate pass rate.

age all eligible program graduates to ed by the applicable American Board er board or American Osteopathic

S member board and/or AOA ritten exam, in the preceding three rate of those taking the examination the bottom fifth percentile of ome)

S member board and/or AOA ritten exam, in the preceding six rate of those taking the examination the bottom fifth percentile of ome)

S member board and/or AOA ral exam, in the preceding three years, f those taking the examination for the ttom fifth percentile of programs in

S member board and/or AOA al exam, in the preceding six years, f those taking the examination for the ttom fifth percentile of programs in

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5. graduates over the time period specifie an 80 percent pass rate will have met t percentile rank of the program for pass (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board o cohort of board-eligible fellows that gr
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles: •Excellence in the safety and quality of care rendered to patients by fellows today •Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice •Excellence in professionalism •Appreciation for the privilege of providing care for patients •Commitment to the well-being of the students, residents, fellows, faculty		Section 6: The Learning and Working E The Learning and Working Environmen Fellowship education must occur in the environment that emphasizes the follow •Excellence in the safety and quality of fellows today •Excellence in the safety and quality of today's fellows in their future practice •Excellence in professionalism •Appreciation for the privilege of provid •Commitment to the well-being of the s
VI.	members, and all members of the health care team	Section 6	members, and all members of the heal
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuous and a willingness to transparently deal organization has formal mechanisms to attitudes of its personnel toward safety improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, and patient safety systems and contribute t

5.6. – 5.6.c., any program whose fied in the requirement have achieved t this requirement, no matter the iss rate in that subspecialty.

d certification status annually for the graduated seven years earlier. (Core)

Environment

ent

the context of a learning and working lowing principles:

of care rendered to patients by

of care rendered to patients by e

viding care for patients

e students, residents, fellows, faculty alth care team

bus identification of vulnerabilities eal with them. An effective is to assess the knowledge, skills, and ety in order to identify areas for

nd fellows must actively participate in e to a culture of safety. (Core)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
	Patient Safety Events		
	Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify appear and institute systems haved		Patient Safety Events Reporting, investigation, and follow-up unsafe conditions are pivotal mechanis and are essential for the success of an and experiential learning are essential
VI.A.1.a).(2)	the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	the ability to identify causes and institu changes to ameliorate patient safety ve
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, a must know their responsibilities in rep unsafe conditions at the clinical site, ir (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, a must be provided with summary inforn safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mem interprofessional clinical patient safety such as root cause analyses or other a well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement	[None]	Quality Metrics Access to data is essential to prioritizi and evaluating success of improvement
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must rec benchmarks related to their patient po
			Supervision and Accountability Although the attending physician is ult the patient, every physician shares in t accountability for their efforts in the pr programs, in partnership with their Spo communicate, and monitor a structured accountability as it relates to the super
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes require practice of medicine; and establishes a professional growth.

up of safety events, near misses, and nisms for improving patient safety, any patient safety program. Feedback al to developing true competence in titute sustainable systems-based vulnerabilities.

and other clinical staff members porting patient safety events and including how to report such events.

and other clinical staff members rmation of their institution's patient

mbers in real and/or simulated ety and quality improvement activities, r activities that include analysis, as ion of actions. (Core)

zing activities for care improvement ent efforts.

eceive data on quality metrics and populations. (Core)

ultimately responsible for the care of n the responsibility and provision of care. Effective ponsoring Institutions, define, widely red chain of responsibility and pervision of all patient care.

e medical education provides safe es each fellow's development of the ired to enter the unsupervised s a foundation for continued

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
Humber		Humber	Kequirement
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is ult the patient, every physician shares in t accountability for their efforts in the pr programs, in partnership with their Spo communicate, and monitor a structured accountability as it relates to the super
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate i and effective care to patients; ensures skills, knowledge, and attitudes require practice of medicine; and establishes a professional growth.
, VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective	6.5.	Fellows and faculty members must information must be available to fellow of the health care team, and patients. (6)
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must information must be available to fellow of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the place for all fellows is based on each fe as well as patient complexity and acuit through a variety of methods, as appro
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow supervis authority and responsibility, the progra classification of supervision.
			Direct Supervision The supervising physician is physically key portions of the patient interaction.
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or patie the fellow and the supervising physicia patient care through appropriate teleco

ultimately responsible for the care of n the responsibility and provision of care. Effective ponsoring Institutions, define, widely red chain of responsibility and pervision of all patient care.

e medical education provides safe as each fellow's development of the ired to enter the unsupervised s a foundation for continued

nform each patient of their respective viding direct patient care. This ows, faculty members, other members . (Core)

nform each patient of their respective viding direct patient care. This ows, faculty members, other members . (Core)

the appropriate level of supervision in fellow's level of training and ability, uity. Supervision may be exercised ropriate to the situation. (Core)

vision while providing for graded gram must use the following

ally present with the fellow during the n.

tient is not physically present with cian is concurrently monitoring the communication technology.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	the supervising physician is physically present with the fellow during the		Direct Supervision The supervising physician is physicall key portions of the patient interaction. The supervising physician and/or patien the fellow and the supervising physician
VI.A.2.b).(1).(a)	key portions of the patient interaction; or,	6.7.	patient care through appropriate teleco
			Direct Supervision The supervising physician is physicall key portions of the patient interaction.
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or patie the fellow and the supervising physicia patient care through appropriate teleco
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not provi or audio supervision but is immediatel guidance and is available to provide ap
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority a independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate ea specific criteria, guided by the Milestor
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as super portions of care to fellows based on th of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress toward of each patient and the skills of the ind
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circu fellows must communicate with the su
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)

ally present with the fellow during the n.

tient is not physically present with cian is concurrently monitoring the communication technology.

ally present with the fellow during the n.

tient is not physically present with cian is concurrently monitoring the communication technology.

viding physical or concurrent visual ely available to the fellow for appropriate direct supervision.

le to provide review of k provided after care is delivered. ical presence of a supervising

y and responsibility, conditional e in patient care delegated to each ram director and faculty members.

each fellow's abilities based on ones. (Core)

ervising physicians must delegate the needs of the patient and the skills

y role to junior fellows and residents rd independence, based on the needs ndividual resident or fellow. (Detail)

cumstances and events in which supervising faculty member(s). (Core)

heir scope of authority, and the wis permitted to act with conditional

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement
	Faculty supervision assignments must be of sufficient duration to assess		Faculty supervision assignments must
	the knowledge and skills of each fellow and to delegate to the fellow the		the knowledge and skills of each fellow
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spo fellows and faculty members concernin responsibilities of physicians, includin to be appropriately rested and fit to pro patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their Spe
	fellows and faculty members concerning the professional and ethical		fellows and faculty members concerning
	responsibilities of physicians, including but not limited to their obligation		responsibilities of physicians, includin
	to be appropriately rested and fit to provide the care required by their	C 40	to be appropriately rested and fit to pro
VI.B.1.	patients. (Core)	6.12.	patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the program excessive reliance on fellows to fulfill I
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in th including protecting time with patients promoting progressive independence a professional relationships. (Core)
	The program director, in partnership with the Sponsoring Institution, must		The program director, in partnership w
VI.B.3.	provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	provide a culture of professionalism th personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must der personal role in the safety and welfare including the ability to report unsafe co
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Spe a professional, equitable, respectful, an psychologically safe and that is free fre forms of harassment, mistreatment, ab fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Spo process for education of fellows and fa behavior and a confidential process fo addressing such concerns. (Core)

ist be of sufficient duration to assess ow and to delegate to the fellow the ority and responsibility. (Core)

ponsoring Institutions, must educate ning the professional and ethical ing but not limited to their obligation provide the care required by their

ponsoring Institutions, must educate ning the professional and ethical ing but not limited to their obligation provide the care required by their

Im must be accomplished without Il non-physician obligations. (Core) Im must ensure manageable patient

Im must include efforts to enhance the experience of being a physician, ts, providing administrative support, e and flexibility, and enhancing

with the Sponsoring Institution, must that supports patient safety and

emonstrate an understanding of their re of patients entrusted to their care, conditions and safety events. (Core)

ponsoring Institutions, must provide and civil environment that is from discrimination, sexual and other abuse, or coercion of students,

ponsoring Institutions, should have a faculty regarding unprofessional for reporting, investigating, and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Well-Being		Well Deing
	Psychological, emotional, and physical well-being are critical in the		Well-Being Psychological, emotional, and physica
	development of the competent, caring, and resilient physician and require		development of the competent, caring
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and o
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the joy
	own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of		own real-life stresses. Self-care and re members of the health care team are in
	professionalism; they are also skills that must be modeled, learned, and		professionalism; they are also skills th
	nurtured in the context of other aspects of fellowship training.		nurtured in the context of other aspect
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at ris
	<i>Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident</i>		Programs, in partnership with their Sp same responsibility to address well-be
	competence. Physicians and all members of the health care team share		competence. Physicians and all memb
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of eac
	clinical learning environment models constructive behaviors, and		clinical learning environment models of
	prepares fellows with the skills and attitudes needed to thrive throughout		prepares fellows with the skills and att
VI.C.	their careers.	[None]	their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in p Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensity
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
\// 0 4 k	evaluating workplace safety data and addressing the safety of fellows and	C 40 h	evaluating workplace safety data and a
VI.C.1.b)		6.13.b.	faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunity
	and dental care appointments, including those scheduled during their		and dental care appointments, including
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty memb
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of burn
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potenti
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these cor
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in then appropriate care; and, (Core)
VI.C.1.d).(2)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-sci
	providing access to confidential, affordable mental health assessment,		providing access to confidential, afford
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including a
VI.C.1.e)		6.13.e.	24 hours a day, seven days a week. (C
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fello
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, illn
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave. E
	appropriate length of absence for fellows unable to perform their patient	6 1 /	appropriate length of absence for fello
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)

ical well-being are critical in the ng, and resilient physician and require outside of medicine. Well-being by in medicine while managing their responsibility to support other important components of that must be modeled, learned, and ects of fellowship training.

risk for burnout and depression. Sponsoring Institutions, have the being as other aspects of resident nbers of the health care team share ach other. A positive culture in a s constructive behaviors, and attitudes needed to thrive throughout

partnership with the Sponsoring

ity, and work compression that

addressing the safety of fellows and

ge optimal fellow and faculty member

ity to attend medical, mental health, ding those scheduled during their

nbers in:

rnout, depression, and substance use ntial for violence, including means to conditions; (Core)

emselves and how to seek

creening. (Core)

ordable mental health assessment, g access to urgent and emergent care (Core)

llows may be unable to attend work, Ilness, family emergencies, and Each program must allow an Ilows unable to perform their patient

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and p coverage of patient care and ensure co
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented w consequences for the fellow who is or work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and the signs of fatigue and sleep deprivati fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and the signs of fatigue and sleep deprivati fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its Sp adequate sleep facilities and safe trans may be too fatigued to safely return ho
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fe patient safety, fellow ability, severity an illness/condition, and available suppor
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an en communication and promotes safe, int the subspecialty and larger health syst
VI.E.2.a)	Medical laboratory professionals, members of clinical service teams, and other medical professionals should be included as part of an interprofessional team. (Detail)	6.18.a.	Medical laboratory professionals, member medical professionals should be included (Detail)
VI.E.2.b)	Fellows must demonstrate the ability to work and communicate with health care professionals to provide effective, patient-focused care. (Outcome)	6.18.b.	Fellows must demonstrate the ability to we professionals to provide effective, patient-
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignm patient care, including their safety, free
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assignm patient care, including their safety, free
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Spo and monitor effective, structured hand continuity of care and patient safety. (C
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows are team members in the hand-off process

procedures in place to ensure continuity of patient care. (Core)

without fear of negative or was unable to provide the clinical

nd faculty members in recognition of ation, alertness management, and

nd faculty members in recognition of ation, alertness management, and

Sponsoring Institution, must ensure nsportation options for fellows who nome. (Core)

fellow must be based on PGY level, and complexity of patient ort services. (Core)

environment that maximizes nterprofessional, team-based care in /stem. (Core)

bers of clinical service teams, and other ad as part of an interprofessional team.

work and communicate with health care nt-focused care. (Outcome)

nments to optimize transitions in requency, and structure. (Core)

nments to optimize transitions in requency, and structure. (Core)

ponsoring Institutions, must ensure nd-off processes to facilitate both (Core)

re competent in communicating with ss. (Outcome)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Humbor	Clinical Experience and Education		Kequirement
VI.F.	Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Spe an effective program structure that is c educational and clinical experience op opportunities for rest and personal act
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educat Clinical and educational work hours m hours per week, averaged over a four-w house clinical and educational activitie and all moonlighting. (Core)
			Mandatory Time Free of Clinical Work a Fellows should have eight hours off be
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work a Fellows should have eight hours off be education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours free after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a minim clinical work and required education (w home call cannot be assigned on these
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods f hours of continuous scheduled clinical
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods f hours of continuous scheduled clinical
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)		Up to four hours of additional time may patient safety, such as providing effect fellow education. Additional patient can assigned to a fellow during this time. (0
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour Ex In rare circumstances, after handing of on their own initiative, may elect to rem the following circumstances: to continu severely ill or unstable patient; to give of a patient or patient's family; or to att (Detail)

ponsoring Institutions, must design configured to provide fellows with pportunities, as well as reasonable ctivities.

ational Work per Week must be limited to no more than 80 r-week period, inclusive of all inties, clinical work done from home,

k and Education between scheduled clinical work and

k and Education between scheduled clinical work and

free of clinical work and education

imum of one day in seven free of (when averaged over four weeks). Atse free days. (Core)

on Period Length

s for fellows must not exceed 24 cal assignments. (Core)

on Period Length

s for fellows must not exceed 24 cal assignments. (Core)

ay be used for activities related to active transitions of care, and/or care responsibilities must not be . (Core)

Exceptions

off all other responsibilities, a fellow, emain or return to the clinical site in inue to provide care to a single ve humanistic attention to the needs attend unique educational events.

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement L
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour Ex In rare circumstances, after handing of on their own initiative, may elect to rem the following circumstances: to continu severely ill or unstable patient; to give of a patient or patient's family; or to att (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or education 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.	6.24.	A Review Committee may grant rotation percent or a maximum of 88 clinical and individual programs based on a sound
	In preparing a request for an exception, the program director must follow the clinical and educational work hour exception policy from the ACGME Manual of Policies and Procedures. (Detail)		In preparing a request for an exception the clinical and educational work hour Manual of Policies and Procedures. (De
VI.F.4.c).(1)	The Review Committee for Pathology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.a.	The Review Committee for Pathology will to the 80-hour limit to the fellows' work we
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with th goals and objectives of the educational with the fellow's fitness for work nor co
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with th goals and objectives of the educational with the fellow's fitness for work nor co
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour	6.25.a.	Time spent by fellows in internal and ex the ACGME Glossary of Terms) must be maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in-	6.26.	In-House Night Float Night float must occur within the conte seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-hous every third night (when averaged over a
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities by count toward the 80-hour maximum we home call is not subject to the every-th the requirement for one day in seven fr when averaged over four weeks. (Core)

Exceptions off all other responsibilities, a fellow, emain or return to the clinical site in inue to provide care to a single ve humanistic attention to the needs attend unique educational events.

cation must be counted toward the

ion-specific exceptions for up to 10 and educational work hours to nd educational rationale.

on, the program director must follow ur exception policy from the ACGME Detail)

ill not consider requests for exceptions week.

the ability of the fellow to achieve the nal program, and must not interfere compromise patient safety. (Core)

the ability of the fellow to achieve the nal program, and must not interfere compromise patient safety. (Core) external moonlighting (as defined in

be counted toward the 80-hour

itext of the 80-hour and one-day-off-in-

use call no more frequently than er a four-week period). (Core)

by fellows on at-home call must weekly limit. The frequency of atthird-night limitation, but must satisfy free of clinical work and education, re)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement I
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities by count toward the 80-hour maximum we home call is not subject to the every-th the requirement for one day in seven fr when averaged over four weeks. (Core)
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent o reasonable personal time for each fello

by fellows on at-home call must weekly limit. The frequency of at--third-night limitation, but must satisfy free of clinical work and education, re) t or taxing as to preclude rest or

llow. (Core)