Roman Numeral		Defermention	
Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
		-	· · · · ·
	Definition of Graduate Medical Education		Definition of Graduate Medical Educa
	Fellowship is advanced graduate medical education beyond a core		Fellowship is advanced graduate me
	residency program for physicians who desire to enter more specialized		residency program for physicians wh
	practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a		practice. Fellowship-trained physicia subspecialty care, which may also in
	community resource for expertise in their field, creating and integrating		community resource for expertise in
	new knowledge into practice, and educating future generations of		new knowledge into practice, and ed
	physicians. Graduate medical education values the strength that a diverse		physicians. Graduate medical educat
	group of physicians brings to medical care, and the importance of		group of physicians brings to medica
	inclusive and psychologically safe learning environments.		inclusive and psychologically safe le
	Fellows who have completed residency are able to practice autonomously		Fellows who have completed residen
	in their core specialty. The prior medical experience and expertise of		in their core specialty. The prior med
	fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate		fellows distinguish them from physic care of patients within the subspecia
	faculty supervision and conditional independence. Faculty members		faculty supervision and conditional in
	serve as role models of excellence, compassion, cultural sensitivity,		serve as role models of excellence, c
	professionalism, and scholarship. The fellow develops deep medical		professionalism, and scholarship. Th
	knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty		knowledge, patient care skills, and ex area of practice. Fellowship is an inte
	clinical and didactic education that focuses on the multidisciplinary care		clinical and didactic education that fo
	of patients. Fellowship education is often physically, emotionally, and		of patients. Fellowship education is o
	intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-		intellectually demanding, and occurs environments committed to graduate
	being of patients, residents, fellows, faculty members, students, and all		being of patients, residents, fellows,
Int.A.	members of the health care team.	[None]	members of the health care team.
	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new		In addition to clinical education, man fellows' skills as physician-scientists
	knowledge within medicine is not exclusive to fellowship-educated		knowledge within medicine is not exc
	physicians, the fellowship experience expands a physician's abilities to		physicians, the fellowship experience
	pursue hypothesis-driven scientific inquiry that results in contributions to		pursue hypothesis-driven scientific i
	the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an		the medical literature and patient car expertise achieved, fellows develop r
Int.A (Continued)	infrastructure that promotes collaborative research.	[None] - (Continued)	infrastructure that promotes collabor
	Definition of Subspecialty		
	Hematopathology is the practice of pathology concerned with the study and		Definition of Subspecialty Hematopathology is the practice of path
	diagnosis of human diseases involving hematolymphoid cells and tissues, and		diagnosis of human diseases involving l
Int.B.	blood coagulation.	[None]	blood coagulation.
	Length of Educational Program		Length of Program
l	The educational program in hematopathology must be 12 months in length.		The educational program in hematopath
Int.C.	(Core)	4.1.	(Core)

cation

nedical education beyond a core who desire to enter more specialized sians 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.

thology concerned with the study and ghematolymphoid cells and tissues, and

athology must be 12 months in length.

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	•
l.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		Sponsoring Institution
	The Sponsoring Institution is the organization or entity that assumes the		The Sponsoring Institution is the org
	ultimate financial and academic responsibility for a program of graduate		ultimate financial and academic resp
	medical education consistent with the ACGME Institutional Requirements.		medical education consistent with th
	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	[Nego]	When the Sponsoring Institution is n most commonly utilized site of clinic
I.A.	primary clinical site.	[None]	primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by o
I.A.1.	Institution. (Core)	1.1.	Institution. (Core)
	Participating Sites A participating site is an organization providing educational experiences		Participating Sites A participating site is an organization
I.B.		[None]	or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
	There must be a program letter of agreement (PLA) between the program		There must be a program letter of age
	and each participating site that governs the relationship between the		and each participating site that gover
I.B.2.	program and the participating site providing a required assignment. (Core)		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 accou- site, in collaboration with the program
	The program director must submit any additions or deletions of		
I.B.4.	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
1.0.4.		1.0.	Accirculation Data System
	Workforce Recruitment and Retention		Workforce Recruitment and Retention
	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 and retention of a diverse and inclusive workforce of residents (if present),		in practices that focus on mission-dr and retention of a diverse and inclusi
	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 acaden
			Resources The program, in partnership with its S
	Resources	1.8.	the availability of adequate resources

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 rerns the relationship between the providing a required assignment. (Core)

every 10 years. (Core) lesignated 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)

on

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requiremen
	The program, in partnership with its Sponsoring Institution, must ensure	4.0	Resources The program, in partnership with its S
I.D.1. I.D.1.a)	the availability of adequate resources for fellow education. (Core)At the primary clinical site, the program must provide each fellow with:	1.8. 1.8.a.	the availability of adequate resources At the primary clinical site, the program
I.D.1.a).(1)	a designated work area; (Core)	1.8.a.1.	a designated work area; (Core)
I.D.1.a).(2)	an individual computer with access to hospital and laboratory information systems, electronic health records, and the internet; (Core)	1.8.a.2.	an individual computer with access to ho systems, electronic health records, and t
I.D.1.a).(3)	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 clinical experience; (Core)	1.8.a.3.	an individual light microscope and acces rotations on which microscopic evaluatio clinical experience; (Core)
I.D.1.a).(4)	photomicroscopy and gross imaging technology; and, (Core)	1.8.a.4.	photomicroscopy and gross imaging tech
I.D.1.a).(5)	access to updated teaching materials, such as interesting case files and archived conference materials, or study sets, such as glass slides, virtual study sets, flow cytometry histograms, and hemoglobin analyses. (Core)	1.8.a.5.	access to updated teaching materials, su archived conference materials, or study sets, flow cytometry histograms, and her
I.D.1.b)	There must be office space, meeting rooms, and laboratory space to support patient care-related teaching, educational, and research activities, and clinical service work. (Core)	1.8.b.	There must be office space, meeting roo patient care-related teaching, educationa service work. (Core)
I.D.1.c)	Clinical material related to the subspecialty area of the fellowship must be provided. (Core)	1.8.c.	Clinical material related to the subspecia provided. (Core)
I.D.1.c).(1)	Clinical material must be indexed so as to permit retrieval of archived records by specified organ and/or diagnosis in a timely manner. (Core)	1.8.c.1.	Clinical material must be indexed so as t specified organ and/or diagnosis in a tim
I.D.1.c).(2)	The clinical material must include a wide variety of hematology laboratory specimens and anatomic pathologic materials from both adult and pediatric patients. (Core)	1.8.c.2.	The clinical material must include a wide specimens and anatomic pathologic mat patients. (Core)
, , ,	This must include neoplastic, non-neoplastic, and inherited disorders of	-	This must include neoplastic, non-neopla
I.D.1.c).(2).(a)	lymphoid tissues, bone marrow, blood, and body fluids. (Core)	1.8.c.2.a.	lymphoid tissues, bone marrow, blood, a
I.D.1.d)	Laboratories must perform all tests required for the education of fellows and/or provide access to the results of reference laboratory tests that are not performed at the primary clinical site and participating sites. (Core)	1.8.d.	Laboratories must perform all tests requi provide access to the results of reference performed at the primary clinical site and
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/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 appropriation (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 print include access to electronic medical I capabilities. (Core)
1.0.3.		1.10.	

Sponsoring Institution, must ensure es for fellow education. (Core) n must provide each fellow with:

nospital and laboratory information d the internet; (Core)

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

chnology; and, (Core)

such as interesting case files and y sets, such as glass slides, virtual study emoglobin analyses. (Core)

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

cialty area of the fellowship must be

s to permit retrieval of archived records by imely manner. (Core)

de variety of hematology laboratory aterials from both adult and pediatric

plastic, and inherited disorders of and body fluids. (Core)

uired 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

)

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 Il literature databases with full text

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	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 ot but not limited to residents from other and advanced practice providers, mus appointed fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member 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 ap authority and accountability for the ov 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 Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicat must be provided with support adequ 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 direct director and one or more associate (or as
II.A.2.a).(1)	Programs with up to four approved fellow positions must be provided with a minimum of 10 percent time. Programs with five or six approved fellow positions must be provided with a minimum of 20 percent time. Programs with seven or more approved fellow positions must be provided with a minimum of 20 percent time and an additional 0.5 percent time for each approved position. (Core)	2.3.a.1.	Programs with up to four approved fellow minimum of 10 percent time. Programs w must be provided with a minimum of 20 p more approved fellow positions must be time and an additional 0.5 percent time for
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the 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 s qualifications acceptable to the Revie

sonnel

other health care personnel, including her programs, subspecialty fellows, just 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 nical appointment. (Core)

tor resides with the Review Committee.

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

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

ow positions must be provided with a s with five or six approved fellow positions 0 percent time. Programs with seven or be provided with a minimum of 20 percent e for each approved position. (Core) tor:

subspecialty expertise and iew Committee. (Core)

tor subspecialty expertise and iew Committee. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	must include current certification in the subspecialty for which they are the program director by the American Board of Pathology (ABPath) or		The program director must possess of subspecialty for which they are the p
	subspecialty qualifications that are acceptable to the Review Committee; and, (Core)		Board of Pathology (ABPath) or subsp acceptable to the Review Committee
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program I certifying board of the American Osteop there is no AOA board that offers certific
II.A.3.c)	must include at least three years of active participation as a specialist in hematopathology following completion of all graduate medical education. (Core)		The program director must possess at lo a specialist in hematopathology followin education. (Core)
,	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		Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe
II.A.4. II.A.4.a)	education in the context of patient care. (Core) The program director must:	2.5. [None]	education in the context of patient ca
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role i
	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the		The program director must design an consistent with the needs of the com
II.A.4.a).(2) II.A.4.a).(3)	mission(s) of the program; (Core) administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.b. 2.5.c.	Sponsoring Institution, and the missi The program director must administe 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 co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learn the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to 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 th Sponsoring Institution's policies and and due process, including when act not to promote, or renew the appoint
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure th Sponsoring Institution's policies and discrimination. (Core)

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

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

t least three years of active participation as ring 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)

model of professionalism. (Core)

and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core)

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

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

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

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

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

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

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

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II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must documen fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide a interview with information related to t specialty board examination(s). (Core
	 Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and 		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a c Faculty members experience the prid development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, fa graduate medical education system, if and the population. Faculty members ensure that patients from a specialist in the field. They react the patients, fellows, community, and provide appropriate levels of supervise Faculty members create an effective of professional manner and attending to
II.B.	<i>themselves.</i> There must be a sufficient number of faculty members with competence to	[None]	<i>themselves.</i> There must be a sufficient number of
II.B.1.	instruct and supervise all fellows. (Core)	2.6.	instruct and supervise all fellows. (Co
II.B.1.a)	In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in hematopathology with either hematopathology certification by the ABPath or qualifications acceptable to the Review Committee. (Core)	2.6.a.	In addition to the program director, the fa faculty member with demonstrated expe hematopathology certification by the AB Review Committee. (Core)
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective

ent Language In a non-competition guarantee or

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

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

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

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

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

of faculty members with competence to Core)

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

els of professionalism. (Core)

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their		Faculty members must demonstrate a fellows, including devoting sufficient
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.7.b.	fulfill their supervisory and teaching r
11.0.2.0)	administer and maintain an educational environment conducive to	2.7.0.	Faculty members must administer and
II.B.2.d)	educating fellows; (Core)	2.7.c.	environment conducive to educating
	regularly participate in organized clinical discussions, rounds, journal	2.17.0.	Faculty members must regularly partic
II.B.2.e)	clubs, and conferences; and, (Core)	2.7.d.	discussions, rounds, journal clubs, ar
,	pursue faculty development designed to enhance their skills at least annually. (Core)		Faculty members must pursue faculty
II.B.2.f)		2.7.e.	their skills at least annually. (Core)
	devote at least 20 hours per week in aggregate to fellowship-related clinical		Faculty members must devote at least 20
II.B.2.g)	work and teaching. (Core)	2.7.f.	fellowship-related clinical work and teach
			Faculty Qualifications
			Faculty members must have appropria
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appoint
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropria
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty member the subspecialty by the American Boa qualifications judged acceptable to th
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program R certifying board of the American Osteopa there is no AOA board that offers certifica
II.B.3.b).(1).(a)	Core physician faculty members who are not currently certified in hematopathology must have either completed a hematopathology fellowship or have three years of practice experience in the subspecialty. (Core)	2.9.b.	Core physician faculty members who are hematopathology must have either comp have three years of practice experience
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, o acceptable to the Review Committee.
		v.u.	
	Core Faculty		
	Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)		Core Faculty Core faculty members must have a sig supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
II.B.4.		2.10.	
	Faculty members must complete the annual ACGME Faculty Survey.	2 10 0	Faculty members must complete the a
II.B.4.a)	(Core)	2.10.a.	(Core)

e a strong interest in the education of it time to the educational program to g responsibilities. (Core) and maintain an educational

g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

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

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

nbers

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

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

are not currently certified in npleted a hematopathology fellowship or e in the subspecialty. (Core)

y members must have current appropriate American Board of r board or American Osteopathic or possess qualifications judged e. (Core)

significant role in the education and /ote a significant portion of their entire ministration, and must, as a , evaluate, and provide formative

e annual ACGME Faculty Survey.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Humber	There must be at least two core faculty members, one of whom must be the		There must be at least two core faculty
II.B.4.b)	program director. (Core)	2.10.b.	program director. (Core)
	At least one core faculty member must be certified in hematopathology by the		At least one core faculty member must b
II.B.4.b).(1)	ABPath. (Core)	2.10.b.1.	ABPath. (Core)
		2	Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinator
			Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	There must be a program coordinator
	The program coordinator must be provided with dedicated time and		The program coordinator must be pro
	support adequate for administration of the program based upon its size		support adequate for administration of
II.C.2.	and configuration. (Core)	2.11.a.	and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core)		At a minimum, the program coordinator time and support specified below for adr (Core)
	Number of Approved Fellow Positions: 1-3 Minimum Support Required (FTE): 0.2		Number of Approved Fellow Positions: 1 0.2
	Number of Approved Fellow Positions: 4-9 Minimum Support Required (FTE): 0.3		Number of Approved Fellow Positions: 4
II.C.2.a)	Number of Approved Fellow Positions: 10 or more Minimum Support Required (FTE): 0.4	2.11.b.	Number of Approved Fellow Positions: (FTE): 0.4
	Other Program Personnel		
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
	There must be qualified laboratory technical personnel to support the clinical,		There must be qualified laboratory techr
II.D.1.	teaching, educational, and research activities of the fellowship. (Core)	2.12.a.	teaching, educational, and research acti
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
	All required clinical education for entry into ACGME-accredited fellowship		All required clinical education for ent
	programs must be completed in an ACGME-accredited residency program,		programs must be completed in an A
	an AOA-approved residency program, a program with ACGME		an AOA-approved residency program
	International (ACGME-I) Advanced Specialty Accreditation, or a Royal		International (ACGME-I) Advanced Sp
	College of Physicians and Surgeons of Canada (RCPSC)-accredited or		College of Physicians and Surgeons
	College of Family Physicians of Canada (CFPC)-accredited residency		College of Family Physicians of Cana
III.A.1.	program located in Canada. (Core)	3.2.	program located in Canada. (Core)
	Fellowship programs must receive verification of each entering fellow's		Fellowship programs must receive ve
	level of competence in the required field using ACGME, ACGME-I, or		level of competence in the required fi
III.A.1.a)	CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	CanMEDS Milestones evaluations from

/ members, one of whom must be the

t be certified in hematopathology by the

or. (Core)

or. (Core)

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

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

1-3 | Minimum Support Required (FTE):

4-9 | Minimum Support Required (FTE):

10 or more | Minimum Support Required

Sponsoring Institution, must jointly personnel for the effective e)

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

ip Programs

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Prior to appointment in the program, fell successful completion of at least two satisfies the requirements in 3.2.; (Core
			certification or eligibility for certification Osteopathic Board of Pathology (AOBPa pathology, in anatomic pathology, or in c
III.A.1.b)	Prior to appointment in the program, fellows must have one of the following:	3.2.a.1.	certification or eligibility for certification certifying board of the AOA in internal m Board of Internal Medicine, American Os American Board of Pediatrics, or Americ subspecialty certification in hematology fellowship that satisfies the requirements
			Prior to appointment in the program, fell
			successful completion of at least two y satisfies the requirements in 3.2.; (Core)
			certification or eligibility for certification Osteopathic Board of Pathology (AOBP pathology, in anatomic pathology, or in o
III.A.1.b).(1)	successful completion of at least two years of a pathology residency that satisfies the requirements in III.A.1.; (Core)	3.2.a.1.	certification or eligibility for certification certifying board of the AOA in internal m Board of Internal Medicine, American Os American Board of Pediatrics, or Americ subspecialty certification in hematology fellowship that satisfies the requirements
			Prior to appointment in the program, fell
			successful completion of at least two y satisfies the requirements in 3.2.; (Core)
			certification or eligibility for certification Osteopathic Board of Pathology (AOBP pathology, in anatomic pathology, or in o
			certification or eligibility for certification certifying board of the AOA in internal m Board of Internal Medicine, American Os
	certification or eligibility for certification by the ABPath or American Osteopathic Board of Pathology (AOBPa) in anatomic pathology and clinical pathology, in		American Board of Pediatrics, or Americ subspecialty certification in hematology
III.A.1.b).(2)	anatomic pathology, or in clinical pathology; or, (Core)	3.2.a.1.	fellowship that satisfies the requirements

ellows must have one of the following: to years of a pathology residency that re)

on by the ABPath or American BPa) in anatomic pathology and clinical n clinical pathology; or, (Core)

tion by a member board of the ABMS or a medicine or pediatrics with American Osteopathic Board of Internal Medicine, rican Osteopathic Board of Pediatrics gy or completion of a hematology nts in 3.2. (Core)

ellows must have one of the following:

o years of a pathology residency that re)

on by the ABPath or American BPa) in anatomic pathology and clinical n clinical pathology; or, (Core)

on by a member board of the ABMS or a medicine or pediatrics with American Osteopathic Board of Internal Medicine, rican Osteopathic Board of Pediatrics gy or completion of a hematology nts in 3.2. (Core)

ellows must have one of the following:

o years of a pathology residency that re)

on by the ABPath or American BPa) in anatomic pathology and clinical n clinical pathology; or, (Core)

on by a member board of the ABMS or a medicine or pediatrics with American Osteopathic Board of Internal Medicine, rican Osteopathic Board of Pediatrics gy or completion of a hematology nts in 3.2. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	r Requiremer
			i i i i i i i i i i i i i i i i i i i
			Prior to appointment in the program, fel
			successful completion of at least two
			satisfies the requirements in 3.2.; (Core
			certification or eligibility for certification Osteopathic Board of Pathology (AOBP pathology, in anatomic pathology, or in
III.A.1.b).(3)	certification or eligibility for certification by a member board of the ABMS or a certifying board of the AOA in internal medicine or pediatrics with American Board of Internal Medicine, American Osteopathic Board of Internal Medicine, American Board of Pediatrics, or American Osteopathic Board of Pediatrics subspecialty certification in hematology or completion of a hematology fellowship that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	certification or eligibility for certification certifying board of the AOA in internal m Board of Internal Medicine, American O American Board of Pediatrics, or Americ subspecialty certification in hematology fellowship that satisfies the requirement
11.7.1.1.0).(0)	Fellow Eligibility Exception	0.2.0.1.	Fellow Eligibility Exception
III.A.1.c)	The Review Committee for Pathology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	The Review Committee for Pathology the fellowship eligibility requirements
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate appli eligibility requirements listed in 3.2, b additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director and the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant' GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissi (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 Cor 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 appoi Review Committee. (Core)
	Fellow Transfers		
	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon		Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a
III.C.	matriculation. (Core)	3.4.	matriculation. (Core)

ellows must have one of the following:

o years of a pathology residency that re)

ion by the ABPath or American 3Pa) in anatomic pathology and clinical n clinical pathology; or, (Core)

ion by a member board of the ABMS or a medicine or pediatrics with American Osteopathic Board of Internal Medicine, erican Osteopathic Board of Pediatrics gy or completion of a hematology ents in 3.2. (Core)

y will allow the following exception to nts:

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

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

nt's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

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

Requirement Language ducational Program ne ACGME accreditation system is designed to encourage excellence nd innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program. ne educational program must support the development of nowledgeable, skillful physicians who provide compassionate care.	Requirement Number	Requiremen Section 4: Educational Program The ACGME accreditation system is o and innovation in graduate medical e
ne ACGME accreditation system is designed to encourage excellence ad innovation in graduate medical education regardless of the ganizational affiliation, size, or location of the program. The educational program must support the development of		The ACGME accreditation system is a
nd innovation in graduate medical education regardless of the ganizational affiliation, size, or location of the program. The educational program must support the development of		-
		organizational affiliation, size, or loca
		The educational program must suppo knowledgeable, skillful physicians wi
is recognized that programs may place different emphasis on research, adership, public health, etc. It is expected that the program aims will flect the nuanced program-specific goals for it and its graduates; for cample, it is expected that a program aiming to prepare physician- cientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
ducational Components		
ne curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
set of program aims consistent with the Sponsoring Institution's ission, the needs of the community it serves, and the desired distinctive pabilities of its graduates, which must be made available to program oplicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
ompetency-based goals and objectives for each educational experience esigned to promote progress on a trajectory to autonomous practice in eir subspecialty. These must be distributed, reviewed, and available to llows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
elineation of fellow responsibilities for patient care, progressive sponsibility for patient management, and graded supervision in their	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
ructured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
ellows must be provided with protected time to participate in core dactic activities. (Core)	4.11.	Curriculum Organization and Fellow I Experiences Fellows must be provided with protec didactic activities. (Core)
rmal educational activities that promote patient safety-related goals,		formal educational activities that pro
ols, and techniques. (Core)	4.2.e.	tools, and techniques. (Core) ACGME Competencies The Competencies provide a concep required domains for a trusted physi These Competencies are core to the the specifics are further defined by e trajectories in each of the Competence Milestones for each subspecialty. Th
CGME Competencies	[None]	subspecialty-specific patient care and refining the other competencies acqu
	owledgeable, skillful physicians who provide compassionate care. Is recognized that programs may place different emphasis on research, dership, public health, etc. It is expected that the program aims will lect the nuanced program-specific goals for it and its graduates; for ample, it is expected that a program aiming to prepare physician- entists will have a different curriculum from one focusing on mmunity health. ucational Components e curriculum must contain the following educational components: et of program aims consistent with the Sponsoring Institution's ssion, the needs of the community it serves, and the desired distinctive pabilities of its graduates, which must be made available to program plicants, fellows, and faculty members; (Core) mpetency-based goals and objectives for each educational experience signed to promote progress on a trajectory to autonomous practice in bir subspecialty. These must be distributed, reviewed, and available to lows and faculty members; (Core) lineation of fellow responsibilities for patient care, progressive sponsibility for patient management, and graded supervision in their bspecialty; (Core) uctured educational activities beyond direct patient care; and, (Core) llows must be provided with protected time to participate in core lactic activities. (Core) mal educational activities that promote patient safety-related goals, obs, and techniques. (Core)	owledgeable, skillful physicians who provide compassionate care. s recognized that program smay place different emphasis on research, dership, public health, etc. It is expected that the program aims will lect the nuanced program-specific goals for it and its graduates; for ample, it is expected that a program aiming to prepare physician-tentists will have a different curriculum from one focusing on mmunity health. ucational Components Section 4 e curriculum must contain the following educational components: 4.2. et of program aims consistent with the Sponsoring Institution's ssion, the needs of the community it serves, and the desired distinctive pabilities of its graduates, which must be made available to program plicants, fellows, and faculty members; (Core) 4.2.a. mpetency-based goals and objectives for each educational experience signed to promote progress on a trajectory to autonomous practice in eir subspecialty. These must be distributed, reviewed, and available to lows and faculty members; (Core) 4.2.b. lineation of fellow responsibilities for patient care, progressive ponsibility for patient management, and graded supervision in their baspecialty; (Core) 4.2.c. ucturd educational activities beyond direct patient care; and, (Core) 4.2.d. lows must be provided with protected time to participate in core lactic activities. (Core) 4.2.e. lows must be provided with protected time to participate in core lactic activities. (Core) 4.2.e. wite and educational activities that promote patient safety-related goals, pls, and techniqu

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

port the development of who provide compassionate care.

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

lowing educational components:

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

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

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

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

ected time to participate in core

omote patient safety-related goals,

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

Roman Numeral Requirement	Demuinement Lenguege	Reformatted	Deminung
Number	Requirement Language The program must integrate the following ACGME Competencies into the	Requirement Number	Requiremen
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
	Professionalism		
			ACGME Competencies – Professiona
	Fellows must demonstrate a commitment to professionalism and an		Fellows must demonstrate a commit
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	· · · ·
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate diagnostic competence, including: (Core)	4.4.a.	Fellows must demonstrate diagnostic co
IV.B.1.b).(1).(a).(i)	analyzing laboratory results, to include automated and manual cell counts and indices, cellular morphology of blood and bodily fluids, coagulation testing, cytogenetics, flow cytometry, immunohistochemistry, and molecular and genomic studies; (Core)	4.4.a.1.	analyzing laboratory results, to include a indices, cellular morphology of blood an cytogenetics, flow cytometry, immunohis genomic studies; (Core)
	creating an integrated bone marrow report that includes all pertinent findings, including pertinent clinical information, key laboratory data, morphology of peripheral blood, bone marrow aspirate and trephine biopsy, special stains, flow	4.4.5.2	creating an integrated bone marrow repo including pertinent clinical information, k peripheral blood, bone marrow aspirate
IV.B.1.b).(1).(a).(ii)	cytometry, molecular studies, and cytogenetic testing; (Core)	4.4.a.2.	cytometry, molecular studies, and cytoge
IV.B.1.b).(1).(a).(ii)	interpreting lymph nodes and other lymphoid tissue specimens; (Core)	4.4.a.3.	interpreting lymph nodes and other lymp
IV.B.1.b).(1).(a).(iv)	interpreting bone marrow aspirates and biopsy specimens; (Core)	4.4.a.4.	interpreting bone marrow aspirates and
IV.B.1.b).(1).(a).(v) IV.B.1.b).(1).(a).(vi)	interpreting peripheral blood smears and body fluid examinations; and, (Core) other advanced diagnostic techniques as they become available. (Core)	4.4.a.5. 4.4.a.6.	interpreting peripheral blood smears and other advanced diagnostic techniques a
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 procedures, including bone marrow aspiration/biopsy. (Core)	4.5.a.	Fellows must demonstrate competence bone marrow aspiration/biopsy. (Core)
IV.B.1.b).(2).(a).(i)	Fellows should participate in at least five bone marrow aspiration/biopsy procedures with assessment of adequacy. (Detail)	4.5.a.1.	Fellows should participate in at least five procedures with assessment of adequad
	Fellows must document all bone marrow aspiration/biopsy procedures they		Fellows must document all bone marrow
IV.B.1.b).(2).(a).(ii)	perform in the ACGME Case Log System. (Core)	4.5.a.2.	perform in the ACGME Case Log System
IV.B.1.b).(2).(a).(iii)	Fellows should demonstrate the ability to make bone marrow smears. (Detail)	4.5.a.3.	Fellows should demonstrate the ability to
1 (D 4 b) (2) (b)	Fellows should demonstrate competence in their knowledge of how to obtain	456	Fellows should demonstrate competence
IV.B.1.b).(2).(b)	informed consent. (Detail)	4.5.b.	informed consent. (Detail)
IV.B.1.b).(2).(c)	Fellows should participate in performing the patient and laboratory procedures for which they will be expected to supervise ancillary staff members. (Core)	4.5.c.	Fellows should participate in performing for which they will be expected to superv
	Fellows must demonstrate competence in performing bone marrow nucleated		Fellows must demonstrate competence
IV.B.1.b).(2).(d)	differential cell counts (300 or 500 cells). (Core)	4.5.d.	differential cell counts (300 or 500 cells)
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)

GME Competencies into the curriculum.

nalism itment to professionalism and an ore)

re

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

e automated and manual cell counts and and bodily fluids, coagulation testing, histochemistry, and molecular and

eport that includes all pertinent findings, , key laboratory data, morphology of te and trephine biopsy, special stains, flow ogenetic testing; (Core)

nphoid tissue specimens; (Core)

d biopsy specimens; (Core)

nd body fluid examinations; and, (Core)

as they become available. (Core)

l Skills medical, diagn

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

e in performing procedures, including

ive bone marrow aspiration/biopsy lacy. (Detail)

ow aspiration/biopsy procedures they tem. (Core)

to make bone marrow smears. (Detail) the in their knowledge of how to obtain

ng the patient and laboratory procedures ervise ancillary staff members. (Core) ce in performing bone marrow nucleated ls). (Core)

nowledge

lge of established and evolving al, and social-behavioral sciences, as the application of this knowledge to

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.c).(1)	Fellows must demonstrate expertise in their knowledge of:	[None]	
IV.B.1.c).(1).(a)	bone marrow pathology, lymph node pathology, peripheral blood and body fluid examination, red cell disorders, hemoglobinopathies, and coagulation; (Core)	4.6.a.	Fellows must demonstrate expertise in the pathology, lymph node pathology, periphered cell disorders, hemoglobinopathies, a
IV.B.1.c).(1).(b)	methods of correlating data from clinical pathology, cytological, and histopathologic assessments of hematologic disease; (Core)	4.6.b.	Fellows must demonstrate expertise in the correlating data from clinical pathology, cassessments of hematologic disease. (C
IV.B.1.c).(1).(c)	pathogenesis, including clinical correlation and prognostic significance, of hematologic disease; (Core)	4.6.c.	Fellows must demonstrate expertise in the including clinical correlation and prognos disease. (Core)
IV.B.1.c).(1).(d)	specimen collection and preparation for routine hematologic testing; and, (Core)	4.6.d.	Fellows must demonstrate expertise in the and preparation for routine hematologic t
IV.B.1.c).(1).(e)	techniques, including flow cytometry, immunohistochemistry, cytogenetic and molecular techniques, and automated hematology procedures; (Core)	4.6.e.	Fellows must demonstrate expertise in the flow cytometry, immunohistochemistry, cand automated hematology procedures.
IV.B.1.c).(2).	Fellows should demonstrate expertise in their knowledge of the operation and management of hematology and relevant specialty laboratories, including quality control procedures, assay development, quality improvement activities, and laboratory regulations. (Core)	4.6.f.	Fellows should demonstrate expertise in management of hematology and relevan control procedures, assay development, laboratory regulations. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperson result in the effective exchange of info patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awarend larger context and system of health ca social determinants of health, as well other resources to provide optimal he

their knowledge of bone marrow pheral blood and body fluid examination, and coagulation. (Core)

their knowledge of methods of v, cytological, and histopathologic (Core)

their knowledge of pathogenesis, ostic significance, of hematologic

n their knowledge of specimen collection ic testing. (Core)

h their knowledge of techniques, including , cytogenetic and molecular techniques, s. (Core)

in their knowledge of the operation and ant specialty laboratories, including quality ht, quality improvement activities, and

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

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

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Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement Language
			 4.10. Curriculum Organization and Fellow Experiences – Curriculum Structure The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core) 4.11. Curriculum Organization and Fellow Experiences – Didactic and
			Clinical Experiences Fellows must be provided with protected time to participate in core didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Fellow Experiences – Pain Management The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow Experiences – Curriculum Structure The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)
	There should be one faculty member who is responsible for the educational		There should be one faculty member who is responsible for the educational
IV.C.1.a)	experience on each rotation to ensure supervisory continuity. (Core)	4.10.a.	experience on each rotation to ensure supervisory continuity. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow Experiences – Pain Management The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)
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 hematopathology prior to completion of the program. (Core)	4.11.a.	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 the Supervision section, in order to demonstrate their ability to enter the autonomous practice of hematopathology prior to completion of the program. (Core)
IV.C.4.		[None]	
IV.C.4.a)	graduated responsibility, including independent diagnoses and decision making; (Core)	4.11.b.	Fellow experiences must include graduated responsibility, including independent diagnoses and decision making. (Core)
IV.C.4.b)	supervision of residents and/or other learners; and, (Detail)	4.11.c.	Fellow experiences must include supervision of residents and/or other learners. (Detail)
IV.C.4.c)	educational activities specific to hematopathology, review of the medical literature in the subspecialty area, and use of study sets of unusual cases. (Core)	4.11.d.	Fellow experiences must include educational activities specific to hematopathology, review of the medical literature in the subspecialty area, and use of study sets of unusual cases. (Core)

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IV.C.5.	The didactic curriculum must include teaching conferences in hematopathology, journal clubs, and joint conferences within the Pathology Department, as well as with clinical services involved in the patient diagnosis and management utilizing hematopathology. (Core)	4.11.e.	The didactic curriculum must include tea journal clubs, and joint conferences with with clinical services involved in the patie hematopathology. (Core)
IV.C.5.a)	Fellows must participate in conferences at least once per month on average, and must give a minimum of two presentations per year. (Core)	4.11.e.1.	Fellows must participate in conferences and must give a minimum of two present
IV.C.5.b)		4.11.e.2.	Didactic education must include the use cases, and interpretation of results with g
IV.C.5.c) IV.C.6.	Fellows must have education in quality assurance. (Core)Fellows should participate in laboratory quality assurance activities and inspections. (Detail)	4.11.e.3. 4.11.f.	Fellows must have education in quality a Fellows should participate in laboratory of inspections. (Detail)
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science. scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The program environment that fosters the acquisiti participation in scholarly activities as Program Requirements. Scholarly act integration, application, and teaching. The ACGME recognizes the diversity of programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, and serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship.
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and aim
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 fellow scholarly activities. (Core)

eaching conferences in hematopathology, thin the Pathology Department, as well as ttient diagnosis and management utilizing

es at least once per month on average, entations per year. (Core)

ee of study sets of common and unusual h generation of narrative reports. (Core) / assurance. (Core)

y quality assurance activities and

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

y of fellowships and anticipates that variety of roles, including clinicians, cted that the program's scholarship and the needs of the community it as may concentrate their scholarly pulation health, and/or teaching, while lize more classic forms of biomedical ip.

dence of scholarly activities, ims. (Core)

dence of scholarly activities, ims. (Core)

Sponsoring Institution, must allocate ow and faculty involvement in

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
	•Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants		 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		•Quality improvement and/or patient s •Systematic reviews, meta-analyses, i textbooks, or case reports
	 Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards 		 Creation of curricula, evaluation tool electronic educational materials Contribution to professional commit editorial boards
IV.D.2.a)	 Innovations in education The program must demonstrate dissemination of scholarly activity within 	4.14.	 Innovations in education The program must demonstrate disservation
IV.D.2.b)	and external to the program by the following methods:	4.14.a.	and external to the program by the fo
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome)

rams must demonstrate f the following domains: (Core) on, translational science, patient care,

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

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

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

semination of scholarly activity within following methods:

s, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book rice on professional committees, or al editorial board member, or editor;

e)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Fellow Scholarly Activity Each fellow must participate in scholarl following: (Core)
			•evidence-based presentations at journ national); (Core)
			•preparation and submission of articles (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 (Core)
IV.D.3.a)	Each fellow must participate in scholarly activity, including at least one of the following: (Core)	4.15.	•research. (Core)
			Fellow Scholarly Activity Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journa national); (Core)
	avidance based presentations at journal clubs or meetings (less), regional, or		•preparation and submission of articles (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)

arly activity, including at least one of the

rnal clubs or meetings (local, regional, or

es for peer-reviewed publications, or,

rrly activity, including at least one of the rnal clubs or meetings (local, regional, or

es 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,

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Fellow Scholarly Activity Each fellow must participate in scholarl following: (Core)
			•evidence-based presentations at journ 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
			Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri educational assignment. (Core)
V.A.	Fellow Evaluation	5.1.	
			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)
V.A.1.a).(1)	The feedback, based on direct observation, should incorporate competency- based assessments. (Core)	5.1.h.	The feedback on fellow performance, ba incorporate competency-based assess
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than th must be documented at least every the second se
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as co clinical responsibilities must be evaluat 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 object the Competencies and the subspecia (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty other professional staff members); a
	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward	5452	provide that information to the Clinic synthesis of progressive fellow perfo
V.A.1.c).(2) V.A.1.d)	unsupervised practice. (Core)The program director or their designee, with input from the ClinicalCompetency Committee, must:	5.1.b.2. [None]	unsupervised practice. (Core)

rly activity, including at least one of the

rnal clubs or meetings (local, regional, or

s for peer-reviewed publications, or,

valuation

serve, evaluate, and frequently provide uring 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

based on direct observation, should sments. (Core)

the completion of the assignment.

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

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

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

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

ical Competency Committee for its formance and improvement toward

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-		The program director or their designer Competency Committee, must meet w documented semi-annual evaluation of
V.A.1.d).(1)	specific Milestones; (Core)	5.1.c.	along the subspecialty-specific Miles
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their 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)		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 performation by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V A 2 -) (4)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the	5.2.5	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra
V.A.2.a).(1) V.A.2.a).(2)	program. (Core) The final evaluation must:	5.2.a. [None]	program. (Core)
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and must fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the knowledge, skills, and behaviors nece (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the		At a minimum the Clinical Competend members, at least one of whom is a co be faculty members from the same pr health professionals who have extens
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b) V.A.3.b).(1)	The Clinical Competency Committee must: review all fellow evaluations at least semi-annually; (Core)	[None] 5.3.b.	The Clinical Competency Committee ı least semi-annually. (Core)

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

nee, with input from the Clinical st 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

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

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

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

with the fellow upon completion of the

nust be appointed by the program

ncy Committee must include three core faculty member. Members must program or other programs, or other nsive contact and experience with the

e must review all fellow evaluations at

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V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	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)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the conduct and document the Annual Pr program's continuous improvement p
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 Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
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 n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	Program Evaluation Committee respo
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	program's self-determined goals and (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 respo ongoing program improvement, inclu 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 respo current operating environment to ider opportunities, and threats as related t (Core)

nt Language
e must determine each fellow's
specialty-specific Milestones. (Core)
e must meet prior to the fellows' semi-
rogram director regarding each

- o evaluate each faculty member's cational program at least annually.
- o evaluate each faculty member's cational program at least annually.
- ew of the faculty member's clinical the educational program, participation eir skills as an educator, clinical scholarly activities. (Core)
- n, confidential evaluations by the
- back on their evaluations at least
- valuations should be incorporated into plans. (Core)
- ent
- the Program Evaluation Committee to Program Evaluation as part of the t process. (Core)
- ent
- the Program Evaluation Committee to Program Evaluation as part of the t process. (Core)
- must be composed of at least two one of whom is a core faculty member,
- oonsibilities must include review of the d progress toward meeting them.
- oonsibilities must include guiding luding development of new goals,
- oonsibilities must include review of the entify strengths, challenges, d to the program's mission and aims.

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	The Program Evaluation Committee should consider the outcomes from		The Program Evaluation Committee s
	prior Annual Program Evaluation(s), aggregate fellow and faculty written		prior Annual Program Evaluation(s), a
	evaluations of the program, and other relevant data in its assessment of		evaluations of the program, and othe
V.C.1.c)	the program. (Core)	5.5.e.	the program. (Core)
	The Program Evaluation Committee must evaluate the program's mission		The Program Evaluation Committee n
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	and aims, strengths, areas for improv
	The Annual Program Evaluation, including the action plan, must be		The Annual Program Evaluation, inclu
	distributed to and discussed with the fellows and the members of the		distributed to and discussed with the
V.C.1.e)	teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	teaching faculty, and be submitted to
V O O	The program must participate in a Self-Study and submit it to the DIO.	.	The program must participate in a Se
V.C.2.	(Core)	5.5.h.	(Core)
	One goal of ACGME-accredited education is to educate physicians who		Board Certification
	seek and achieve board certification. One measure of the effectiveness of		One goal of ACGME-accredited education
	the educational program is the ultimate pass rate.		seek and achieve board certification.
			the educational program is the ultima
	The program director should encourage all eligible program graduates to		The program director chould appour
	take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic		The program director should encoura take the certifying examination offere
	Association (AOA) certifying board.		of Medical Specialties (ABMS) member
V.C.3.		[None]	Association (AOA) certifying board.
-			Board Certification
	For subspecialties in which the ABMS member board and/or AOA		For subspecialties in which the ABMS
	certifying board offer(s) an annual written exam, in the preceding three		certifying board offer(s) an annual wr
	years, the program's aggregate pass rate of those taking the examination		years, the program's aggregate pass
	for the first time must be higher than the bottom fifth percentile of		for the first time must be higher than
V.C.3.a)	programs in that subspecialty. (Outcome)	5.6.	programs in that subspecialty. (Outco
	For subspecialties in which the ABMS member board and/or AOA		For subspecialties in which the ABMS
	certifying board offer(s) a biennial written exam, in the preceding six		certifying board offer(s) a biennial wr
	years, the program's aggregate pass rate of those taking the examination		years, the program's aggregate pass
	for the first time must be higher than the bottom fifth percentile of		for the first time must be higher than
V.C.3.b)	programs in that subspecialty. (Outcome)	5.6.a.	programs in that subspecialty. (Outco
	For subspecialties in which the ABMS member board and/or AOA		For subspecialties in which the ABMS
	certifying board offer(s) an annual oral exam, in the preceding three years,		certifying board offer(s) an annual ora
	the program's aggregate pass rate of those taking the examination for the		the program's aggregate pass rate of
	first time must be higher than the bottom fifth percentile of programs in	5 6 h	first time must be higher than the bot
V.C.3.c)	that subspecialty. (Outcome)	5.6.b.	that subspecialty. (Outcome)
	For subspecialties in which the ABMS member board and/or AOA		For subspecialties in which the ABMS
	certifying board offer(s) a biennial oral exam, in the preceding six years,		certifying board offer(s) a biennial ora
	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		the program's aggregate pass rate of first time must be higher than the bot
V.C.3.d)	that subspecialty. (Outcome)	5.6.c.	that subspecialty. (Outcome)
	For each of the exams referenced in V.C.3.a)-d), any program whose		For each of the exams referenced in 5
	graduates over the time period specified in the requirement have achieved		graduates over the time period specif
			•
	an 80 percent pass rate will have met this requirement, no matter the		ian ou dercent dass rate will have mer
	an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty.		an 80 percent pass rate will have met percentile rank of the program for pas

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

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

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

Self-Study and submit it to the DIO.

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

rage all eligible program graduates to ered by the applicable American Board aber board or American Osteopathic

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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
	 The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles: Excellence in the safety and quality of care rendered to patients by fellows today Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice Excellence in professionalism Appreciation for the privilege of providing care for patients Commitment to the well-being of the students, residents, fellows, faculty methods 		Section 6: The Learning and Working The Learning and Working Environm Fellowship education must occur in t environment that emphasizes the foll •Excellence in the safety and quality fellows today •Excellence in the safety and quality today's fellows in their future practice •Excellence in professionalism •Appreciation for the privilege of prof
VI.	members, and all members of the health care team	Section 6	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.
	The program, its faculty, residents, and fellows must actively participate in		The program, its faculty, residents, and
VI.A.1.a).(1).(a) VI.A.1.a).(2)	Patient Safety EventsReporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.Residents, fellows, faculty members, and other clinical staff members	6.1. [None]	patient safety systems and contribute Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechar and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti- changes to ameliorate patient safety
VI.A.1.a).(2).(a)	must:	[None]	

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

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n the context of a learning and working ollowing principles:

y of care rendered to patients by

y of care rendered to patients by ice

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he students, residents, fellows, faculty lealth 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 panisms for improving patient safety, f any patient safety program. Feedback tial to developing true competence in stitute sustainable systems-based ty vulnerabilities.

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Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requireme
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)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary info safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)		Fellows must participate as team me interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementati
VI.A.1.a).(3) VI.A.1.a).(3).(a)	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)	[None] 6.4.	Quality Metrics Access to data is essential to prioriti and evaluating success of improvem Fellows and faculty members must re benchmarks related to their patient p
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is a the patient, every physician shares in accountability for their efforts in the in partnership with their Sponsoring communicate, and monitor a structur accountability as it relates to the sup Supervision in the setting of graduat and effective care to patients; ensure skills, knowledge, and attitudes requ 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	[None]	Supervision and Accountability Although the attending physician is a the patient, every physician shares in accountability for their efforts in the in partnership with their Sponsoring communicate, and monitor a structur accountability as it relates to the sup Supervision in the setting of graduat and effective care to patients; ensure skills, knowledge, and attitudes requ practice of medicine; and establishes
VI.A.2.a)	professional growth. Fellows and faculty members must inform each patient of their respective	[None]	professional growth. Fellows and faculty members must in roles in that patient's care when prov information must be available to fello
VI.A.2.a).(1)	roles in that patient's care when providing direct patient care. (Core)	6.5.	of the health care team, and patients.

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

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

nembers in real and/or simulated afety and quality improvement activities, are 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 tured chain of responsibility and upervision of all patient care.

ate medical education provides safe res each fellow's development of the quired to enter the unsupervised res 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 tured chain of responsibility and upervision of all patient care.

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teleo
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the	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 teled
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pati the fellow and the supervising physic patient care through appropriate teled
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. The program must define when physical presence of a supervising	[None]	Oversight The supervising physician is available procedures/encounters with feedback The program must define when physi
VI.A.2.c)		6.8.	physician is required. (Core)

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

t the appropriate level of supervision in h fellow's level of training and ability, cuity. Supervision may be exercised propriate to the situation. (Core)

ervision while providing for graded ogram must use the following

cally present with the fellow during the on.

atient is not physically present with ician is concurrently monitoring the lecommunication technology.

cally present with the fellow during the on.

atient is not physically present with ician is concurrently monitoring the ecommunication technology.

cally present with the fellow during the on.

atient is not physically present with ician is concurrently monitoring the ecommunication technology.

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

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

Roman Numeral Requirement Number	Boguiroment Lenguage	Reformatted	Boguiromon
Number	Requirement Language	Requirement Number	
	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each		The privilege of progressive authority independence, and a supervisory role
	fellow must be assigned by the program director and faculty members.		fellow must be assigned by the progr
VI.A.2.d)	(Core)	6.9.	(Core)
	The program director must evaluate each fellow's abilities based on		The program director must evaluate e
VI.A.2.d).(1)	specific criteria, guided by the Milestones. (Core)	6.9.a.	specific criteria, guided by the Milesto
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as supe
	portions of care to fellows based on the needs of the patient and the skills		portions of care to fellows based on t
VI.A.2.d).(2)	of each fellow. (Core)	6.9.b.	of each fellow. (Core)
	Follows chould come in a comemic and reals to invite follows and realdents		Fellows should some in a sumarison
	Fellows should serve in a supervisory role to junior fellows and residents		Fellows should serve in a supervisory
VI A 2 d) (3)	in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	in recognition of their progress towar of each patient and the skills of the in
VI.A.2.d).(3)	of each patient and the skins of the individual resident of fellow. (Detail)	0.9.0.	of each patient and the skins of the in
	Programs must set guidelines for circumstances and events in which		Programs must set guidelines for circ
VI.A.2.e)	fellows must communicate with the supervising faculty member(s). (Core)	6.10.	fellows must communicate with the se
	Each fellow must know the limits of their scope of authority, and the		Each fellow must know the limits of the
	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 mus
\// A O A	the knowledge and skills of each fellow and to delegate to the fellow the	C 44	the knowledge and skills of each fello
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care autho
			Professionalism
			Programs, in partnership with their Sp fellows and faculty members concern
			responsibilities of physicians, includi
			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 Sp
	fellows and faculty members concerning the professional and ethical		fellows and faculty members concern
	responsibilities of physicians, including but not limited to their obligation		responsibilities of physicians, includi
	to be appropriately rested and fit to provide the care required by their	6.40	to be appropriately rested and fit to pr
VI.B.1. VI.B.2.	patients. (Core) The learning objectives of the program must:	6.12. [None]	patients. (Core)
¥1.U.Z.	be accomplished without excessive reliance on fellows to fulfill non-		The learning objectives of the program
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on fellows to fulfill
	······································		The learning objectives of the program
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
			The learning objectives of the program
	include efforts to enhance the meaning that each fellow finds in the		the meaning that each fellow finds in
	experience of being a physician, including protecting time with patients,		including protecting time with patient
	providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6 12 c	promoting progressive independence
VI.B.2.c)	and nexionity, and enhancing professional relationships. (Core)	6.12.c.	professional relationships. (Core)

ty and responsibility, conditional le in patient care delegated to each gram director and faculty members.

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

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

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

rcumstances and events in which supervising faculty member(s). (Core) their scope of authority, and the

ow is permitted to act with conditional

ust be of sufficient duration to assess low and to delegate to the fellow the hority and responsibility. (Core)

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

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

am must be accomplished without fill non-physician obligations. (Core) ram must ensure manageable patient

am must include efforts to enhance n the experience of being a physician, nts, providing administrative support, ce and flexibility, and enhancing

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VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	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, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de 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 f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
	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		Programs, in partnership with their S process for education of fellows and behavior and a confidential process f
VI.B.6.	addressing such concerns. (Core)	6.12.g.	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.		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills to nurtured in the context of other aspec
	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		Fellows and faculty members are at r Programs, in partnership with their S same responsibility to address well-b 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.	[None]	their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
	attention to scheduling, work intensity, and work compression that	C 42 -	attention to scheduling, work intensit
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)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)

p with the Sponsoring Institution, must n that supports patient safety and

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

Sponsoring Institutions, must provide II, and civil environment that is e from discrimination, sexual and other c, 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 ing, and resilient physician and require d outside of medicine. Well-being joy in medicine while managing their d responsibility to support other re important components of s that must be modeled, learned, and bects 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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

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Number	Requirement Language	Requirement Number	Requiremen
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty men
	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to		identification of the symptoms of bur 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 = C + d V (2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(2) VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-s
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fel including but not limited to fatigue, il medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is c work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its s adequate sleep facilities and safe training may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each patient safety, fellow ability, severity illness/condition, and available supp
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sy
VI.E.2.a)	Medical laboratory professionals, members of clinical service teams, and other medical professionals should be included as part of an interprofessional team. (Detail)	6.18.a.	Medical laboratory professionals, memb medical professionals should be include (Detail)
VI.E.2.b)	Fellows must demonstrate the ability to work and communicate with health care professionals to provide effective, patient-focused care. (Outcome)	6.18.b.	Fellows must demonstrate the ability to professionals to provide effective, patier

ent Language embers in: urnout, depression, and substance use ential for violence, including means to conditions; (Core) hemselves and how to seek -screening. (Core) fordable 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 Id procedures in place to ensure e continuity of patient care. (Core) ed without fear of negative 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 port services. (Core)

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

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

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

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VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fro
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 assigr patient care, including their safety, fro
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows 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 Educa 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 t 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 t education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio 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 Educatio Clinical and educational work periods hours of continuous scheduled clinic
	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be	6.22.5	Up to four hours of additional time ma patient safety, such as providing effect fellow education. Additional patient c
VI.F.3.a).(1)	assigned to a fellow during this time. (Core)	6.22.a.	assigned to a fellow during this t

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

gnments to optimize transitions in frequency, and structure. (Core) Sponsoring Institutions, must ensure

nd-off processes to facilitate both v. (Core)

are competent in communicating with ess. (Outcome)

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

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

rk and Education between scheduled clinical work and

rk and Education f between scheduled clinical work and

free of clinical work and educatione)

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

ion Period Length

ds for fellows must not exceed 24 ical assignments. (Core)

ion Period Length

ds for fellows must not exceed 24 ical assignments. (Core)

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

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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)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Pathology will not consider requests for exceptions		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Pathology wi
VI.F.4.c)	to the 80-hour limit to the fellows' work week.	6.24.	to the 80-hour limit to the fellows' work v
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education 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
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the con seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged ove

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

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

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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 Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.F.8.	At-Home Call		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)		At-Home Call Time spent on patient care activities to 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. (Core
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fell

s 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)

s 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)

nt or taxing as to preclude rest or ellow. (Core)