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| 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. 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 | | Definition of Graduate Medical Educat Fellowship is advanced graduate med residency program for physicians whe practice. Fellowship-trained physician subspecialty care, which may also ind community resource for expertise in t new knowledge into practice, and edu physicians. Graduate medical educati group of physicians brings to medica inclusive and psychologically safe lea Fellows who have completed residend in their core specialty. The prior medi fellows distinguish them from physici care of patients within the subspecial faculty supervision and conditional in serve as role models of excellence, co professionalism, and scholarship. The knowledge, patient care skills, and ex area of practice. Fellowship is an inter- clinical and didactic education that fo of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, f |
| Int.A. | members of the health care team. | [None] | members of the health care team. |
| Int.A (Continued) | 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 infrastructure that promotes collaborative research. | [None] - (Continued) | In addition to clinical education, many fellows' skills as physician-scientists. knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient care expertise achieved, fellows develop m infrastructure that promotes collabora |

cation

edical education beyond a core who desire to enter more specialized ans serve the public by providing include core medical care, acting as a in their field, creating and integrating ducating future generations of ation values the strength that a diverse cal care, and the importance of learning environments.

ency are able to practice autonomously dical experience and expertise of icians entering residency. The fellow's falty is undertaken with appropriate independence. Faculty members compassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused tensive program of subspecialty focuses on the multidisciplinary care often physically, emotionally, and rs in a variety of clinical learning te medical education and the wellty, faculty members, students, and all

ny fellowship programs advance ts. While the ability to create new ecclusive to fellowship-educated ce expands a physician's abilities to inquiry that results in contributions to pre. Beyond the clinical subspecialty mentored relationships built on an orative research.

| Roman Numeral Requirement Number | Requirement Language | Reformatted Requirement Number | Requiremer |
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| | Definition of Subspecialty Chemical pathology is the practice of pathology devoted primarily to the use of biochemical and molecular techniques in the laboratory diagnosis and management of human disease. Chemical pathologists advise clinicians on the selection and interpretation of clinical chemistry tests, and are capable of managing and directing the clinical chemistry section of the clinical laboratory. In addition, chemical pathologists may be responsible for laboratory administrative and management requirements and practices, patient preparation and specimen collection, calculations and statistics, quality control, instrumentation and equipment, analytic methods and techniques, diagnostic application of laboratory data, screening and home-testing procedures, drug testing, and patient care decision making and consultation. Chemical pathologists may also | | Definition of Subspecialty Chemical pathology is the practice of pa biochemical and molecular techniques i management of human disease. Chemi selection and interpretation of clinical cl managing and directing the clinical chemi and dition, chemical pathologists may be administrative and management required preparation and specimen collection, can instrumentation and equipment, analytic application of laboratory data, screening testing, and patient care decision makin pathologists may also help to diagnose |
| Int.B. | help to diagnose disorders of metabolism, electrolyte and acid/base disorders, serum and coagulation abnormalities, chemical disorders and clinical aspects of organ and system diseases, and substance use disorders and overdose. | [None] | acid/base disorders, serum and coagul and clinical aspects of organ and syste disorders and overdose. |
| Int.C. | Length of Educational Program The educational program in chemical pathology must be 12 months in length. (Core) | 4.1. | Length of Program The educational program in chemical pa (Core) |
| I. | Oversight | Section 1 | Section 1: Oversight |
| I.A. | 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. 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] | Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp medical education consistent with th When the Sponsoring Institution is n most commonly utilized site of clinic primary clinical site. |
| | The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core) | 4.4 | The program must be sponsored by |
| I.A.1. | Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows. | 1.1. [None] | Institution. (Core) 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) | | The program, with approval of its Sp 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) | | There must be a program letter of ag and each participating site that gove program and the participating site pr |
| I.B.2.a) | The PLA must: | [None] | |

pathology devoted primarily to the use of s in the laboratory diagnosis and mical pathologists advise clinicians on the chemistry tests, and are capable of nemistry section of the clinical laboratory. y be responsible for laboratory irements and practices, patient calculations and statistics, quality control, vtic methods and techniques, diagnostic ing and home-testing procedures, drug king and consultation. Chemical se disorders of metabolism, electrolyte and ulation abnormalities, chemical disorders tem diseases, and substance use

pathology must be 12 months in length.

rganization or entity that assumes the sponsibility for a program of graduate the ACGME Institutional Requirements.

not a rotation site for the program, the nical activity for the program is the

y one ACGME-accredited Sponsoring

ion providing educational experiences ons for fellows.

Sponsoring Institution, must designate a

agreement (PLA) between the program /erns the relationship between the providing a required assignment. (Core)

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| I.B.2.a).(1) | be renewed at least every 10 years; and, (Core) | 1.3.a. | Requiremen The PLA must be renewed at least ev |
| I.B.2.a).(2) | be approved by the designated institutional official (DIO). (Core) | 1.3.b. | The PLA must be approved by the de (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 clinica 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 by the program director, who is acco site, in collaboration with the program |
| I.B.4. | 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) | 1.6. | The program director must submit ar participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System |
| 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 in practices that focus on mission-dr and retention of a diverse and inclusi present), fellows, faculty members, s members, and other relevant membe |
| I.D. | Resources | 1.8. | Resources The program, in partnership with its 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 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 |
| I.D.1.a).(1) | a designated work area; (Core) | 1.8.a.1. | a designated work area; (Core) |
| I.D.1.a).(2) | an individual computer with access to hospital and laboratory information systems, electronic health records, and the internet; and, (Core) | 1.8.a.2. | an individual computer with access to he systems, electronic health records, and |
| I.D.1.a).(3) | access to updated teaching materials, such as interesting case files and archived conference materials, or study sets, such as unusual serum protein electrophoresis cases and rare hemoglobin variants, encompassing the core curriculum areas of clinical pathology, as matches the program's specialty concentration. (Core) | 1.8.a.3. | access to updated teaching materials, s archived conference materials, or study electrophoresis cases and rare hemoglo curriculum areas of clinical pathology, a concentration. (Core) |
| 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 roo patient care-related teaching, education service work. (Core) |
| I.D.1.c) | Clinical specimens related to the subspecialty area of the fellowship must be available. (Core) | 1.8.c. | Clinical specimens related to the subspective available. (Core) |
| I.D.1.c).(1) | Clinical information must be indexed so as to permit retrieval of archived specimens by specified test and test results in a timely manner. (Core) | 1.8.c.1. | Clinical information must be indexed so specimens by specified test and test res |

every 10 years. (Core)

designated institutional official (DIO).

ical learning and working environment

st be one faculty member, designated countable for fellow education for that ram director. (Core)

any additions or deletions of ing an educational experience, required ne equivalent (FTE) or more through the em (ADS). (Core)

ion

s Sponsoring Institution, must engage driven, ongoing, systematic recruitment usive workforce of residents (if senior administrative GME staff pers of its academic community. (Core)

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

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

m must provide each fellow with:

hospital and laboratory information ad the internet; and, (Core)

, such as interesting case files and dy sets, such as unusual serum protein globin variants, encompassing the core , as matches the program's specialty

rooms, and laboratory space to support onal, and research activities, and clinical

specialty area of the fellowship must be

so as to permit retrieval of archived results in a timely manner. (Core)

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| I.D.1.d) | 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.d. | Laboratories must perform all tests requiprovide 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 workin 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/re for fellows with proximity appropriate |
| 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 lactatic with proximity appropriate for safe pa |
| I.D.2.d) | security and safety measures appropriate to the participating site; and, (Core) | 1.9.d. | security and safety measures approp (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 dis 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 s appropriate reference material in prin include access to electronic medical 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 or but not limited to residents from othe and advanced practice providers, mu 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 an authority and accountability for the o 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 an authority and accountability for the o with all applicable program requireme |
| 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 Graduat (GMEC) must approve a change in pr program director's licensure and clin |
| 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 directo (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 applica must be provided with support adequ based upon its size and configuration |

quired for the education of fellows and/or ence laboratory tests that are not and participating sites. (Core)

s Sponsoring Institution, must ensure ing environments that promote fellow

)

o/rest facilities available and accessible ate for safe patient care; (Core)

tion that have refrigeration capabilities, patient care; (Core)

opriate to the participating site; and,

lisabilities consistent with the pre)

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

rsonnel

other health care personnel, including her programs, subspecialty fellows, nust not negatively impact the

appointed as program director with overall program, including compliance ments. (Core)

appointed as program director with overall program, including compliance ments. (Core)

ate Medical Education Committee program director and must verify the linical appointment. (Core)

tor resides with the Review Committee.

cable, the program's leadership team, quate for administration of the program ion. (Core)

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| | 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 only or divided between the program | | Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direc |
| II.A.2.a) | director and one or more associate (or assistant) program directors. (Core) | 2.3.a. | director and one or more associate (or a |
| 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 we must be provided with a minimum of 20 more approved fellow positions must be time and an additional 0.5 percent time f |
| | | | Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie |
| II.A.3. | Qualifications of the program director: | 2.4. | |
| II.A.3.a) | must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core) | 2.4. | Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie |
| | 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; and, (Core) | | The program director must possess of subspecialty for which they are the pr Board of Pathology (ABPath) or subsp acceptable to the Review Committee. |
| II.A.3.b) | [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty/subspecialty] | 2.4.a. | [Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific |
| II.A.3.c) | must include at least three years of active participation as a specialist in chemical pathology following completion of all graduate medical education. (Core) | 2.4.b. | The program director must possess at le as a specialist in chemical pathology foll medical education. (Core) |
| II.A.4. | Program Director Responsibilities 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 resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca |
| 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 r |
| 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 an consistent with the needs of the com 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 administe environment conducive to educating Competency domains. (Core) |

st be provided with support equal to a ow for administration of the program. This ector only or divided between the program - assistant) program directors. (Core)

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

tor:

subspecialty expertise and view Committee. (Core)

tor

subspecialty expertise and view Committee. (Core)

s current certification in the program director by the American specialty qualifications that are e. (Core)

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

least three years of active participation ollowing completion of all graduate

sponsibility, authority, and nd operations; teaching and scholarly ection, evaluation, and promotion of pervision of fellows; and fellow care. (Core)

e model of professionalism. (Core)

and conduct the program in a fashion ommunity, the mission(s) of the ssion(s) of the program. (Core) ster and maintain a learning ng the fellows in each of the ACGME

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| 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 a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (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 a supervising interactions and/or learn 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 ac required and requested by the DIO, G |
| 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 which fellows have the opportunity to mistreatment, and provide feedback i appropriate, without fear of intimidati |
| 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 Sponsoring Institution's policies and and due process, including when act not to promote, or renew the appoint |
| 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 Sponsoring Institution's policies and discrimination. (Core) |
| 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 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 fellows within 30 days of completion (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 ve education upon the fellow's request, |
| 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 a interview with information related to t specialty board examination(s). (Core |

e authority to approve or remove faculty members at all participating core faculty members, and must evaluate candidates prior to approval.

e authority to remove fellows from rning environments that do not meet e)

accurate and complete information GMEC, and ACGME. (Core)

a learning and working environment in to raise concerns, report k in a confidential manner as ation or retaliation. (Core)

the program's compliance with the ad procedures related to grievances ction is taken to suspend or dismiss, ntment of a fellow. (Core)

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

n a non-competition guarantee or

ent verification of education for all n of or departure from the program.

verification of an individual fellow's t, within 30 days. (Core)

applicants who are offered an o their eligibility for the relevant ore)

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| | 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 population. | | Faculty Faculty members are a foundational education – faculty members teach f Faculty members provide an importa and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, com patient care, professionalism, and a Faculty members experience the prio development of future colleagues. The the opportunity to teach and model es scholarly approach to patient care, fa graduate medical education system, and the population. |
| II.B. | 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 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 themselves. | [None] | Faculty members ensure that patient from a specialist in the field. They re the patients, fellows, community, and provide appropriate levels of superv Faculty members create an effective professional manner and attending to 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 o instruct and supervise all fellows. (C |
| II.B.1.a) II.B.2 | In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in chemical pathology with either chemical pathology certification by the ABPath or qualifications acceptable to the Review Committee. (Core) | 2.6.a. [None] | In addition to the program director, the faculty member with demonstrated expendence of the pathology certification by the the Review Committee. (Core) |
| | | | Faculty Responsibilities |
| II.B.2.a) II.B.2.b) | be role models of professionalism; (Core) demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core) | 2.7. 2.7.a. | Faculty members must be role mode Faculty members must demonstrate 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 fellows, including devoting sufficient fulfill their supervisory and teaching |
| II.B.2.d) | administer and maintain an educational environment conducive to educating fellows; (Core) | 2.7.c. | Faculty members must administer ar environment conducive to educating |
| II.B.2.e) | regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core) | 2.7.d. | Faculty members must regularly part discussions, rounds, journal clubs, a |
| II.B.2.f) | pursue faculty development designed to enhance their skills at least annually. (Core) | 2.7.e. | Faculty members must pursue facult their skills at least annually. (Core) |

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

nts receive the level of care expected recognize and respond to the needs of and institution. Faculty members rvision to promote patient safety. re learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to (Core)

e faculty must include at least one core pertise in chemical pathology with either e ABPath or qualifications acceptable to

dels of professionalism. (Core) e commitment to the delivery of safe, ve, patient-centered care. (Core)

te a strong interest in the education of ent time to the educational program to g responsibilities. (Core)

and maintain an educational ng fellows. (Core)

articipate in organized clinical , and conferences. (Core)

Ity development designed to enhance

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| | devote at least 20 hours per week in aggregate to fellowship-related clinical | / | Faculty members must devote at least 2 |
| II.B.2.g) | work and teaching. (Core) | 2.7.f. | fellowship-related clinical work and teac |
| | | | Faculty Qualifications |
| II.B.3. | Faculty Qualifications | 2.8. | Faculty members must have appropr hold appropriate institutional appoint |
| | Faculty members must have appropriate qualifications in their field and | | Faculty Qualifications |
| | hold appropriate institutional appointments. (Core) | | Faculty members must have appropr |
| II.B.3.a) | | 2.8. | hold appropriate institutional appoint |
| 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) | | Subspecialty Physician Faculty Mem Subspecialty physician faculty memb the subspecialty by the American Bo qualifications judged acceptable to th |
| II.B.3.b).(1) | [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty/subspecialty] | 2.9. | [Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific |
| II.B.3.b).(1).(a) | Core physician faculty members who are not currently certified in chemical pathology must have either completed a chemical pathology fellowship or have three years of practice experience in the subspecialty. (Core) | 2.9.b. | Core physician faculty members who ar pathology must have either completed a three years of practice experience in the |
| 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 certification in their specialty by the a Medical Specialties (ABMS) member Association (AOA) certifying board, o 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) | | Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or adm component of their activities, teach, o 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 (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 program director. (Core) |
| II.B.4.b).(1) | At least one core faculty member must be certified in chemical pathology by the ABPath. (Core) | 2.10.b.1. | At least one core faculty member must t ABPath. (Core) |
| II.C. | Program Coordinator | 2.11. | Program Coordinator There must be a program coordinato |
| II.C.1. | There must be a program coordinator. (Core) | 2.11. | Program Coordinator There must be a program coordinato |

t 20 hours per week in aggregate to aching. (Core)

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

mbers

nbers must have current certification in Board of Pathology or possess the Review Committee. (Core)

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

are not currently certified in chemical d a chemical pathology fellowship or have the subspecialty. (Core)

Ity members must have current e appropriate American Board of er board or American Osteopathic l, or possess qualifications judged ee. (Core)

significant role in the education and evote a significant portion of their entire lministration, and must, as a n, evaluate, and provide formative

e annual ACGME Faculty Survey.

ty members, one of whom must be the

t be certified in chemical pathology by the

tor. (Core)

tor. (Core)

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| 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 o and configuration. (Core) |
| | At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core) | | At a minimum, the program coordinator time and support specified below for adr (Core) |
| | Number of Approved Fellow Positions: 1-3 Minimum Support Required (FTE): 0.2 Number of Approved Fellow Positions: 4-9 Minimum Support Required (FTE): 0.3 Number of Approved Fellow Positions: 10 or more Minimum Support Required | | Number of Approved Fellow Positions: 1 0.2 Number of Approved Fellow Positions: 4 0.3 Number of Approved Fellow Positions: 4 |
| II.C.2.a) | (FTE): 0.4 | 2.11.b. | (FTE): 0.4 |
| II.D. | Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core) | 2.12. | Other Program Personnel The program, in partnership with its S ensure the availability of necessary pe administration of the program. (Core) |
| | There must be qualified laboratory technical personnel to support the clinical, | | There must be qualified laboratory techn |
| II.D.1. | teaching, educational, and research activities of the fellowship. (Core) | 2.12.a. | teaching, educational, and research activ |
| III. | Fellow Appointments | Section 3 | Section 3: Fellow Appointments |
| III.A. | Eligibility Criteria | [None] | |
| III.A.1. | Eligibility Requirements – Fellowship Programs 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 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. | Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an AG an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canad 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 ve level of competence in the required fic CanMEDS Milestones evaluations from |
| III.A.1.a) III.A.1.b) | Prior to appointment in the program, fellows must have one of the following: | 3.2.a. 3.2.a.1. | Prior to appointment in the program, fello |
| | successful completion of at least two years of clinical pathology education in a | 0.2.a. I. | successful completion of at least two year |
| III.A.1.b).(1) | pathology residency that satisfies the requirements in III.A.1.; (Core) | 3.2.a.1.a. | pathology residency that satisfies the red |
| III.A.1.b).(2) | certification or eligibility for certification by the ABPath or American Osteopathic Board of Pathology in anatomic pathology and clinical pathology or in clinical pathology; or, (Core) | 3.2.a.1.b. | certification or eligibility for certification b Board of Pathology in anatomic patholog pathology; or, (Core) |
| III.A.1.b).(3) | certification or eligibility for certification in a specialty by a member board of the ABMS or a certifying board of the AOA. (Core) | 3.2.a.1.b. | certification or eligibility for certification ir ABMS or a certifying board of the AOA. |

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

or must be provided with the dedicated dministration of the program as follows:

1-3 | Minimum Support Required (FTE):

4-9 | Minimum Support Required (FTE):

10 or more | Minimum Support Required

Sponsoring Institution, must jointly personnel for the effective e)

hnical personnel to support the clinical, ctivities of the fellowship. (Core)

ip Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, m, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency

verification of each entering fellow's field using ACGME, ACGME-I, or rom the core residency program. (Core)

ellows must have one of the following:

vears of clinical pathology education in a requirements in 3.2.; (Core)

n by the ABPath or American Osteopathic logy and clinical pathology or in clinical

n in a specialty by a member board of the A. (Core)

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| Requirement Number | Requirement Language Fellow Eligibility Exception | Requirement Number | Requiremen |
| | | | |
| III.A.1.c) | The Review Committee for Pathology will allow the following exception to the fellowship eligibility requirements: | 3.2.b. | The Review Committee for Pathology the fellowship eligibility requirements |
| | An ACGME-accredited fellowship program may accept an exceptionally | | An ACGME-accredited fellowship pro |
| | qualified international graduate applicant who does not satisfy the | | qualified international graduate appli |
| III.A.1.c).(1) | eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core) | 3.2.b.1. | eligibility requirements listed in 3.2, b additional qualifications and conditio |
| | evaluation by the program director and fellowship selection committee of | | evaluation by the program director ar |
| | 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, | | the applicant's suitability to enter the review of the summative evaluations |
| III.A.1.c).(1).(a) | (Core) | 3.2.b.1.a. | (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' GMEC; and, (Core) |
| | verification of Educational Commission for Foreign Medical Graduates | | verification of Educational Commission |
| III.A.1.c).(1).(c) | (ECFMG) certification. (Core) | 3.2.b.1.c. | (ECFMG) certification. (Core) |
| | Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks | | Applicants accepted through this exc their performance by the Clinical Con |
| III.A.1.c).(2) | of matriculation. (Core) | 3.2.b.2. | of matriculation. (Core) |
| | Fellow Complement | | Fellow Complement |
| | The program director must not appoint more fellows than approved by the | | The program director must not appoi |
| III.B. | Review Committee. (Core) | 3.3. | Review Committee. (Core) |
| | Fellow Transfers | 3.3. | Fellow Transfers |
| | | | |
| | The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to | | The program must obtain verification and a summative competency-based |
| | acceptance of a transferring fellow, and Milestones evaluations upon | | acceptance of a transferring fellow, a |
| III.C. | matriculation. (Core) | 3.4. | matriculation. (Core) |
| III.C. | | 5.4. | |
| | Educational Program | | Section 4: Educational Program |
| | The ACGME accreditation system is designed to encourage excellence | | The ACGME accreditation system is a |
| | and innovation in graduate medical education regardless of the | | and innovation in graduate medical e |
| | organizational affiliation, size, or location of the program. | | organizational affiliation, size, or loca |
| | The educational program must support the development of | | The educational program must suppo |
| | knowledgeable, skillful physicians who provide compassionate care. | | knowledgeable, skillful physicians wl |
| | It is recognized that programs may place different emphasis on research, | | It is recognized that programs may pl |
| | leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for | | leadership, public health, etc. It is expression reflect the nuanced program-specific |
| | example, it is expected that a program aiming to prepare physician- | | example, it is expected that a program |
| IV. | scientists will have a different curriculum from one focusing on community health. | Section 4 | scientists will have a different curricu community health. |
| | | | |

y will allow the following exception to nts:

rogram may accept an exceptionally dicant who does not satisfy the , but who does meet all of the following ions: (Core)

and fellowship selection committee of ne program, based on prior training and s of training in the core specialty; and,

nt's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

on of previous educational experiences ed performance evaluation prior to and Milestones evaluations upon

s designed to encourage excellence education regardless of the cation of the program.

port the development of who provide compassionate care.

place different emphasis on research, expected that the program aims will ic goals for it and its graduates; for am aiming to prepare physicianculum from one focusing on

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| Requirement Number | Requirement Language | Requirement Number | Requiremen |
| | Educational Components | | |
| N/ A | | | Educational Components |
| IV.A. | The curriculum must contain the following educational components: | 4.2. | The curriculum must contain the follo |
| | a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive | | a set of program aims consistent with mission, the needs of the community |
| | capabilities of its graduates, which must be made available to program | | capabilities of its graduates, which m |
| IV.A.1. | applicants, fellows, and faculty members; (Core) | 4.2.a. | applicants, fellows, and faculty memb |
| | competency-based goals and objectives for each educational experience | | competency-based goals and objectiv |
| | designed to promote progress on a trajectory to autonomous practice in | | designed to promote progress on a tr |
| | their subspecialty. These must be distributed, reviewed, and available to | | their subspecialty. These must be dis |
| IV.A.2. | fellows and faculty members; (Core) | 4.2.b. | fellows and faculty members; (Core) |
| | delineation of fellow responsibilities for patient care, progressive | | delineation of fellow responsibilities f |
| IV.A.3. | responsibility for patient management, and graded supervision in their subspecialty; (Core) | 4.2.c. | responsibility for patient managemen subspecialty; (Core) |
| IV.A.4. | structured educational activities beyond direct patient care; and, (Core) | 4.2.d. | structured educational activities beyo |
| | | | Curriculum Organization and Fellow I |
| | | | Experiences |
| | Fellows must be provided with protected time to participate in core | | Fellows must be provided with protect |
| IV.A.4.a) | didactic activities. (Core) | 4.11. | didactic activities. (Core) |
| | formal educational activities that promote patient safety-related goals, | | formal educational activities that pror |
| IV.A.5. | tools, and techniques. (Core) | 4.2.e. | tools, and techniques. (Core) |
| IV.B. | ACGME Competencies | [None] | ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqui |
| IV.D. | The program must integrate the following ACGME Competencies into the | | remining the other competencies acqu |
| IV.B.1. | curriculum: | [None] | The program must integrate all ACGM |
| | Professionalism | | |
| | | | ACGME Competencies – Professiona |
| | Fellows must demonstrate a commitment to professionalism and an | | Fellows must demonstrate a commitm |
| 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 patie centered, compassionate, equitable, a treatment of health problems and the |
| | Fellows must demonstrate competence in advising clinicians on the selection | | Fellows must demonstrate competence |
| | and interpretation of chemical pathology tests, including those tests sent to a | | and interpretation of chemical pathology |
| IV.B.1.b).(1).(a) | reference laboratory. (Core) | 4.4.a. | reference laboratory. (Core) |

llowing educational components:

ith the Sponsoring Institution's ty it serves, and the desired distinctive must be made available to program nbers; (Core)

tives for each educational experience trajectory to autonomous practice in listributed, reviewed, and available to)

s for patient care, progressive ent, and graded supervision in their

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

ected time to participate in core

romote patient safety-related goals,

ptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each subspecialty. The developmental ncies are articulated through the The focus in fellowship is on and medical knowledge, as well as quired in residency.

GME Competencies into the curriculum.

nalism itment to professionalism and an re)

re

tient care that is patient- and familye, appropriate, and effective for the ne promotion of health. (Core)

ce in advising clinicians on the selection by tests, including those tests sent to a

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| Requirement Number | Requirement Language | Requirement Number 4.4.a.1. | • |
| IV.B.1.b).(1).(a).(i) | These must include the following analytes and specimens: | | These must include the following analy |
| | amino acids, peptides, and proteins; (Core) | 4.4.a.1.a. | amino acids, peptides, and proteins; (C |
| , , , , , , , , , , | bilirubin, hemoglobin, iron, and porphyrins; (Core) | 4.4.a.1.b. | bilirubin, hemoglobin, iron, and porphyr |
| , , , , , , , , , , , | blood, cerebrospinal fluid, plasma, serum, and other body fluids; (Core) | 4.4.a.1.c. | blood, cerebrospinal fluid, plasma, seru |
| IV.B.1.b).(1).(a).(i).(d) | carbohydrates; (Core) | 4.4.a.1.d. | carbohydrates; (Core) |
| , , , , , , , , , , | cardiac, liver, and kidney function tests; (Core) | 4.4.a.1.e. | cardiac, liver, and kidney function tests |
| IV.B.1.b).(1).(a).(i).(f) | clinical toxicology, therapeutic drugs, and toxic elements; (Core) | 4.4.a.1.f. | clinical toxicology, therapeutic drugs, a |
| | electrolytes and blood gases; (Core) | 4.4.a.1.g. | electrolytes and blood gases; (Core) |
| IV.B.1.b).(1).(a).(i).(h) | hormones; (Core) | 4.4.a.1.h. | hormones; (Core) |
| | infectious disease tests, (e.g., for Epstein-Barr virus, herpes simplex virus, HIV, | | infectious disease tests, (e.g., for Epste |
| IV.B.1.b).(1).(a).(i).(i) | and viral hepatitis); (Core) | 4.4.a.1.i. | and viral hepatitis); (Core) |
| IV.B.1.b).(1).(a).(i).(j) | lipids, lipoproteins, and apolipoproteins; (Core) | 4.4.a.1.j. | lipids, lipoproteins, and apolipoproteins |
| IV.B.1.b).(1).(a).(i).(k) | metabolites associated with metabolic diseases; (Core) | 4.4.a.1.k. | metabolites associated with metabolic |
| IV.B.1.b).(1).(a).(i).(l) | molecular diagnostics for genetics, tumor genomics, and microbiology; (Core) | 4.4.a.1.l. | molecular diagnostics for genetics, tum |
| IV.B.1.b).(1).(a).(i).(m) | serum and erythrocyte enzymes; (Core) | 4.4.a.1.m. | serum and erythrocyte enzymes; (Core |
| , , , , , , , , , , , | tumor markers; and, (Core) | 4.4.a.1.n. | tumor markers; and, (Core) |
| , , , , , , , , , | vitamins. (Core) | 4.4.a.1.o. | vitamins. (Core) |
| | Fellows must demonstrate competence in assessment of the following organ | | Fellows must demonstrate competence |
| IV.B.1.b).(1).(b) | functions and pathophysiologic states: | 4.4.b. | functions and pathophysiologic states: |
| IV.B.1.b).(1).(b).(i) | adrenal cortex; (Core) | 4.4.b.1. | adrenal cortex; (Core) |
| IV.B.1.b).(1).(b).(ii) | adrenal medulla; (Core) | 4.4.b.2. | adrenal medulla; (Core) |
| IV.B.1.b).(1).(b).(iii) | cardiac function; (Core) | 4.4.b.3. | cardiac function; (Core) |
| IV.B.1.b).(1).(b).(iv) | diabetes mellitus; (Core) | 4.4.b.4. | diabetes mellitus; (Core) |
| IV.B.1.b).(1).(b).(v) | disorders of the immune system; (Core) | 4.4.b.5. | disorders of the immune system; (Core |
| IV.B.1.b).(1).(b).(vi) | disorders of water, electrolytes, and acid-base metabolism; (Core) | 4.4.b.6. | disorders of water, electrolytes, and aci |
| IV.B.1.b).(1).(b).(vii) | gastric, pancreatic, and intestinal function; (Core) | 4.4.b.7. | gastric, pancreatic, and intestinal functi |
| | kidney disease; (Core) | 4.4.b.8. | kidney disease; (Core) |
| IV.B.1.b).(1).(b).(ix) | liver disease; (Core) | 4.4.b.9. | liver disease; (Core) |
| IV.B.1.b).(1).(b).(x) | newborn screening and inborn errors of metabolism; (Core) | 4.4.b.10. | newborn screening and inborn errors of |
| IV.B.1.b).(1).(b).(xi) | pregnancy; (Core) | 4.4.b.11. | pregnancy; (Core) |
| IV.B.1.b).(1).(b).(xii) | reproductive endocrinology; and, (Core) | 4.4.b.12. | reproductive endocrinology; and, (Core |
| IV.B.1.b).(1).(b).(xiii) | thyroid disorders. (Core) | 4.4.b.13. | thyroid disorders. (Core) |
| | Fellows must demonstrate competence in managing and directing a chemical | | Fellows must demonstrate competence |
| IV.B.1.b).(1).(c) | pathology laboratory, including: (Core) | 4.4.c. | pathology laboratory, including: (Core) |
| IV.B.1.b).(1).(c).(i) | adhering to safety, federal, and state regulations; (Core) | 4.4.c.1. | adhering to safety, federal, and state re |
| IV.B.1.b).(1).(c).(ii) | evaluating and selecting new equipment; (Core) | 4.4.c.2. | evaluating and selecting new equipmen |
| IV.B.1.b).(1).(c).(iii) | selecting and developing new clinical chemistry tests; (Core) | 4.4.c.3. | selecting and developing new clinical cl |
| IV.B.1.b).(1).(c).(iv) | selecting and using appropriate statistical tests; (Core) | 4.4.c.4. | selecting and using appropriate statistic |
| IV.B.1.b).(1).(c).(v) | using quality assurance procedures; and, (Core) | 4.4.c.5. | using quality assurance procedures; an |
| IV.B.1.b).(1).(c).(v) | using informatics. (Core) | 4.4.c.6. | using informatics. (Core) |
| | | т. . | . , |
| | Fellows must demonstrate competence in providing appropriate and effective patient care consultations to physicians and other health professionals, both | | Fellows must demonstrate competence patient care consultations to physicians |
| IV.B.1.b).(1).(d) | intra- and inter-departmentally. (Core) | 4.4.d. | intra- and inter-departmentally. (Core) |
| ······································ | | т.т. ч. | |

lytes and specimens:

(Core)

yrins; (Core)

rum, and other body fluids; (Core)

ts; (Core)

and toxic elements; (Core)

stein-Barr virus, herpes simplex virus, HIV,

ns; (Core)

c diseases; (Core)

mor genomics, and microbiology; (Core)

re)

ce in assessment of the following organ

re)

acid-base metabolism; (Core) ction; (Core)

of metabolism; (Core)

re)

ce in managing and directing a chemical

regulations; (Core)

ent; (Core)

chemistry tests; (Core)

tical tests; (Core)

and, (Core)

ce in providing appropriate and effective ns and other health professionals, both

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| | Consultations should include providing medical advice on the diagnosis and management of chemical pathology issues. (Detail) | 4.4.d.1. | Consultations should include providing m management of chemical pathology issue |
| | 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 S Fellows must be able to perform all m procedures considered essential for t |
| IV.B.1.b).(2).(a) | Fellows should participate in performing the patient and laboratory procedures for which they will be expected to supervise ancillary staff members. (Core) | 4.5.a. | Fellows should participate in performing for which they will be expected to superv |
| | Medical Knowledge | | |
| IV.B.1.c) | 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 Knor Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core) |
| IV.B.1.c).(1) | Fellows must demonstrate expertise in all areas of chemical pathology necessary to achieve competence in patient care. (Core) | 4.6.a. | Fellows must demonstrate expertise in a necessary to achieve competence in pat |
| | 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-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core) |
| | 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 – Interpersona Fellows must demonstrate interperson result in the effective exchange of info patients, their families, and health pro |
| | 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-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he |

medical advice on the diagnosis and sues. (Detail)

l Skills medical, diagnostic, and surgical r the area of practice. (Core)

ng the patient and laboratory procedures ervise ancillary staff members. (Core)

nowledge

ge of established and evolving II, and social-behavioral sciences, as the application of this knowledge to

n all areas of chemical pathology patient care. (Core)

ased Learning and Improvement ty to investigate and evaluate their care ate scientific evidence, and to based on constant self-evaluation and

nal and Communication Skills sonal and communication skills that nformation and collaboration with professionals. (Core)

Based Practice

eness of and responsiveness to the care, including the structural and ell as the ability to call effectively on health care. (Core)

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| | | | 4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibiliti educational events. (Core) |
| | | | 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protec didactic activities. (Core) |
| IV.C. | Curriculum Organization and Fellow Experiences | 4.10 4.12. | 4.12. Curriculum Organization and Fe The program must provide instruction management if applicable for the sub the signs of substance use disorder. |
| 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 The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibiliti educational events. (Core) |
| 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) | 4.10.a. | There should be one faculty member whether experience on each rotation to ensure s |
| 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 The program must provide instruction management if applicable for the sub 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 chemical pathology prior to completion of the program. (Core) | 4.11.a. | Fellow experiences must be designed to supervision such that fellows progress to responsibilities under Oversight, as defin demonstrate their ability to enter the aut prior to completion of the program. (Core |
| 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 gradua independent diagnoses and decision ma |
| IV.C.4.b) | supervision of residents and/or other learners; and, (Detail) | 4.11.c. | Fellow experiences must include superv (Detail) |
| IV.C.4.c) | educational activities specific to chemical pathology, 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 educat pathology, review of the medical literatu study sets of unusual cases. (Core) |

ent Language Fellow Experiences – Curriculum to optimize fellow educational riences, and the supervisory riences include an appropriate blend of ities, clinical teaching, and didactic Fellow Experiences – Didactic and tected time to participate in core Fellow Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of er. (Core) w Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory riences include an appropriate blend of ities, clinical teaching, and didactic who is responsible for the educational supervisory continuity. (Core) w Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of er. (Core) to allow appropriate faculty member to the performance of assigned clinical efined in Section 6, in order to utonomous practice of chemical pathology ore)

luated responsibility, including making. (Core) ervision of residents and/or other learners.

cational activities specific to chemical ature in the subspecialty area, and use of

| Roman Numeral Requirement Number | Requirement Language | Reformatted Requirement Number | Requiremen |
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| <u></u> | The didactic curriculum must include teaching conferences in chemical pathology, journal clubs, and joint conferences within the Pathology Department, as well as with clinical services involved in patient diagnosis and management | | The didactic curriculum must include tea pathology, journal clubs, and joint confe Department, as well as with clinical serv |
| IV.C.5. | utilizing chemical pathology. (Core) | 4.11.e. | management utilizing chemical patholog |
| IV.C.5.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.e.1. | Fellows must participate in conferences must give a minimum of two presentatio |
| IV.C.5.b) | Didactic topics must include cost-effectiveness analyses of procedures. (Core) | 4.11.e.2. | Didactic topics must include cost-effective |
| IV.C.6. | The program must provide structured education and experience in the administration, management, and direction of a chemical pathology laboratory, including quality assurance, safety, regulations, and the use of laboratory and hospital data systems. (Core) | 4.11.f. | The program must provide structured ec administration, management, and direct including quality assurance, safety, regu hospital data systems. (Core) |
| IV.C.7. | Fellows should participate in laboratory quality assurance activities and inspections. (Detail) | 4.11.g. | Fellows should participate in laboratory 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 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. 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. | | Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly activities integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a vas scientists, and educators. It is expect will reflect its mission(s) and aims, and serves. For example, some programs activity on quality improvement, pope other programs might choose to utility |
| IV.D. | | [None] | research as the focus for scholarship Program Responsibilities |
| IV.D.1. | Program Responsibilities | 4.13. | The program must demonstrate evide consistent with its mission(s) and ain |
| 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 evide consistent with its mission(s) and ain |
| | The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core) | | The program in partnership with its S adequate resources to facilitate fellow scholarly activities. (Core) |
| IV.D.1.b) | | 4.13.a. | |

teaching conferences in chemical Inferences within the Pathology ervices involved in patient diagnosis and logy. (Core)

es at least once per month on average and ions per year. (Core)

ctiveness analyses of procedures. (Core)

education and experience in the ection of a chemical pathology laboratory, gulations, and the use of laboratory and

ry quality assurance activities and

ce. The physician is a humanistic his requires the ability to think critically, ly assimilate new knowledge, and tram and faculty must create an sition of such skills through fellow as defined in the subspecialty-specific activities may include discovery, ng.

ty of fellowships and anticipates that variety of roles, including clinicians, ected that the program's scholarship and the needs of the community it ms may concentrate their scholarly opulation health, and/or teaching, while tilize more classic forms of biomedical hip.

idence of scholarly activities, aims. (Core)

idence of scholarly activities, aims. (Core)

Sponsoring Institution, must allocate low and faculty involvement in

| Roman Numeral Requirement Number | Requirement Language | Reformatted Requirement Number | Requiremen |
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| IV.D.2. | Faculty Scholarly Activity | 4.14. | Faculty Scholarly Activity Among their scholarly activity, progr accomplishments in at least three of •Research in basic science, educatio or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation too electronic educational materials •Contribution to professional commit editorial boards •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 | | Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education 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 | | Peer-reviewed grants Quality improvement and/or patient Systematic reviews, meta-analyses, textbooks, or case reports Creation of curricula, evaluation too electronic educational materials Contribution to professional commiteditorial boards |
| IV.D.2.a) | Innovations in education The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods: | 4.14. | Innovations in education The program must demonstrate disservation and external to the program by the formula |
| IV.D.2.b) IV.D.2.b).(1) | 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. 4.14.a.1. | faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome) |
| IV.D.2.b).(2) | peer-reviewed publication. (Outcome) | 4.14.a.2. | peer-reviewed publication. (Outcome |
| IV.D.3. | Fellow Scholarly Activity | 4.15. | Fellow Scholarly Activity |

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

ssemination of scholarly activity within following methods:

ds, posters, workshops, quality m presentations, grant leadership, nonburces, articles or publications, book vice on professional committees, or nal editorial board member, or editor;

ne)

| Roman Numeral Requirement Number | Requirement Language | Reformatted Requirement Number | Requiremen |
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| | | | Each fellow must participate in scholarly following: (Core) |
| | | | •evidence-based presentations at journa national); (Core) |
| | | | •preparation and submission of articles t (Core) |
| IV.D.3.a) | Each fellow must participate in scholarly activity, including at least one of the following: (Core) | 4.15.a. | •research. (Core) |
| | | | Each fellow must participate in scholarly following: (Core) |
| | | | •evidence-based presentations at journa national); (Core) |
| | avidance based presentations at journal clubs or meetings (less), regional, or | | •preparation and submission of articles t (Core) |
| IV.D.3.a).(1) | evidence-based presentations at journal clubs or meetings (local, regional, or national); (Core) | 4.15.a. | •research. (Core) |
| | | | Each fellow must participate in scholarly following: (Core) |
| | | | •evidence-based presentations at journa national); (Core) |
| | | | •preparation and submission of articles (Core) |
| IV.D.3.a).(2) | preparation and submission of articles for peer-reviewed publications; or, (Core) | 4.15.a. | •research. (Core) |
| | | | Each fellow must participate in scholarly following: (Core) |
| | | | •evidence-based presentations at journa national); (Core) |
| | | | •preparation and submission of articles (Core) |
| IV.D.3.a).(3) | research. (Core) | 4.15.a. | •research. (Core) |
| IV.D.3.b) | Each fellow must participate in research and development or evaluation of new testing methods in chemical pathology. (Core) | 4.15.b. | Each fellow must participate in research testing methods in chemical pathology. |
| V. | Evaluation | Section 5 | Section 5: Evaluation |

arly activity, including at least one of the

rnal clubs or meetings (local, regional, or

es for peer-reviewed publications; or,

rly activity, including at least one of the

rnal clubs or meetings (local, regional, or

es for peer-reviewed publications; or,

rly activity, including at least one of the

rnal clubs or meetings (local, regional, or

es for peer-reviewed publications; or,

rly activity, including at least one of the

rnal clubs or meetings (local, regional, or

es for peer-reviewed publications; or,

rch and development or evaluation of new y. (Core)

| Roman Numeral Requirement Number | Requirement Language | Reformatted Requirement Number | Requiremen |
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| • | | | Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri educational assignment. (Core) |
| V.A. | Fellow Evaluation | 5.1. | |
| V.A.1. | Feedback and Evaluation | 5.1. | Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin 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 Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core) |
| v.A.I.a) | The feedback, based on direct observation, should incorporate competency- | 5.1. | The feedback based on fellow performa |
| V.A.1.a) .(1) | based assessments. (Core) | 5.1.h. | should incorporate competency-based a |
| V.A.1.b) | Evaluation must be documented at the completion of the assignment. (Core) | 5.1.a. | Evaluation must be documented at th (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 the must be documented at least every the transmission of the second se |
| 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 con clinical responsibilities must be evalu 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 objecti the Competencies and the subspecia (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 other professional staff members); ar |
| 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 Clinica synthesis of progressive fellow perfo unsupervised practice. (Core) |
| V.A.1.d) | The program director or their designee, with input from the Clinical Competency Committee, must: | [None] | |
| 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 designe Competency Committee, must meet v documented semi-annual evaluation along the subspecialty-specific Miles |
| 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 designe Competency Committee, must assist learning plans to capitalize on their s 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 designe Competency Committee, must develo progress, following institutional polic |

valuation serve, evaluate, and frequently provide iring each rotation or similar

valuation

serve, evaluate, and frequently provide Iring each rotation or similar

valuation

serve, evaluate, and frequently provide Iring each rotation or similar

nance, based on direct observation, d assessments. (Core)

the completion of the assignment.

three months in duration, evaluation three months. (Core)

continuity clinic in the context of other aluated at least every three months and

ctive performance evaluation based on ialty-specific Milestones, and must:

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

ical Competency Committee for its formance and improvement toward

nee, with input from the Clinical t with and review with each fellow their n of performance, including progress estones. (Core)

nee, with input from the Clinical st fellows in developing individualized r strengths and identify areas for

nee, with input from the Clinical elop plans for fellows failing to licies and procedures. (Core)

| Roman Numeral Requirement Number | Requirement Language | Reformatted Requirement Number | Requiremen |
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| 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) | | At least annually, there must be a sur that includes their readiness to progr 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 perform by the fellow. (Core) |
| V.A.2. | Final Evaluation | 5.2. | Fellow Evaluation: Final Evaluation The program director must provide a 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 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 subspecialty-specific Case Logs, mus are able to engage in autonomous pro 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 par maintained by the institution, and mu fellow in accordance with institutiona |
| 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 t knowledge, skills, and behaviors nec (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 we 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 m 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 Competend members, at least one of whom is a c be faculty members from the same pu health professionals who have extens 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 least semi-annually. (Core) |
| 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 progress on achievement of the subs |
| 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 annual evaluations and advise the pro fellow's progress. (Core) |
| V.B. | Faculty Evaluation | 5.4. | Faculty Evaluation The program must have a process to performance as it relates to the educa (Core) |

ent Language summative evaluation of each fellow gress to the next year of the program, if

rmance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

es, and when applicable the nust be used as tools to ensure fellows practice upon completion of the

part of the fellow's permanent record nust be accessible for review by the nal policy. (Core)

t the fellow has demonstrated the eccessary to enter autonomous practice.

with the fellow upon completion of

must be appointed by the program

ency Committee must include three a core faculty member. Members must program or other programs, or other ensive contact and experience with the

e must review all fellow evaluations at

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

to evaluate each faculty member's ucational program at least annually.

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| Requirement Number | Requirement Language | Requirement Number | |
| V.B.1. | The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core) | 5.4. | Faculty Evaluation The program must have a process to performance as it relates to the educa (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 teaching abilities, engagement with the in faculty development related to their |
| V.B.1.a) | performance, professionalism, and scholarly activities. (Core) | 5.4.a. | performance, professionalism, and so |
| , | This evaluation must include written, confidential evaluations by the fellows. (Core) | 5.4.b. | This evaluation must include written, fellows. (Core) |
| V.B.2. | Faculty members must receive feedback on their evaluations at least annually. (Core) | 5.4.c. | Faculty members must receive feedba annually. (Core) |
| | Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core) | 5.4.d. | Results of the faculty educational eva program-wide faculty development pl |
| V.C. | Program Evaluation and Improvement | 5.5. | Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p |
| | 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 Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p |
| | 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 n program faculty members, at least on and at least one fellow. (Core) |
| V.C.1.b) | Program Evaluation Committee responsibilities must include: | [None] | |
| | review of the program's self-determined goals and progress toward meeting them; (Core) | 5.5.b. | Program Evaluation Committee respo program's self-determined goals and (Core) |
| | guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core) | 5.5.c. | Program Evaluation Committee respo ongoing program improvement, inclu based upon outcomes. (Core) |
| | 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 respo current operating environment to ider opportunities, and threats as related t (Core) |
| | 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 s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core) |
| | 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 n and aims, strengths, areas for improv |
| | 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, inclu distributed to and discussed with the teaching faculty, and be submitted to |

o evaluate each faculty member's cational program at least annually.

ew of the faculty member's clinical the educational program, participation eir skills as an educator, clinical scholarly activities. (Core) n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

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

ent

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

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

ponsibilities must include review of the d progress toward meeting them.

ponsibilities must include guiding luding development of new goals,

ponsibilities must include review of the lentify strengths, challenges, d to the program's mission and aims.

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

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

cluding the action plan, must be ne fellows and the members of the to the DIO. (Core)

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| 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 educa seek and achieve board certification. (the educational program is the ultimat The program director should encourag take the certifying examination offered of Medical Specialties (ABMS) membe 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 wri years, the program's aggregate pass r for the first time must be higher than t programs in that subspecialty. (Outco |
| 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) | | For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass r for the first time must be higher than t programs in that subspecialty. (Outco |
| 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) | | For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the bott 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) | | For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of t first time must be higher than the bott that subspecialty. (Outcome) |
| 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 specifi an 80 percent pass rate will have met percentile rank of the program for pas (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 cohort of board-eligible fellows that g |

nt Language elf-Study and submit it to the DIO.

cation is to educate physicians who n. One measure of the effectiveness of nate pass rate.

rage all eligible program graduates to red by the applicable American Board ber board or American Osteopathic

AS member board and/or AOA written exam, in the preceding three s rate of those taking the examination n the bottom fifth percentile of come)

IS member board and/or AOA written exam, in the preceding six s rate of those taking the examination n the bottom fifth percentile of come)

IS member board and/or AOA oral exam, in the preceding three years, of those taking the examination for the ottom fifth percentile of programs in

IS member board and/or AOA ral exam, in the preceding six years, of those taking the examination for the ottom fifth percentile of programs in

1 5.6. – 5.6.c., any program whose cified in the requirement have achieved et this requirement, no matter the ass rate in that subspecialty.

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

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| | The Learning and Working Environment | | Section 6: The Learning and Working |
| | Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles: | | The Learning and Working Environme Fellowship education must occur in t environment that emphasizes the foll |
| | •Excellence in the safety and quality of care rendered to patients by fellows today | | •Excellence in the safety and quality of fellows today |
| | •Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice | | •Excellence in the safety and quality of today's fellows in their future practice |
| | •Excellence in professionalism | | •Excellence in professionalism |
| | •Appreciation for the privilege of providing care for patients | | •Appreciation for the privilege of prov |
| VI. | •Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team | Section 6 | •Commitment to the well-being of the members, and all members of the hea |
| 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 continuou and a willingness to transparently de organization has formal mechanisms attitudes of its personnel toward safe 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, an patient safety systems and contribute |
| VI.A.1.a).(2) | 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 causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities. | [None] | Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti- changes to ameliorate patient safety |
| 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, must know their responsibilities in re unsafe conditions at the clinical site, (Core) |

ng Environment

nment in the context of a learning and working following principles:

y of care rendered to patients by

y of care rendered to patients by ice

oviding care for patients

he students, residents, fellows, faculty ealth care team

ous identification of vulnerabilities deal with them. An effective ns to assess the knowledge, skills, and ifety in order to identify areas for

, and fellows must actively participate in ute to a culture of safety. (Core)

r-up of safety events, near misses, and anisms for improving patient safety, f any patient safety program. Feedback tial to developing true competence in stitute sustainable systems-based y vulnerabilities.

s, and other clinical staff members reporting patient safety events and e, including how to report such events.

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| 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, must be provided with summary infor 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 mer interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation |
| VI.A.1.a).(3) | Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. | [None] | Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme |
| 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 re benchmarks related to their patient po |
| VI.A.2. | Supervision and Accountability | [None] | Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structur accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth. |
| | 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 u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structur accountability as it relates to the supe |
| 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 and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth. |
| VI.A.2.a).(1) | Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core) | 6.5. | Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients. |

s, and other clinical staff members formation of their institution's patient

embers in real and/or simulated fety and quality improvement activities, er activities that include analysis, as ition of actions. (Core)

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

a ultimately responsible for the care of in the responsibility and e provision of care. Effective Sponsoring Institutions, define, widely ured chain of responsibility and upervision of all patient care.

ate medical education provides safe res each fellow's development of the uired to enter the unsupervised es a foundation for continued

a ultimately responsible for the care of in the responsibility and e provision of care. Effective Sponsoring Institutions, define, widely ured chain of responsibility and upervision of all patient care.

ate medical education provides safe res each fellow's development of the uired to enter the unsupervised es a foundation for continued

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

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| Requirement Number | Requirement Language | Requirement Number | |
| 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 in roles in that patient's care when prov information must be available to fello 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 as well as patient complexity and acut through a variety of methods, as approximately of methods. |
| 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 superv authority and responsibility, the prog classification of supervision. |
| VI.A.2.b).(1) | Direct Supervision: | 6.7. | Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate televi |
| VI.A.2.b).(1).(a) | the supervising physician is physically present with the fellow during the key portions of the patient interaction; or, | 6.7. | Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate telev |
| 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. | Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate tele |
| 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 prov or audio supervision but is immediate guidance and is available to provide a |
| 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 availabl 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 physi physician is required. (Core) |

inform each patient of their respective oviding direct patient care. This llows, faculty members, other members ts. (Core)

at the appropriate level of supervision in ch fellow's level of training and ability, cuity. Supervision may be exercised opropriate to the situation. (Core)

ervision while providing for graded ogram must use the following

cally present with the fellow during the ion.

batient is not physically present with sician is concurrently monitoring the lecommunication technology.

ically present with the fellow during the ion.

batient is not physically present with sician is concurrently monitoring the lecommunication technology.

cally present with the fellow during the ion.

patient is not physically present with sician is concurrently monitoring the lecommunication technology.

roviding physical or concurrent visual ately available to the fellow for le appropriate direct supervision.

able to provide review of ack provided after care is delivered.

vsical presence of a supervising

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| Requirement Number | Requirement Language | Requirement Number | Requiremen |
| 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 independence, and a supervisory role fellow must be assigned by the progr (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 of specific criteria, guided by the Milest |
| 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 supe portions of care to fellows based on t 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 supervisor in recognition of their progress towar of each patient and the skills of the in |
| 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 circ fellows must communicate with the s |
| 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 t circumstances under which the fellow independence. (Outcome) |
| VI.A.2.f) | Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core) | 6.11. | Faculty supervision assignments mu the knowledge and skills of each fello appropriate level of patient care author |
| VI.B. | Professionalism | 6.12. | Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core) |
| VI.B.1. | Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core) | 6.12. | Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includ to be appropriately rested and fit to p 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 progra excessive reliance on fellows to fulfil |
| VI.B.2.b) | ensure manageable patient care responsibilities; and, (Core) | 6.12.b. | The learning objectives of the progra care responsibilities. (Core) |
| | 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 progra the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core) |

rity and responsibility, conditional ole in patient care delegated to each gram director and faculty members.

e each fellow's abilities based on stones. (Core)

pervising physicians must delegate n the needs of the patient and the skills

ory role to junior fellows and residents vard independence, based on the needs individual resident or fellow. (Detail)

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

f their scope of authority, and the ow is permitted to act with conditional

nust be of sufficient duration to assess ellow and to delegate to the fellow the thority and responsibility. (Core)

Sponsoring Institutions, must educate erning the professional and ethical uding but not limited to their obligation provide the care required by their

Sponsoring Institutions, must educate erning the professional and ethical uding but not limited to their obligation provide the care required by their

ram must be accomplished without fill non-physician obligations. (Core)

ram must ensure manageable patient

ram must include efforts to enhance in the experience of being a physician, ents, providing administrative support, nce and flexibility, and enhancing

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| VI.B.3. | The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core) | | The program director, in partnership provide a culture of professionalism 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 d personal role in the safety and welfar including the ability to report unsafe |
| 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 S a professional, equitable, respectful, psychologically safe and that is free forms of harassment, mistreatment, a 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 S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core) |
| | Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share membrication. | | Well-Being Psychological, emotional, and physic development of the competent, carin proactive attention to life inside and requires that physicians retain the jo own real-life stresses. Self-care and i members of the health care team are professionalism; they are also skills nurtured in the context of other aspe Fellows and faculty members are at r Programs, in partnership with their S same responsibility to address well-k competence. Physicians and all mem |
| VI.C. | responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers. | [None] | responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a 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 Institution, must include: |
| VI.C.1.a) | attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core) | 6.13.a. | attention to scheduling, work intensit impacts fellow well-being; (Core) |
| VI.C.1.b) | evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core) | 6.13.b. | evaluating workplace safety data and 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 encourag well-being; and, (Core) |

ip with the Sponsoring Institution, must m that supports patient safety and

demonstrate an understanding of their fare of patients entrusted to their care, fe conditions and safety events. (Core)

Sponsoring Institutions, must provide II, and civil environment that is e from discrimination, sexual and other t, abuse, or coercion of students,

^r Sponsoring Institutions, should have a nd faculty regarding unprofessional s for reporting, investigating, and

sical well-being are critical in the ing, and resilient physician and require d outside of medicine. Well-being joy in medicine while managing their d responsibility to support other re important components of ls that must be modeled, learned, and pects of fellowship training.

t risk for burnout and depression. Sponsoring Institutions, have the I-being as other aspects of resident embers of the health care team share each other. A positive culture in a els constructive behaviors, and I attitudes needed to thrive throughout

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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| VI.C.1.c).(1) | Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core) | 6.13.c.1. | Fellows must be given the opportunit and dental care appointments, includ working hours. (Core) |
| VI.C.1.d) | education of fellows and faculty members in: | 6.13.d. | education of fellows and faculty mem |
| VI.C.1.d).(1) | identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core) | 6.13.d.1. | identification of the symptoms of burn disorders, suicidal ideation, or potent assist those who experience these co |
| 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 the appropriate care; and, (Core) |
| VI.C.1.d).(3) | access to appropriate tools for self-screening. (Core) | 6.13.d.3. | access to appropriate tools for self-so |
| VI.C.1.e) | providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core) | 6.13.e. | providing access to confidential, affor counseling, and treatment, including 24 hours a day, seven days a week. (C |
| VI.C.2. | There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core) | 6.14. | There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for felle care responsibilities. (Core) |
| 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 coverage of patient care and ensure c |
| 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 consequences for the fellow who is o work. (Core) |
| VI.D. | Fatigue Mitigation | 6.15. | Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva 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 an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail) |
| V// D. 0 | The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who | | The program, in partnership with its S adequate sleep facilities and safe trar |
| VI.D.2. | may be too fatigued to safely return home. (Core) Clinical Responsibilities, Teamwork, and Transitions of Care | 6.16. | may be too fatigued to safely return h |
| VI.E. | | [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 f patient safety, fellow ability, severity a illness/condition, and available suppo |

nity to attend medical, mental health, uding those scheduled during their

mbers in:

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

nemselves and how to seek

screening. (Core)

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

ellows may be unable to attend work, illness, family emergencies, and e. Each program must allow an ellows unable to perform their patient

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

d without fear of negative or was unable to provide the clinical

and faculty members in recognition of vation, alertness management, and I)

and faculty members in recognition of vation, alertness management, and I)

S Sponsoring Institution, must ensure ansportation options for fellows who home. (Core)

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

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| 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 e communication and promotes safe, ir the subspecialty and larger health sys |
| 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, memb medical professionals should be include (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 v professionals to provide effective, patien |
| VI.E.3. | Transitions of Care | 6.19. | Transitions of Care Programs must design clinical assign patient care, including their safety, fre |
| 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 assign patient care, including their safety, fre |
| 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 Sp and monitor effective, structured han continuity of care and patient safety. |
| 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 ar team members in the hand-off proces |
| VI.F. | Clinical Experience and Education 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 Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ad |
| 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 Educa Clinical and educational work hours n hours per week, averaged over a four house clinical and educational activiti and all moonlighting. (Core) |
| VI.F.2. | Mandatory Time Free of Clinical Work and Education | 6.21. | Mandatory Time Free of Clinical Work Fellows should have eight hours off b 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 Fellows should have eight hours off b 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 f 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 mini clinical work and required education home call cannot be assigned on thes |

environment that maximizes interprofessional, team-based care in system. (Core)

nbers of clinical service teams, and other ded as part of an interprofessional team.

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

gnments to optimize transitions in frequency, and structure. (Core)

gnments to optimize transitions in frequency, and structure. (Core)

Sponsoring Institutions, must ensure and-off processes to facilitate both *y*. (Core)

are competent in communicating with ess. (Outcome)

Sponsoring Institutions, must design is configured to provide fellows with opportunities, as well as reasonable activities.

icational Work per Week s must be limited to no more than 80 ur-week period, inclusive of all invities, clinical work done from home,

rk and Education between scheduled clinical work and

rk and Education f between scheduled clinical work and

s free of clinical work and education e)

nimum of one day in seven free of n (when averaged over four weeks). Atese free days. (Core)

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| Requirement Number | Requirement Language | Requirement Number | |
| VI.F.3. | Maximum Clinical Work and Education Period Length | 6.22. | Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic |
| | 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 hours of continuous scheduled clinic |
| | 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 m patient safety, such as providing effe fellow education. Additional patient c assigned to a fellow during this time. |
| VI.F.4. | Clinical and Educational Work Hour Exceptions | 6.23. | Clinical and Educational Work Hour E In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail) |
| | 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 E In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (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 edu 80-hour weekly limit. (Detail) |
| | 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. | | A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun |
| VI.F.4.c) | The Review Committee for Pathology will not consider requests for exceptions to the 80-hour limit to the fellows' work week. | 6.24. | The Review Committee for Pathology w to the 80-hour limit to the fellows' work w |
| VI.F.5. | Moonlighting | 6.25. | Moonlighting Moonlighting must not interfere with goals and objectives of the educatior with the fellow's fitness for work nor |
| | 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 goals and objectives of the education with the fellow's fitness for work nor |
| | Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core) | 6.25.a. | Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core) |

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| ation Period Length |
| ods for fellows must not exceed 24 |
| inical assignments. (Core) |
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| ods for fellows must not exceed 24 |
| inical assignments. (Core) |
| e may be used for activities related to |
| effective transitions of care, and/or |
| nt care responsibilities must not be |
| me. (Core) |
| |
| ur Exceptions |
| ng off all other responsibilities, a fellow, |
| o remain or return to the clinical site in |
| ontinue to provide care to a single |
| give humanistic attention to the needs |
| to attend unique educational events. |
| |
| ur Exceptions |
| ng off all other responsibilities, a fellow, |
| o remain or return to the clinical site in |
| ontinue to provide care to a single |
| give humanistic attention to the needs |
| to attend unique educational events. |
| |
| education must be counted toward the |
| |
| tation-specific exceptions for up to 10 |
| al and educational work hours to |
| ound educational rationale. |
| |
| y will not consider requests for exceptions |
| rk week. |
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| |
| ith the ability of the fellow to achieve the |
| tional program, and must not interfere |
| nor compromise patient safety. (Core) |
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| |
| ith the ability of the fellow to achieve the |
| |

tional program, and must not interfere for compromise patient safety. (Core) nd external moonlighting (as defined in ust be counted toward the 80-hour

| Roman Numeral Requirement Number | Requirement Language | Reformatted Requirement Number | Requiremen |
|-------------------------------------|--|-----------------------------------|--|
| | In-House Night Float | | |
| VI.F.6. | Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core) | 6.26. | In-House Night Float Night float must occur within the con 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 Frequence Fellows must be scheduled for in-hou every third night (when averaged ove |
| VI.F.8. | At-Home Call | 6.28. | At-Home Call Time spent on patient care activities count toward the 80-hour maximum v home call is not subject to the every- the requirement for one day in seven when averaged over four weeks. (Cor |
| 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 count toward the 80-hour maximum v home call is not subject to the every- the requirement for one day in seven when averaged over four weeks. (Cor |
| 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 reasonable personal time for each fel |

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

ncy

nouse call no more frequently than over a four-week period). (Core)

es by fellows on at-home call must n weekly limit. The frequency of atry-third-night limitation, but must satisfy en free of clinical work and education, Core)

es by fellows on at-home call must n weekly limit. The frequency of atry-third-night limitation, but must satisfy en free of clinical work and education, Core)

ent or taxing as to preclude rest or fellow. (Core)