Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians wh practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and educat physicians. Graduate medical educat group of physicians brings to medical inclusive and psychologically safe le
Int.A.	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	Fellows who have completed resident in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecia faculty supervision and conditional in serve as role models of excellence, c professionalism, and scholarship. The knowledge, patient care skills, and ex area of practice. Fellowship is an inte- clinical and didactic education that for of patients. Fellowship education is c intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, 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, man fellows' skills as physician-scientists knowledge within medicine is not ex- physicians, the fellowship experience pursue hypothesis-driven scientific i the medical literature and patient car expertise achieved, fellows develop i infrastructure that promotes collabor
	Definition of Subspecialty Forensic pathology is the application of the principles of medicine and pathology		Definition of Subspecialty Forensic pathology is the application of
Int.B.	to the study of sudden, unexpected, suspicious, and violent death to determine the mechanism, cause, and manner of death.	[None]	pathology to the study of sudden, unexp determine the mechanism, cause, and r

cation

nedical education beyond a core who desire to enter more specialized ians serve the public by providing include core medical care, acting as a in their field, creating and integrating educating future generations of sation values the strength that a diverse ical care, and the importance of learning environments.

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

any fellowship programs advance ets. While the ability to create new exclusive to fellowship-educated ace expands a physician's abilities to c inquiry that results in contributions to are. Beyond the clinical subspecialty o mentored relationships built on an orative research.

of the principles of medicine and xpected, suspicious, and violent death to dimension of death.

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
Int.C.	Length of Educational Program The educational program in forensic pathology must be 12 months in length. (Core)	4.1.	Length of Program The educational program in forensic pat (Core)
I.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		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.		The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by o Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)		The program, with approval of its Spo primary clinical site. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1 3	There must be a program letter of age and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least 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 accoust 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 an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System

ent Language athology 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 ical activity for the program is the one ACGME-accredited Sponsoring on providing educational experiences ns for fellows. ponsoring Institution, must designate a greement (PLA) between the program erns the relationship between the providing a required assignment. (Core) 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 am director. (Core)

any additions or deletions of ng an educational experience, required le equivalent (FTE) or more through the m (ADS). (Core)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
	Workforce Recruitment and Retention		Workforce Recruitment and Retentior
	The program, in partnership with its Sponsoring Institution, must engage		The program, in partnership with its S
	in practices that focus on mission-driven, ongoing, systematic recruitment		in practices that focus on mission-dri
	and retention of a diverse and inclusive workforce of residents (if present),		and retention of a diverse and inclusiv
	fellows, faculty members, senior administrative GME staff members, and		fellows, faculty members, senior adm
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	At the primary clinical site, the program must provide each fellow with:	1.8.a.	At the primary clinical site, the program r
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 relevant electronic records and the internet; (Core)	1.8.a.2.	an individual computer with access to re internet; (Core)
	an individual light microscope and access to a multi-headed light microscope for rotations on which microscopic evaluations account for a major portion of the		an individual light microscope and acces rotations on which microscopic evaluation
I.D.1.a).(3)	clinical experience; (Core)	1.8.a.3.	clinical experience; (Core)
I.D.1.a).(4)	photomicroscopy and gross imaging technology; (Core)	1.8.a.4.	photomicroscopy and gross imaging tech
I.D.1.a).(5)	radiographic imaging technology, when applicable to specimen type; and, (Core)	1.8.a.5.	radiographic imaging technology, when a (Core)
I.D.1.a).(6)	access to updated teaching materials, such as interesting case files and archived conference materials, or study sets, such as glass slides and virtual study sets, encompassing the core curriculum areas of anatomic and/or clinical pathology, as matches the program's specialty concentration. (Core)	1.8.a.6.	access to updated teaching materials, su archived conference materials, or study study sets, encompassing the core curric pathology, as matches the program's sp
	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, educationa service work. (Core)
I.D.1.b)		1.0.0.	
I.D.1.c)	The program must conduct at least 500 medicolegal autopsies annually. (Core)	1.8.c.	The program must conduct at least 500
D(1,a) (1)	The institution or office must conduct at least 300 additional autopsies for each	1901	The institution or office must conduct at a
I.D.1.c).(1)	additional fellowship position requested. (Core)	1.8.c.1.	additional fellowship position requested. Postmortem records must be indexed to
I.D.1.c).(2)	Postmortem records must be indexed to permit retrieval of archived records by cause and manner of death. (Core)	1.8.c.2.	cause and manner of death. (Core)
···- · · · · · · · · · · · · · · · · ·	Autopsies for examination by fellows must be derived from a wide and		Autopsies for examination by fellows mu
I.D.1.c).(3)	comprehensive variety of case types for examination by the fellow. (Core)	1.8.c.3.	comprehensive variety of case types for
	A laboratory consultant should be available at the primary site for the following services: microbiology, clinical chemistry, serology, subspecialty pathology, radiology, forensic toxicology, physical anthropology, odontology, firearms examination, DNA matching, and other scientific studies needed to complete a		A laboratory consultant should be availa services: microbiology, clinical chemistry radiology, forensic toxicology, physical a examination, DNA matching, and other s
I.D.1.d)	death investigation. (Detail)†	1.8.d.	death investigation. (Detail)†

on

Sponsoring Institution, must engage Iriven, ongoing, systematic recruitment sive workforce of residents (if present), ministrative GME staff members, and emic community. (Core)

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

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

n must provide each fellow with:

relevant electronic records and the

ess to a multi-headed light microscope for tions account for a major portion of the

echnology; (Core)

n applicable to specimen type; and,

such as interesting case files and ly sets, such as glass slides and virtual rriculum areas of anatomic and/or clinical specialty concentration. (Core)

poms, and laboratory space to support mal, and research activities, and clinical

0 medicolegal autopsies annually. (Core) at least 300 additional autopsies for each d. (Core)

to permit retrieval of archived records by

nust be derived from a wide and or examination by the fellow. (Core)

lable at the primary site for the following try, serology, subspecialty pathology, anthropology, odontology, firearms r scientific studies needed to complete a

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.1.d).(1)	When such facilities and personnel are not available at the primary site, they should be available and accessible to fellows at accredited laboratories or institutions. (Detail)	1.8.d.1.	When such facilities and personnel are r should be available and accessible to fe institutions. (Detail)
I.D.1.e)	Laboratories must perform all tests required for the education of fellows and/or provide access to the results of reference laboratory tests that are not performed at the primary clinical site and participating sites. (Core)	1.8.e.	Laboratories must perform all tests requ provide access to the results of reference performed at the primary clinical site and
	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/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 lactatio 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 disa 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 su appropriate reference material in prin include access to electronic medical capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	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.	The presence of other learners and of 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 ap authority and accountability for the ov with all applicable program requireme
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 or 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 pro 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)

e not available at the primary site, they fellows at accredited laboratories or

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

Sponsoring Institution, must ensure ng environments that promote fellow

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

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

priate to the participating site; and,

sabilities consistent with the re)

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

sonnel

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

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

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

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

tor resides with the Review Committee.

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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 adeque based upon its size and configuration
II.A.2.a)	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)	2.3.a.	Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direc 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 fello minimum of 10 percent time. Programs must be provided with a minimum of 20 more approved fellow positions must be time and an additional 0.5 percent time
II.A.2.b)	Programs that do not function as a dependent subspecialty of an ACGME- accredited pathology residency program must be provided with a minimum of 20 percent time. These programs that have seven or more approved fellow positions must be provided with an additional 1 percent time for each approved position. (Core)	2.3.b.	Programs that do not function as a deperative accredited pathology residency program percent time. These programs that have positions must be provided with an addi position. (Core)
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Pathology (ABPath) or by the American Osteopathic Board of Pathology (AOBPa), or subspecialty qualifications that are acceptable to the Review Committee; and, (Core)	2.4.a.	The program director must possess of subspecialty for which they are the p Board of Pathology (ABPath) or by the Pathology (AOBPa), or subspecialty q the Review Committee. (Core)
, II.A.3.c)	must include at least three years of active participation as a specialist in forensic pathology following completion of all graduate medical education. (Core)		The program director must possess at le a specialist in forensic pathology followin 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]	The supervise diverter would be a value
II.A.4.a).(1) II.A.4.a).(2)	be a role model of professionalism; (Core)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.a. 2.5.b.	The program director must be a role of The program director must design an consistent with the needs of the com Sponsoring Institution, and the missi

ent Language

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

ist be provided with support equal to a ow for administration of the program. This ector only or divided between the program r 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 as for each approved position. (Core)

pendent subspecialty of an ACGMEam must be provided with a minimum of 20 ve seven or more approved fellow ditional 1 percent time for each approved

tor:

s subspecialty expertise and view Committee. (Core)

tor

s subspecialty expertise and view Committee. (Core)

s current certification in the program director by the American he American Osteopathic Board of qualifications that are acceptable to

t least three years of active participation as wing completion of all graduate medical

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 mmunity, the mission(s) of the sion(s) of the program. (Core)

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Requirement		Requirement	
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II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of cor 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 learni 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, Gi
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 and provide feedback in a confidentia of intimidation or retaliation. (Core)
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 action not to promote, or renew the appointm
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 a restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document 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, v
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 an interview with information related to t specialty board examination(s). (Core

ter and maintain a learning g the fellows in each of the ACGME

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

e authority to remove fellows from ning environments that do not meet

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

a learning and working environment in to raise concerns, report mistreatment, tial manner as appropriate, without fear

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

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

n a non-competition guarantee or

nt 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 their eligibility for the relevant re)

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	Faculty		Faculta
	Faculty members are a foundational element of graduate medical		Faculty Faculty members are a foundational
	education – faculty members teach fellows how to care for patients.		education – faculty members teach f
	Faculty members provide an important bridge allowing fellows to grow		Faculty members provide an importa
	and become practice ready, ensuring that patients receive the highest		and become practice ready, ensuring
	quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and		quality of care. They are role models by demonstrating compassion, com
	patient care, professionalism, and a dedication to lifelong learning.		patient care, professionalism, and a
	Faculty members experience the pride and joy of fostering the growth and		Faculty members experience the price
	development of future colleagues. The care they provide is enhanced by		development of future colleagues. The
	the opportunity to teach and model exemplary behavior. By employing a		the opportunity to teach and model e
	scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the		scholarly approach to patient care, f graduate medical education system,
	population.		and the population.
	Faculty members ensure that patients receive the level of care expected		Faculty members ensure that patient
	from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members		from a specialist in the field. They re the patients, fellows, community, an
	provide appropriate levels of supervision to promote patient safety.		provide appropriate levels of superv
	Faculty members create an effective learning environment by acting in a		Faculty members create an effective
	professional manner and attending to the well-being of the fellows and		professional manner and attending t
II.B.	themselves.There must be a sufficient number of faculty members with competence to	[None]	themselves. There must be a sufficient number o
II.B.1.		2.6.	instruct and supervise all fellows. (C
	In addition to the program director, the faculty must include at least one core		In addition to the program director, the
	faculty member with demonstrated expertise in forensic pathology with either		faculty member with demonstrated exp
	forensic pathology certification by the ABPath or AOBPa, or qualifications	2.6.a.	forensic pathology certification by the A
II.B.1.a)	acceptable to the Review Committee. (Core)	2.0.a.	acceptable to the Review Committee. (
	Including the program director, the physician faculty must include at least two		Including the program director, the physical
II.B.1.b)	full-time forensic pathologists who are certified by the ABPath or AOBPa. (Core)	2.6.b.	full-time forensic pathologists who are c
	Programs with two or more fellows must have at least one more forensic pathologist faculty member than the number of approved fellowship positions.		Programs with two or more fellows mus pathologist faculty member than the nu
II.B.1.c)		2.6.c.	(Core)
II.B.2	Faculty members must:	[None]	
			Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty members must be role mode
	demonstrate commitment to the delivery of safe, equitable, high-quality,		Faculty members must demonstrate
II.B.2.b)	cost-effective, patient-centered care; (Core)	2.7.a.	equitable, high-quality, cost-effective
	demonstrate a strong interest in the education of fellows, including		Faculty members must demonstrate
	devoting sufficient time to the educational program to fulfill their		fellows, including devoting sufficien
II.B.2.c)		2.7.b.	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 an environment conducive to educating

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

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

of faculty members with competence to (Core)

e faculty must include at least one core opertise in forensic pathology with either ABPath or AOBPa, or qualifications . (Core)

nysician faculty must include at least two e certified by the ABPath or AOBPa. (Core)

ust have at least one more forensic number of approved fellowship positions.

dels of professionalism. (Core)

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

te a strong interest in the education of ent time to the educational program to ng responsibilities. (Core) and maintain an educational ng fellows. (Core)

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Requirement		Requirement	
Number	Requirement Language	Number	Requirement Language
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Core)
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty development designed to enhance their skills at least annually. (Core)
II.B.2.g)	devote at least 20 hours per week in aggregate to fellowship-related clinical work and teaching. (Core)	2.7.f.	Faculty members must devote at least 20 hours per week in aggregate to fellowship-related clinical work and teaching. (Core)
			Faculty Qualifications Faculty members must have appropriate qualifications in their field and
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appointments. (Core) Faculty Qualifications
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Pathology or the American Osteopathic Board of Pathology, or possess qualifications judged acceptable to the Review Committee; and, (Core)	2.9.	Subspecialty Physician Faculty Members Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pathology or the American Osteopathic Board of Pathology, or possess qualifications judged acceptable to the Review Committee. (Core)
II.B.3.b).(2)	Core physician faculty members who are not currently ABPath- or AOBPa- certified forensic pathologists must have either completed a forensic pathology fellowship or have three years of practice experience in the subspecialty. (Core)	2.9.b.	Core physician faculty members who are not currently ABPath- or AOBPa- certified forensic pathologists must have either completed a forensic pathology fellowship or have three years of practice experience in the subspecialty. (Core)
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 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)
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a 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)
	Faculty members must complete the annual ACGME Faculty Survey.		Faculty members must complete the annual ACGME Faculty Survey.
II.B.4.a)	(Core)	2.10.a.	(Core)
II.B.4.b)	There must be at least two core faculty members certified in forensic pathology by the ABPath or AOBPa, one of whom must be the program director. (Core)	2.10.b.	There must be at least two core faculty members certified in forensic pathology by the ABPath or AOBPa, one of whom must be the program director. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator. (Core)
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator. (Core)

a minimum, the program coordinator must be provided with the dedicated ne and support specified below for administration of the program as follows: ore) umber of Approved Fellow Positions: 1-3 Minimum Support Required (FTE): 2 umber of Approved Fellow Positions: 4-9 Minimum Support Required (FTE): 3 umber of Approved Fellow Positions: 10 or more Minimum Support Required	2.11.a. 2.11.b.	time and support specified below for add (Core) Number of Approved Fellow Positions: 7 0.2 Number of Approved Fellow Positions: 0.3
ne and support specified below for administration of the program as follows: ore) umber of Approved Fellow Positions: 1-3 Minimum Support Required (FTE): 2 umber of Approved Fellow Positions: 4-9 Minimum Support Required (FTE): 3 umber of Approved Fellow Positions: 10 or more Minimum Support Required TE): 0.4		Number of Approved Fellow Positions: 1 0.2 Number of Approved Fellow Positions: 0.3 Number of Approved Fellow Positions:
2 Imber of Approved Fellow Positions: 4-9 Minimum Support Required (FTE): 3 Imber of Approved Fellow Positions: 10 or more Minimum Support Required TE): 0.4		Number of Approved Fellow Positions: - 0.3 Number of Approved Fellow Positions:
3 Imber of Approved Fellow Positions: 10 or more Minimum Support Required TE): 0.4		0.3 Number of Approved Fellow Positions:
·	2.11.b.	(FTE): 0.4
her Program Personnel		
e program, in partnership with its Sponsoring Institution, must jointly sure the availability of necessary personnel for the effective ministration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
	2.12.	
ere must be qualified laboratory technical personnel to support the clinical, aching, educational, and research activities of the fellowship. (Core)	2.12.a.	There must be qualified laboratory techn teaching, educational, and research active
	Section 3	Section 3: Fellow Appointments
igibility Criteria	[None]	
igibility Requirements – Fellowship Programs I required clinical education for entry into ACGME-accredited fellowship ograms must be completed in an ACGME-accredited residency program, AOA-approved residency program, a program with ACGME ternational (ACGME-I) Advanced Specialty Accreditation, or a Royal ollege of Physicians and Surgeons of Canada (RCPSC)-accredited or ollege of Family Physicians of Canada (CFPC)-accredited residency ogram located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an Ad an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Cana program located in Canada. (Core)
llowship programs must receive verification of each entering fellow's vel of competence in the required field using ACGME, ACGME-I, or		Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations fro
	ere must be qualified laboratory technical personnel to support the clinical, ching, educational, and research activities of the fellowship. (Core) low Appointments gibility Criteria gibility Requirements – Fellowship Programs required clinical education for entry into ACGME-accredited fellowship ograms must be completed in an ACGME-accredited residency program, AOA-approved residency program, a program with ACGME ernational (ACGME-I) Advanced Specialty Accreditation, or a Royal llege of Physicians and Surgeons of Canada (RCPSC)-accredited or llege of Family Physicians of Canada (CFPC)-accredited residency ogram located in Canada. (Core)	ere must be qualified laboratory technical personnel to support the clinical, ching, educational, and research activities of the fellowship. (Core) 2.12.a. low Appointments gibility Criteria [INone] gibility Requirements – Fellowship Programs required clinical education for entry into ACGME-accredited fellowship ograms must be completed in an ACGME-accredited residency program, AOA-approved residency program, a program with ACGME ernational (ACGME-I) Advanced Specialty Accreditation, or a Royal lege of Physicians and Surgeons of Canada (RCPSC)-accredited or lege of Family Physicians of Canada (CFPC)-accredited residency ogram located in Canada. (Core) 3.2.

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

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

1-3 | Minimum Support Required (FTE):

4-9 | Minimum Support Required (FTE):

10 or more | Minimum Support Required

s Sponsoring Institution, must jointly personnel for the effective re)

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

ip Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, am, 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 I field using ACGME, ACGME-I, or rom the core residency program. (Core)

ellows must have one of the following:

years of anatomic pathology education in e requirements in 3.2.; or, (Core)

on by the ABPath or AOBPa in anatomic anatomic pathology. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Kequitemen
			Prior to appointment in the program, fell
			•successful completion of at least two ye a pathology residency that satisfies the
III.A.1.b).(1)	successful completion of at least two years of anatomic pathology education in a pathology residency that satisfies the requirements in III.A.1.; or, (Core)	3.2.a.1.	•certification or eligibility for certification pathology and clinical pathology or in an
			Prior to appointment in the program, fell
			•successful completion of at least two ye a pathology residency that satisfies the r
III.A.1.b).(2)	certification or eligibility for certification by the ABPath or AOBPa in anatomic pathology and clinical pathology or in anatomic pathology. (Core)	3.2.a.1.	•certification or eligibility for certification pathology and clinical pathology or in an
	Fellow Eligibility Exception The Review Committee for Pathology will allow the following exception to		Fellow Eligibility Exception The Review Committee for Pathology
III.A.1.c)	the fellowship eligibility requirements:An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the	3.2.b.	the fellowship eligibility requirements An ACGME-accredited fellowship pro qualified international graduate applie
III.A.1.c).(1)	eligibility requirements listed in III.A.1., but who does meet all of the	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 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,		evaluation by the program director ar the applicant's suitability to enter the review of the summative evaluations
III.A.1.c).(1).(a)		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's GMEC; and, (Core)
III.A.1.c).(1).(c)		3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Con of matriculation. (Core)
	Fellow Complement		
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)

ellows must have one of the following:

years of anatomic pathology education in e requirements in 3.2.; or, (Core)

on by the ABPath or AOBPa in anatomic anatomic pathology. (Core)

ellows must have one of the following:

years of anatomic pathology education in e requirements in 3.2.; or, (Core)

on by the ABPath or AOBPa in anatomic anatomic pathology. (Core)

y will allow the following exception to nts:

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

and fellowship selection committee of he program, based on prior training and is 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

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
	Fellow Transfers		· · ·
			Fellow Transfers
	The program must obtain verification of previous educational experiences		The program must obtain verification
	and a summative competency-based performance evaluation prior to		and a summative competency-based
III.C.	acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	acceptance of a transferring fellow, a matriculation. (Core)
	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 wh
	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		leadership, public health, etc. It is exp
	reflect the nuanced program-specific goals for it and its graduates; for		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.
14.	Educational Components		
			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		a set of program aims consistent with
	mission, the needs of the community it serves, and the desired distinctive		mission, the needs of the community
IV.A.1.	capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.I.	competency-based goals and objectives for each educational experience	4.2.a.	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
IV A 3	responsibility for patient management, and graded supervision in their	120	responsibility for patient managemen
IV.A.3.	subspecialty; (Core)	4.2.c.	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
	Fellows must be provided with protected time to participate in core		Experiences 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)

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

s designed to encourage excellence l 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 fic goals for it and its graduates; for ram aiming to prepare physicianficulum from one focusing on

llowing educational components:

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

ctives for each educational experience trajectory to autonomous practice in distributed, reviewed, and available to e)

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

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

tected time to participate in core

romote patient safety-related goals,

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
			ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitr 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
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in:	[None]	
IV.B.1.b).(1).(a).(i)	death certification; (Core)	4.4.a.	Fellows must demonstrate competence
IV.B.1.b).(1).(a).(ii)	determining when an external examination or autopsy should be performed; and, (Core)	4.4.b.	Fellows must demonstrate competence examination or autopsy should be perfor
IV.B.1.b).(1).(a).(iii)	determining whether a death investigation is required under applicable statutes and in coordinating death investigations and examinations with postmortem organ and tissue donations conducted by organ procurement organizations. (Core)	4.4.c.	Fellows must demonstrate competence investigation is required under applicable investigations and examinations with po- conducted by organ procurement organi
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in performing autopsies. (Core)	4.5.a.	Fellows must demonstrate competence
IV.B.1.b).(2).(a).(i)	Each fellow should perform at least 200 autopsies. (Detail)	4.5.a.1.	Each fellow should perform at least 200
IV.B.1.b).(2).(a).(ii)	Each fellow must not perform more than 250 autopsies. (Core)	4.5.a.2.	Each fellow must not perform more than
IV.B.1.b).(2).(a).(iii)	Competence must include:	[None]	
IV.B.1.b).(2).(a).(iii).(a)	review of the available medical history and circumstances of death; (Core)	4.5.a.3.	Competence must include review of the circumstances of death. (Core)
IV.B.1.b).(2).(a).(iii).(b)	external examination of the body; (Core)	4.5.a.4.	Competence must include external exam
IV.B.1.b).(2).(a).(iii).(c)	photographic documentation of injuries and disease processes; (Core)	4.5.a.5.	Competence must include photographic processes. (Core)
IV.B.1.b).(2).(a).(iii).(d)	gross dissection; (Core)	4.5.a.6.	Competence must include gross dissect
IV.B.1.b).(2).(a).(iii).(e)	review of microscopic and laboratory findings; (Core)	4.5.a.7.	Competence must include review of mic

eptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each subspecialty. The developmental encies 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 pre)

ire

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

ce in death certification. (Core) ce in determining when an external formed. (Core)

ce in determining whether a death able statutes and in coordinating death postmortem organ and tissue donations anizations. (Core)

al Skills medical, diagnostic, and surgical or the area of practice. (Core)

ce in performing autopsies. (Core)

00 autopsies. (Detail)

an 250 autopsies. (Core)

ne available medical history and

amination of the body. (Core)

nic documentation of injuries and disease

ection. (Core)

nicroscopic and laboratory findings. (Core)

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IV.B.1.b).(2).(a).(iii).(f)	preparation of written descriptions of the gross and microscopic findings; (Core)	4.5.a.8.	Competence must include preparation o microscopic findings. (Core)
	development of an opinion regarding the immediate, intermediate, and underlying (proximate) cause(s) of death; and, (Core)	4.5.a.9.	Competence must include development intermediate, and underlying (proximate
IV.B.1.b).(2).(a).(iii).(h)	review of the autopsy report with a member of the faculty. (Core)	4.5.a.10.	Competence must include review of the faculty. (Core)
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in performing external examinations on cases that do not require an autopsy, including documenting pertinent findings and collecting appropriate biological samples. (Core)	4.5.b.	Fellows must demonstrate competence cases that do not require an autopsy, included and collecting appropriate biological same
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of:	[None]	
IV.B.1.c).(1).(a)	common injury patterns seen in blunt trauma, sharp injury, firearms injury, transportation-related fatalities, asphyxial injuries, temperature and electrical injuries, and suspected child and elder abuse; (Core)	4.6.a.	Fellows must demonstrate competence in patterns seen in blunt trauma, sharp inju related fatalities, asphyxial injuries, temp suspected child and elder abuse. (Core)
IV.B.1.c).(1).(b)	the basic disciplines of forensic science and their relevance to death investigation systems; (Core)	4.6.b.	Fellows must demonstrate competence science and their relevance to death inve
IV.B.1.c).(1).(c)	the causes and autopsy findings in cases of sudden, unexpected natural deaths; (Core)	4.6.c.	Fellows must demonstrate competence cases of sudden, unexpected natural de
IV.B.1.c).(1).(d)	common postmortem changes, including decomposition patterns; (Core)	4.6.d.	Fellows must demonstrate competence i including decomposition patterns. (Core)
IV.B.1.c).(1).(e)	court standards on the admissibility of forensic techniques and expert testimony; (Core)	4.6.e.	Fellows must demonstrate competence i forensic techniques and expert testimon
IV.B.1.c).(1).(f)	general principles of a medicolegal autopsy and biosafety; (Core)	4.6.f.	Fellows must demonstrate competence autopsy and biosafety. (Core)
IV.B.1.c).(1).(g)	proper documentation in medicolegal autopsies, including evidence recognition, collection, preservation, transport, storage, analysis, and chain-of-custody; and, (Core)	4.6.g.	Fellows must demonstrate competence i autopsies, including evidence recognition storage, analysis, and chain-of-custody.
IV.B.1.c).(1).(h)	the statutory basis for medicolegal death investigation systems and requirements to serve as medical examiner, coroner, or forensic pathologist. (Core)	4.6.h.	Fellows must demonstrate competence death investigation systems and required coroner, or forensic pathologist. (Core)
	Practice-based Learning and Improvement		
IV.B.1.d)	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)

of written descriptions of the gross and

nt of an opinion regarding the immediate, te) cause(s) of death. (Core)

e autopsy report with a member of the

e in performing external examinations on ncluding documenting pertinent findings amples. (Core)

nowledge

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

e in their knowledge of common injury jury, firearms injury, transportationnperature and electrical injuries, and e)

e in the basic disciplines of forensic nvestigation systems. (Core)

e in the causes and autopsy findings in deaths. (Core)

e in common postmortem changes, re)

e in court standards on the admissibility of ony. (Core)

e in general principles of a medicolegal

e in proper documentation in medicolegal ion, collection, preservation, transport, y. (Core)

e in the statutory basis for medicolegal rements to serve as medical examiner,)

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
	Interpersonal and Communication Skills		
			ACGME Competencies – Interpersona
	Fellows must demonstrate interpersonal and communication skills that		Fellows must demonstrate interperso
	result in the effective exchange of information and collaboration with		result in the effective exchange of infe
IV.B.1.e)	patients, their families, and health professionals. (Core)	4.8.	patients, their families, and health pro
	Systems-based Practice		
			ACGME Competencies – Systems-Bas
	Fellows must demonstrate an awareness of and responsiveness to the		Fellows must demonstrate an awaren
	larger context and system of health care, including the structural and		larger context and system of health c
	social determinants of health, as well as the ability to call effectively on		social determinants of health, as well
IV.B.1.f)	other resources to provide optimal health care. (Core)	4.9.	other resources to provide optimal he
			4.10. Curriculum Organization and Fe
			Structure
			The curriculum must be structured to
			experiences, the length of the experie
			These educational experiences includ
			patient care responsibilities, clinical t
			events. (Core)
			4.11. Curriculum Organization and Fe
			Clinical Experiences
			Fellows must be provided with protect
			didactic activities. (Core)
			4.12. Curriculum Organization and Fe
			The program must provide instruction
			management if applicable for the sub
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	the signs of substance use disorder.
l	The curriculum must be structured to optimize fellow educational		Curriculum Organization and Fellow E
	experiences, the length of the experiences, and the supervisory continuity.		The curriculum must be structured to
1	These educational experiences include an appropriate blend of supervised		experiences, the length of the experie
	patient care responsibilities, clinical teaching, and didactic educational		These educational experiences includ
IV.C.1.	events. (Core)	4.10.	patient care responsibilities, clinical t events. (Core)
10.0.1.		4.10.	
	There should be one faculty member who is responsible for the educational		There should be one faculty member wh
IV.C.1.a)	experience on each rotation to ensure supervisory continuity. (Core)	4.10.a.	experience on each rotation to ensure su
			Curriculum Organization and Fellow E
	The program must provide instruction and experience in pain		The program must provide instruction
	management if applicable for the subspecialty, including recognition of		management if applicable for the sub
IV.C.2.	the signs of substance use disorder. (Core)	4.12.	the signs of substance use disorder.

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

Fellow Experiences – Curriculum

to optimize fellow educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

Fellow Experiences – Didactic and

ected time to participate in core

Fellow Experiences – Pain Management on and experience in pain Ibspecialty, including recognition of r. (Core)

/ Experiences – Curriculum Structure
 to optimize fellow educational
 riences, and the supervisory continuity.
 ude an appropriate blend of supervised
 I teaching, and didactic educational

vho is responsible for the educational supervisory continuity. (Core)

Experiences – Pain Management
 on and experience in pain
 bspecialty, including recognition of
 r. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 forensic 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 their ability to enter the autonomous pra completion of the program. (Core)
10.0.0.		a.	
IV.C.4.	Fellows must devote at least four weeks to gain experience in the following:	4.11.b.	Fellows must devote at least four weeks
IV.C.4.a)	toxicology; (Core)	4.11.b.1.	toxicology; (Core)
IV.C.4.b)	physical anthropology; and, (Core)	4.11.b.2.	physical anthropology; and, (Core)
IV.C.4.c)	components of the crime laboratory, including firearms, serology, and trace evidence. (Core)	4.11.b.3.	components of the crime laboratory, incl evidence. (Core)
IV.C.5.	Fellow experiences must include:	[None]	
IV.C.5.a)	graduated responsibility, including independent diagnoses and decision making; (Core)	4.11.c.	Fellow experiences must include gradua independent diagnoses and decision ma
IV.C.5.b)	supervision of residents and/or other learners; (Detail)	4.11.d.	Fellow experiences must include superv (Detail)
IV.C.5.c)	scene investigations, including examination of a body before it has been disturbed; (Core)	4.11.e.	Fellow experiences must include scene a body before it has been disturbed. (Co
IV.C.5.d)	autopsies for cases that are likely to result in criminal prosecution or civil litigation; and, (Core)	4.11.f.	Fellow experiences must include autops criminal prosecution or civil litigation. (C
IV.C.5.d).(1)	Fellows must have opportunities to participate in the legal follow-up of cases occurring during the course of the fellowship. (Core)	4.11.f.1.	Fellows must have opportunities to parti- occurring during the course of the fellow
IV.C.5.e)	accompanying staff pathologists when they testify in court and give depositions. (Core)	4.11.g.	Fellow experiences must include accom testify in court and give depositions. (Co
IV.C.6.	Fellows' clinical experience must be augmented through didactic sessions, review of the medical literature in the subspecialty area, and use of study sets of unusual cases. (Core)	4.11.h.	Fellows' clinical experience must be aug review of the medical literature in the su unusual cases. (Core)
IV.C.7.	Fellows must keep a log of their experiences, to include autopsies, external examinations, crime scene visits, and opportunities to observe or provide court testimony. (Core)	4.11.i.	Fellows must keep a log of their experie examinations, crime scene visits, and or testimony. (Core)
IV.C.8.	Fellows should participate in laboratory quality assurance activities and inspections. (Detail)	4.11.j.	Fellows should participate in laboratory inspections. (Detail)

to allow appropriate faculty member to the performance of assigned clinical fined in Section 6, in order to demonstrate ractice of forensic pathology prior to

ks to gain experience in the following:

cluding firearms, serology, and trace

uated responsibility, including naking. (Core)

rvision of residents and/or other learners.

e investigations, including examination of Core)

osies for cases that are likely to result in Core)

rticipate in the legal follow-up of cases wship. (Core)

mpanying staff pathologists when they Core)

ugmented through didactic sessions, subspecialty area, and use of study sets of

iences, to include autopsies, external opportunities to observe or provide court

y quality assurance activities and

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
	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.		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 ac integration, application, and teaching
IV.D.	The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity programs prepare physicians for a ver- scientists, and educators. It is expec- will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop other programs might choose to utili research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evid consistent with its mission(s) and air
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 evid consistent with its mission(s) and air
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fello scholarly activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progra 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
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education

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 ns may concentrate their scholarly opulation health, and/or teaching, while filize 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

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

Roman Numeral Reguirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra
	•Research in basic science, education, translational science, patient care, or population health		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 		 Peer-reviewed grants Quality improvement and/or patient s Systematic reviews, meta-analyses, textbooks, or case reports
	•Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or		•Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit
IV.D.2.a)	editorial boards Innovations in education 	4.14.	editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fo
	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;		faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal
IV.D.2.b).(1)	(Outcome)	4.14.a.1.	(Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome)
			Fellow Scholarly Activity Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journa national); (Core)
			•preparation and submission of articles f (Core)
IV.D.3.	Fellow Scholarly Activity	4.15.	•research. (Core)
			Fellow Scholarly Activity Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journa national); (Core)
			•preparation and submission of articles f (Core)
	Each fellow must participate in scholarly activity, including at least one of the	1	

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

semination of scholarly activity within following methods:

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

ıe)

arly activity, including at least one of the

rnal clubs or meetings (local, regional, or

s for peer-reviewed publications; or,

rly activity, including at least one of the

rnal clubs or meetings (local, regional, or

s for peer-reviewed publications; or,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Fellow Scholarly Activity 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).(1)	evidence-based presentations at journal clubs or meetings (local, regional, or national); (Core)	4.15.	•research. (Core)
			Fellow Scholarly Activity 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.	•research. (Core)
			Fellow Scholarly Activity 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.	•research. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri educational assignment. (Core)
			Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)		Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri
V.A.1.a)		5.1.	educational assignment. (Core)

arly activity, including at least one of the

rnal clubs or meetings (local, regional, or

s for peer-reviewed publications; or,

arly activity, including at least one of the

rnal clubs or meetings (local, regional, or

s for peer-reviewed publications; or,

arly activity, including at least one of the

rnal clubs or meetings (local, regional, or

es for peer-reviewed publications; or,

Evaluation Serve, evaluate, and frequently provide Iring each rotation or similar

valuation

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

valuation

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

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	The feedback, based on direct observation, should incorporate competency-		The feedback on fellow performance, ba
V.A.1.a).(1)	based assessments. (Core)Assessment should include the quarterly review of the log of fellow experiencein autopsies, external examinations, crime scene visits, and the observation	5.1.h.	incorporate competency-based assessm Assessment should include the quarterly in autopsies, external examinations, crim
V.A.1.a).(2) V.A.1.b)	and/or provision of court testimony. (Detail) Evaluation must be documented at the completion of the assignment. (Core)	5.1.i. 5.1.a.	and/or provision of court testimony. (Det 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
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 cor 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 objective the Competencies and the subspecial (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 r other professional staff members); an
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 perforunsupervised 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 w documented semi-annual evaluation along the subspecialty-specific Milest
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 st 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
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sun that includes their readiness to progra 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 performative 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)

based on direct observation, should sments. (Core)

rly review of the log of fellow experience ime scene visits, and the observation etail)

the completion of the assignment.

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

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

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

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

cal Competency Committee for its formance and improvement toward

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

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

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

ummative evaluation of each fellow gress to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

Roman Numeral		Reformatted	
Requirement Number	Pequirement Language	Requirement Number	Beguiremer
Number	Requirement Language	Number	Requiremen
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones
	subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the		subspecialty-specific Case Logs, mu are able to engage in autonomous pr
V.A.2.a).(1)	program. (Core)	5.2.a.	program. (Core)
V.A.2.a).(1)	The final evaluation must:	[None]	
v .A.Z.a).(Z)	become part of the fellow's permanent record maintained by the		The final evaluation must become pa
	institution, and must be accessible for review by the fellow in accordance		maintained by the institution, and mu
V.A.2.a).(2).(a)	•	5.2.b.	fellow in accordance with institution
•.A.2.u).(2).(u)		0.2.0.	The final evaluation must verify that
	verify that the fellow has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors neo
V.A.2.a).(2).(b)		5.2.c.	(Core)
•.A.2.a).(2).(0)	benaviors necessary to enter autonomous practice, and, (oure)	0.2.0.	The final evaluation must be shared v
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	program. (Core)
•			Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program		A Clinical Competency Committee m
V.A.3.		5.3.	director. (Core)
		0.0.	
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competen
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a c
	be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the		be faculty members from the same p health professionals who have exten
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
¥.A.3.0)			The Clinical Competency Committee
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	least semi-annually. (Core)
•		0.0.0.	
	determine each fellow's progress on achievement of the subspecialty-		The Clinical Competency Committee
V.A.3.b).(2)		5.3.c.	progress on achievement of the subs
			The Clinical Competency Committee
	meet prior to the fellows' semi-annual evaluations and advise the program		annual evaluations and advise the pr
V.A.3.b).(3)		5.3.d.	fellow's progress. (Core)
,-(-,			Faculty Evaluation
			The program must have a process to
			performance as it relates to the educ
V.B.	Faculty Evaluation	5.4.	(Core)
	·····,		Faculty Evaluation
	The program must have a process to evaluate each faculty member's		•
	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually.		The program must have a process to
V.B.1.	performance as it relates to the educational program at least annually.	5.4.	The program must have a process to performance as it relates to the educ
V.B.1.	performance as it relates to the educational program at least annually.	5.4.	The program must have a process to
V.B.1.	performance as it relates to the educational program at least annually. (Core)	5.4.	The program must have a process to performance as it relates to the educ (Core)
V.B.1.	performance as it relates to the educational program at least annually. (Core) This evaluation must include a review of the faculty member's clinical		The program must have a process to performance as it relates to the educ (Core) This evaluation must include a review
V.B.1.	performance as it relates to the educational program at least annually. (Core) This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation		The program must have a process to performance as it relates to the educ (Core) This evaluation must include a review teaching abilities, engagement with t
	performance as it relates to the educational program at least annually. (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		The program must have a process to performance as it relates to the educ (Core) This evaluation must include a review teaching abilities, engagement with t in faculty development related to the
V.B.1. V.B.1.a)	performance as it relates to the educational program at least annually. (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 performance, professionalism, and scholarly activities. (Core)		The program must have a process to performance as it relates to the educ (Core) This evaluation must include a review teaching abilities, engagement with t in faculty development related to the performance, professionalism, and s
V.B.1.a)	performance as it relates to the educational program at least annually. (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 performance, professionalism, and scholarly activities. (Core)This evaluation must include written, confidential evaluations by the	5.4.a.	The program must have a process to performance as it relates to the educ (Core) This evaluation must include a review teaching abilities, engagement with t in faculty development related to the performance, professionalism, and s This evaluation must include written,
	performance as it relates to the educational program at least annually. (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 performance, professionalism, and scholarly activities. (Core)This evaluation must include written, confidential evaluations by the		The program must have a process to performance as it relates to the educ (Core) This evaluation must include a review teaching abilities, engagement with t in faculty development related to the performance, professionalism, and s

ent Language

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)

It the fellow has demonstrated the ecessary to enter autonomous practice.

d with the fellow upon completion of the

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

e must determine each fellow's bspecialty-specific Milestones. (Core)

e must meet prior to the fellows' semiprogram director regarding each

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

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

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

back on their evaluations at least

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
V D 2	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational evaluations sho
V.B.3. V.C.	program-wide faculty development plans. (Core) Program Evaluation and Improvement	5.4.d. 5.5.	program-wide faculty development plans. (Core)Program Evaluation and ImprovementThe program director must appoint the Program Econduct and document the Annual Program Evaluprogram's continuous improvement process. (Continuous improvement process)
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program E conduct and document the Annual Program Evalu program's continuous improvement process. (Con
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee must be comp program faculty members, at least one of whom is and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities m program's self-determined goals and progress tov (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities m ongoing program improvement, including develop based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities m current operating environment to identify strength opportunities, and threats as related to the progra (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee should consider prior Annual Program Evaluation(s), aggregate fel evaluations of the program, and other relevant date the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must evaluate and aims, strengths, areas for improvement, and t
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including the act distributed to and discussed with the fellows and teaching faculty, and be submitted to the DIO. (Co
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-Study and (Core)
	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.		Board Certification One goal of ACGME-accredited education is to educate seek and achieve board certification. One measure 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.		The program director should encourage all eligible take the certifying examination offered by the app of Medical Specialties (ABMS) member board or A
V.C.3.		[None]	Association (AOA) certifying board.

hould be incorporated into

Evaluation Committee to luation as part of the ore)

Evaluation Committee to luation as part of the ore)

nposed of at least two is a core faculty member,

must include review of the oward meeting them.

must include guiding opment of new goals,

must include review of the ths, challenges, ram's mission and aims.

sider the outcomes from fellow and faculty written lata in its assessment of

ate the program's mission threats. (Core)

ction plan, must be d the members of the Core)

d submit it to the DIO.

educate physicians who ure of the effectiveness of e.

ble program graduates to plicable American Board American Osteopathic

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Requirement Number	Requirement Language	Requirement Number	Requirement
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 wr years, the program's aggregate pass for the first time must be higher than 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)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than 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)	5.6.b.	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 both that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the both 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 specif 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

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

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

MS 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

MS member board and/or AOA oral 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)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremen
	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 the environment that emphasizes the following the followin
	•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
	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		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 inst
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities.	[None]	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)

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n the context of a learning and working ollowing principles:

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y of care rendered to patients by ice

roviding care for patients

he students, residents, fellows, faculty realth care team

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

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

v-up of safety events, near misses, and nanisms for improving patient safety, f any patient safety program. Feedback ntial to developing true competence in stitute sustainable systems-based ty vulnerabilities.

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

Requirement Language	Reformatted Requirement Number	Requiremen
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)
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 implementati
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 prioritia and evaluating success of improvem
	6.4.	Fellows and faculty members must re benchmarks related to their patient p
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 in partnership with their Sponsoring I 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 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		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I 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. Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	[None] 6.5.	professional growth.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.
	be provided with summary information of their institution's patient safety reports. (Core) 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) Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core) Supervision and Accountability 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 relates to the supervision of all patient care. 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. Fellows and faculty members must inform each patient of their respective	Requirement Language Requirement Number be provided with summary information of their institution's patient safety reports. (Core) 6.2.a. 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. Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. [None] Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core) 6.4. Supervision and Accountability [None] 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 in the setting of graduate medical education provides safe and effective; and end effective; and end effective; and end effective; and end effective; and establishes a foundation for continued professional growth.

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

nembers in real and/or simulated Ifety and quality improvement activities, er activities that include analysis, as ation of actions. (Core)

itizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

s ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely fured chain of responsibility and upervision of all patient care.

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

s ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely fured chain of responsibility and upervision of all patient care.

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

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

	Reformatted Requirement	
Requirement Language	Number	Requiremen
This information must be available to fellows, faculty members, other	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.
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 acute through a variety of methods, as approximately and through a variety of methods.
Levels of Supervision		Levels of Supervision
authority and responsibility, the program must use the following	[None]	To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
		Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat
Direct Supervision:	6.7.	the fellow and the supervising physic patient care through appropriate tele
		Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat
the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	the fellow and the supervising physic patient care through appropriate tele
Autopsy dissections performed by the fellows under direct supervision must be done with the supervising physician physically present. (Core)	6.7.a.	Autopsy dissections performed by the fe done with the supervising physician phy
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 telev
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 pro- or audio supervision but is immediate guidance and is available to provide a
	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core) 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) Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: Direct Supervision: Direct Supervisions the patient interaction; or, Autopsy dissections performed by the fellows under direct supervision must be done with the supervising physician physically present. (Core) 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.	Requirement Language Requirement Number This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core) 6.5. 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. Levels of Supervision 6.6. To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: [None] Direct Supervision 6.7. Direct Supervision so the patient interaction; or, Autopsy dissections performed by the fellows under direct supervision must be done with the supervising physician physically present. (Core) 6.7. a. 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. Indirect Supervision: the supervision physical is not providing physical or concurrent visual or audio supervision but is inmediately available to the fellow for guidance and is available to provide appropriate direct 6.7.

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.

cally present with the fellow during the ion.

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

e fellows under direct supervision must be hysically present. (Core)

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.

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	Quenciality the companyicing abusicing is considered as a second se		Oversight
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]	The supervising physician is available procedures/encounters with feedbac
VI.A.2.0).(3)	The program must define when physical presence of a supervising		The program must define when phys
VI.A.2.c)	physician is required. (Core)	6.8.	physician is required. (Core)
	The privilege of progressive authority and responsibility, conditional		The privilege of progressive authorit
	independence, and a supervisory role in patient care delegated to each		independence, and a supervisory rol
	fellow must be assigned by the program director and faculty members.		fellow must be assigned by the prog
VI.A.2.d)	(Core)	6.9.	(Core)
	The program director must evaluate each fellow's abilities based on		The program director must evaluate
VI.A.2.d).(1)	specific criteria, guided by the Milestones. (Core)	6.9.a.	specific criteria, guided by the Milest
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as sup
	portions of care to fellows based on the needs of the patient and the skills		portions of care to fellows based on
VI.A.2.d).(2)	of each fellow. (Core)	6.9.b.	of each fellow. (Core)
	Follows should come in a supervision rate to junior follows and residents		
	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs		Fellows should serve in a supervisor in recognition of their progress towa
VI.A.2.d).(3)	of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	of each patient and the skills of the in
	Programs must set guidelines for circumstances and events in which		Programs must set guidelines for cir
VI.A.2.e)		6.10.	fellows must communicate with the s
•	Each fellow must know the limits of their scope of authority, and the		Each fellow must know the limits of t
	circumstances under which the fellow is permitted to act with conditional		circumstances under which the fellow
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)
	Faculty supervision assignments must be of sufficient duration to assess		Faculty supervision assignments mu
\/I A O f\	the knowledge and skills of each fellow and to delegate to the fellow the	C 11	the knowledge and skills of each fell
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care auth
			Professionalism
			Programs, in partnership with their S
			fellows and faculty members concern responsibilities of physicians, includ
			to be appropriately rested and fit to p
VI.B.	Professionalism	6.12.	patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their S
	fellows and faculty members concerning the professional and ethical		fellows and faculty members concer
	responsibilities of physicians, including but not limited to their obligation		responsibilities of physicians, includ
	to be appropriately rested and fit to provide the care required by their		to be appropriately rested and fit to p
VI.B.1.	patients. (Core)	6.12.	patients. (Core)
	The learning objectives of the program must:	[None]	
VI.B.2.			
VI.B.2.	be accomplicited without every selicities or follows to fulfill new		The learning chiestives of the new we
	be accomplished without excessive reliance on fellows to fulfill non-	6 12 2	
VI.B.2. 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 The learning objectives of the progra

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ble to provide review of ack provided after care is delivered. /sical presence of a supervising

ity 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 llow and to delegate to the fellow the thority and responsibility. (Core)

Sponsoring Institutions, must educate erning the professional and ethical iding 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

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremer
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the progra the meaning that each fellow finds in including protecting time with patien promoting progressive independence professional relationships. (Core)
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)	6.12.d.	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,	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 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 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 		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 i Programs, in partnership with their S same responsibility to address well-k competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a
VI.C.	their careers. The responsibility of the program, in partnership with the Sponsoring	[None]	their careers. The responsibility of the program, in
VI.C.1.	Institution, must include: attention to scheduling, work intensity, and work compression that	6.13.	Institution, must include: attention to scheduling, work intensi
VI.C.1.a)	impacts fellow well-being; (Core) evaluating workplace safety data and addressing the safety of fellows and	6.13.a.	impacts fellow well-being; (Core) evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)

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

ip with the Sponsoring Institution, must must 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 al, and civil environment that is the from discrimination, sexual and other t, abuse, or coercion of students,

Sponsoring Institutions, should have a d faculty regarding unprofessional s for reporting, investigating, and

sical well-being are critical in the ring, 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

Roman Numeral		Reformatted	
Requirement Number	Boguiroment Language	Requirement Number	Boguiromon
Number	Requirement Language policies and programs that encourage optimal fellow and faculty member	Number	Requiremen policies and programs that encourag
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
v 1.0.1.0		0.13.0.	Fellows must be given the opportunit
	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
v 1.0.1.uj	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or poten
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
v 1.0.1.d).(1)	recognition of these symptoms in themselves and how to seek appropriate		recognition of these symptoms in the
VI.C.1.d).(2)	care; and, (Core)	6.13.d.2.	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-s
v 1.0.1.0).(0)	providing access to confidential, affordable mental health assessment,	0.10.0.0.	providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (
*		v. 10.6.	
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fel
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, il
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
VI.C.2.	appropriate length of absence for fellows unable to perform their patient	6.14.	appropriate length of absence for fell
VI.C.Z.	care responsibilities. (Core)	0.14.	care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure	6.14.a.	The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	0.14.d.	coverage of patient care and ensure
	These policies must be implemented without fear of negative		These policies must be implemented
VI.C.2.b)	consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	consequences for the fellow who is c work. (Core)
VI.C.Z.D)		0.14.0.	
			Fatigue Mitigation Programs must educate all fellows ar
			the signs of fatigue and sleep depriva
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
		0.15.	
1	Due many much advects all fallows and faculty many have in many mitting of		Fatigue Mitigation
	Programs must educate all fellows and faculty members in recognition of		Programs must educate all fellows an
VI.D.1.	the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	the signs of fatigue and sleep deprivation fatigue mitigation processes. (Detail)
VI.D. I.		0.15.	
	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
VI.D.2.	may be too fatigued to safely return home. (Core)	6.16.	adequate sleep facilities and safe training may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		
	The clinical responsibilities for each follow must be based on BCV level		Clinical Responsibilities
	The clinical responsibilities for each fellow must be based on PGY level,		The clinical responsibilities for each patient safety, fellow ability, severity
VI.E.1.	patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	illness/condition, and available supp
VI.L.I.		0.17.	
	Teamwork		T
			Teamwork
1	Fellows must care for patients in an environment that maximizes		Fellows must care for patients in an e
	communication and promotes safe, interprofessional, team-based care in	6 19	communication and promotes safe, in
VI.E.2.	the subspecialty and larger health system. (Core)	6.18.	the subspecialty and larger health sy

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age optimal fellow and faculty member

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

embers in:

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

hemselves and how to seek

-screening. (Core)

ffordable mental health assessment, ng 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

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

ed without fear of negative s or was unable to provide the clinical

and faculty members in recognition of ivation, alertness management, and il)

and faculty members in recognition of ivation, alertness management, and il)

s Sponsoring Institution, must ensure ransportation options for fellows who n home. (Core)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.E.2.a)	Medical laboratory professionals, members of clinical service teams, and other medical and legal professionals should be included as part of an interprofessional team. (Detail)	6.18.a.	Medical laboratory professionals, memb medical and legal professionals should l interprofessional team. (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 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 S 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 an 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 S 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 Educ Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit 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 k 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 k 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 the
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
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic

bers of clinical service teams, and other be included as part of an

o work and communicate with health care ient-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.

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

ork and Education f between scheduled clinical work and

ork and Education if between scheduled clinical work and

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

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Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requiremer
	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		Up to four hours of additional time m patient safety, such as providing effe fellow education. Additional patient o
VI.F.3.a).(1)	a fellow during this time. (Core)	6.22.a.	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)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour 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)
,	These additional hours of care or education must be counted toward the		These additional hours of care or edu
VI.F.4.b)	80-hour weekly limit. (Detail)	6.23.a.	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 rotat percent or a maximum of 88 clinical a individual programs based on a sour
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
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with 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		Time spent by fellows in internal and the ACGME Glossary of Terms) must
VI.F.5.b)		6.25.a.	maximum weekly limit. (Core)
	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in-		In-House Night Float Night float must occur within the con
VI.F.6.		6.26.	seven requirements. (Core)
	Maximum In-House On-Call Frequency		Maximum In-House On-Call Frequence
VI.F.7.	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.	Fellows must be scheduled for in-hou every third night (when averaged over

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may be used for activities related to fective transitions of care, and/or t care responsibilities must not be le. (Core)

Exceptions

g off all other responsibilities, a fellow, remain or return to the clinical site in ntinue to provide care to a single live humanistic attention to the needs o attend unique educational events.

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ation-specific exceptions for up to 10 I and educational work hours to und educational rationale.

will not consider requests for exceptions k week.

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

th the ability of the fellow to achieve the onal program, and must not interfere or compromise patient safety. (Core) nd external moonlighting (as defined in st be counted toward the 80-hour

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

ncy ouse call no more frequently than ver a four-week period). (Core)

Roman Numeral Requirement		Reformatted Requirement	
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VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w home call is not subject to the every-t 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 b count toward the 80-hour maximum w home call is not subject to the every-t 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

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

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

ellow. (Core)