Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Int.A.	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.		Definition of Graduate Medical Educat Fellowship is advanced graduate med residency program for physicians whe practice. Fellowship-trained physician subspecialty care, which may also ind community resource for expertise in t new knowledge into practice, and edu physicians. Graduate medical educati group of physicians brings to medica inclusive and psychologically safe lea Fellows who have completed residend in their core specialty. The prior medi fellows distinguish them from physici care of patients within the subspecial faculty supervision and conditional in serve as role models of excellence, co professionalism, and scholarship. The knowledge, patient care skills, and ex area of practice. Fellowship is an inter- clinical and didactic education that fo of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, f members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, many fellows' skills as physician-scientists. knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient care expertise achieved, fellows develop m infrastructure that promotes collabora

cation

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Definition of Subspecialty		
	Medical microbiology is the subspecialty of pathology concerned primarily with the laboratory diagnosis, treatment, and control of infectious diseases. Practitioners of medical microbiology provide: medical, scientific, and administrative direction for diagnostic microbiology laboratories; consultations regarding the pathologic/microbiologic diagnosis of infectious diseases; and		Definition of Subspecialty Medical microbiology is the subspecialt the laboratory diagnosis, treatment, and Practitioners of medical microbiology pl administrative direction for diagnostic m regarding the pathologic/microbiologic d
	clinical consultations regarding the selection and interpretation of medical microbiology tests. In addition to these activities, medical microbiologists may direct the infection control program of a health care organization, and participate in or direct an antibiotic stewardship committee to optimize the wise use of		clinical consultations regarding the sele microbiology tests. In addition to these direct the infection control program of a in or direct an antibiotic stewardship co
Int.B.	antimicrobial agents and minimize the emergence of resistance toward these compounds.	[None]	antimicrobial agents and minimize the e compounds.
пц.В.			
Int.C.	Length of Educational Program The educational program in medical microbiology must be 12 months in length.	4.1.	Length of Program The educational program in medical mic (Core)
III	(Core) Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the		Sponsoring Institution The Sponsoring Institution is the org
	ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the		ultimate financial and academic resp medical education consistent with th When the Sponsoring Institution is n
I.A.	most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	most commonly utilized site of clinic primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by Institution. (Core)
	Participating Sites A participating site is an organization providing educational experiences		Participating Sites A participating site is an organization
I.B.	or educational assignments/rotations for fellows.	[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)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1 3	There must be a program letter of ag and each participating site that gove program and the participating site pr
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 clinic at all participating sites. (Core)

alty of pathology concerned primarily with nd control of infectious diseases. provide: medical, scientific, and microbiology laboratories; consultations c diagnosis of infectious diseases; and election and interpretation of medical e activities, medical microbiologists may a health care organization and participate committee to optimize the wise use of e emergence of resistance toward these

nicrobiology must be 12 months in length.

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

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

every 10 years. (Core) designated institutional official (DIO).

ical learning and working environment

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is accoust site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	At the primary clinical site, the program must provide each fellow with:	1.8.a.	At the primary clinical site, the program
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 he systems, electronic health records, and
I.D.1.a).(3)	photomicroscopy and gross imaging technology for fellows; and, (Core)	1.8.a.3.	photomicroscopy and gross imaging tec
I.D.1.a).(4)	access to updated teaching materials, such as interesting case files and archived conference materials, or study sets, such as glass slides and virtual study sets, encompassing the core curriculum areas of anatomic and/or clinical pathology, as matches the program's specialty concentration. (Core)	1.8.a.4.	access to updated teaching materials, so archived conference materials, or study study sets, encompassing the core curri- pathology, as matches the program's sp
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 roc patient care-related teaching, educations 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 in a timely manner. (Core)	1.8.c.1.	Clinical material must be indexed so as a timely manner. (Core)
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 requ provide access to the results of referenc performed at the primary clinical site and

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

any additions or deletions of ng an educational experience, required e 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)

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

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

n must provide each fellow with:

hospital and laboratory information d the internet; (Core)

echnology for fellows; and, (Core)

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

ooms, 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 in

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

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requirement
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 approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in print include access to electronic medical I capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and 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

Sponsoring Institution, must ensure ng environments that promote fellow

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

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

priate to the participating site; and,

sabilities consistent with the re)

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

sonnel

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

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

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

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

tor resides with the Review Committee.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.2.a)	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)	2.3.a.	Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direc director and one or more associate (or a
II.A.2.a).(1)	Programs with up to four approved fellow positions must be provided with a minimum of 10 percent time. Programs with five or six approved fellow positions must be provided with a minimum of 20 percent time. Programs with seven or more approved fellow positions must be provided with a minimum of 20 percent time and an additional 0.5 percent time for each approved position. (Core)	2.3.a.1.	Programs with up to four approved fellow minimum of 10 percent time. Programs with a minimum of 20 more approved fellow positions must be time and an additional 0.5 percent time f
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Directo 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 Directo The program director must possess s qualifications acceptable to the Revie
	must include current certification in the subspecialty for which they are the program director by the American Board of Pathology (ABPath) or subspecialty qualifications that are acceptable to the Review Committee; and, (Core)		The program director must possess of subspecialty for which they are the pr Board of Pathology (ABPath) or subsp acceptable to the Review Committee.
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.A.3.c)	must include at least three years of active participation as a specialist in medical microbiology following completion of all graduate medical education. (Core)	2.4.b.	The program director must possess at le a specialist in medical microbiology follo education. (Core)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)

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

low 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)

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

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

least three years of active participation as lowing completion of all graduate medical

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

e model of professionalism. (Core)

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

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

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	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 con develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core)
	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
	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)
	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when acti- not to promote, or renew the appointm
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)
	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request, v
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide an interview with information related to t specialty board examination(s). (Core

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

e authority to remove fellows from 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

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

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

n a non-competition guarantee or

nt verification of education for all not or departure from the program.

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

applicants who are offered an their eligibility for the relevant re)

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

al element of graduate medical fellows how to care for patients. tant bridge allowing fellows to grow ng that patients receive the highest Is for future generations of physicians mmitment to excellence in teaching and a dedication to lifelong learning. ride and joy of fostering the growth and The care they provide is enhanced by I exemplary behavior. By employing a faculty members, through the 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 rvision to promote patient safety. re learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

e faculty must include at least one core pertise in medical microbiology with either he ABPath or qualifications acceptable to

lels of professionalism. (Core)

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

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

and maintain an educational

ng fellows. (Core)

articipate in organized clinical , and conferences. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	pursue faculty development designed to enhance their skills at least		
II.B.2.f)	annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.2.g)	devote at least 20 hours per week in aggregate to fellowship-related clinical work and teaching. (Core)	2.7.f.	Faculty members must devote at least 2 fellowship-related clinical work and teac
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
	Faculty members must have appropriate qualifications in their field and		Faculty Qualifications Faculty members must have appropri
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 memb 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 F certifying board of the American Osteop there is no AOA board that offers certific
II.B.3.b).(1).(a)	Core physician faculty members who are not currently certified in medical microbiology must have either completed a medical microbiology fellowship or have three years of practice experience in the subspecialty. (Core)	2.9.b.	Core physician faculty members who are microbiology must have either complete 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 Association (AOA) certifying board, o acceptable to the Review Committee.
	Core Faculty		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 members must have a si 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.	
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the (Core)
II.B.4.b)	There must be at least two core faculty members, one of whom must be the program director. (Core)	2.10.b.	There must be at least two core faculty r program director. (Core)
II.B.4.b).(1)	At least one core faculty member must be certified in medical microbiology by the ABPath. (Core)	2.10.b.1.	At least one core faculty member must to the ABPath. (Core)

Ity development designed to enhance

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

oriate qualifications in their field and ntments. (Core)

priate qualifications in their field and intments. (Core)

nbers

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

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

are not currently certified in medical eted a medical microbiology fellowship or ce in the subspecialty. (Core)

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

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

e annual ACGME Faculty Survey.

y members, one of whom must be the

t be certified in medical microbiology by

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

tor. (Core)

tor. (Core)

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

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

: 1-3 | Minimum Support Required (FTE):

4-9 | Minimum Support Required (FTE):

10 or more | Minimum Support Required

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

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

ip Programs

entry into ACGME-accredited fellowship ACGME-accredited residency program, am, a program with ACGME Specialty Accreditation, or a Royal as of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency

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

er Requirement Language	Reformatted Requirement Number	Requiremer
		Prior to appointment in the program, fel
		 successful completion of at least two y pathology residency that satisfies the residency that satisfies the residency that satisfies the residence of the satisfies the sa
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. (Core)
		Prior to appointment in the program, fell
		 successful completion of at least two years pathology residency that satisfies the residency the residency that satisfies the residency the resi
successful completion of at least two years of clinical pathology education in a pathology residency that satisfies the requirements in III.A.1.; or, (Core)	3.2.a.1.	•certification or eligibility for certification certifying board of the AOA. (Core)
		Prior to appointment in the program, fell
		 successful completion of at least two years pathology residency that satisfies the residency the residency that satisfies the residency the resi
certification or eligibility for certification by a member board of the ABMS or a certifying board of the AOA. (Core)	3.2.a.1.	•certification or eligibility for certification certifying board of the AOA. (Core)
Fellow Eligibility Exception		Fellow Eligibility Exception
The Review Committee for Pathology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	The Review Committee for Pathology the fellowship eligibility requirements
An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the		An ACGME-accredited fellowship pro qualified international graduate appli eligibility requirements listed in 3.2, b
following additional qualifications and conditions: (Core)	3.2.b.1.	additional qualifications and condition
review of the summative evaluations of training in the core specialty; and,		evaluation by the program director and the applicant's suitability to enter the review of the summative evaluations
(Core) review and approval of the applicant's exceptional qualifications by the	3.2.D.1.a.	(Core) review and approval of the applicant'
GMEC; and, (Core)	3.2.b.1.b.	GMEC; and, (Core) verification of Educational Commissi
(ECFMG) certification. (Core)	3.2.b.1.c.	(ECFMG) certification. (Core)
Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Cor of matriculation. (Core)
	Prior to appointment in the program, fellows must have one of the following: successful completion of at least two years of clinical pathology education in a pathology residency that satisfies the requirements in III.A.1.; or, (Core) certification or eligibility for certification by a member board of the ABMS or a certifying board of the AOA. (Core) Fellow Eligibility Exception The Review Committee for Pathology will allow the following exception to the fellowship eligibility requirements: 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) 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) verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	Prior to appointment in the program, fellows must have one of the following: 3.2.a.1. successful completion of at least two years of clinical pathology education in a pathology residency that satisfies the requirements in III.A.1; or, (Core) 3.2.a.1. certification or eligibility for certification by a member board of the ABMS or a certifying board of the AOA. (Core) 3.2.a.1. Fellow Eligibility Exception 3.2.a.1. The Review Committee for Pathology will allow the following exception to the fellowship eligibility requirements: 3.2.a.1. An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements: 3.2.b.1. An ACGME-accredited fellowship program may accept an exceptionally evaluation by the program director and fellowship selection committee of the applicant's evaluations of training in the core specially; and, (Core) 3.2.b.1. review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core) 3.2.b.1.a. review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core) 3.2.b.1.a. review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core) 3.2.b.1.a. verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core) 3.2.b.1.c.

- ellows must have one of the following:
- years of clinical pathology education in a requirements in 3.2.; or, (Core)
- on by a member board of the ABMS or a
- ellows must have one of the following:
- years of clinical pathology education in a requirements in 3.2.; or, (Core)
- on by a member board of the ABMS or a
- ellows must have one of the following:
- years of clinical pathology education in a requirements in 3.2.; or, (Core)
- on by a member board of the ABMS or a
- y will allow the following exception to nts:
- brogram may accept an exceptionally plicant who does not satisfy the 2, 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
- ssion for Foreign Medical Graduates
- exception must have an evaluation of ompetency Committee within 12 weeks

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requiremen
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a matriculation. (Core)
IV.	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program. The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	Section 4: Educational Program The ACGME accreditation system is of and innovation in graduate medical e organizational affiliation, size, or local The educational program must suppor knowledgeable, skillful physicians will 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.
	Educational Components		Educational Components
IV.A. IV.A.1.	The curriculum must contain the following educational components: a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2. 4.2.a.	The curriculum must contain the follo a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow I Experiences Fellows must be provided with protec didactic activities. (Core)

pint more fellows than approved by the

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

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:

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

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

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

yond direct patient care; and, (Core)

/ Experiences – Didactic and Clinical

ected time to participate in core

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	formal educational activities that promote patient safety-related goals,		formal educational activities that pro
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in:	[None]	
IV.B.1.b).(1).(a).(i)	independently evaluating and addressing patient care issues identified by medical and laboratory staff members relating to medical microbiology, infectious diseases, and epidemiology; (Core)	4.4.a.	Fellows must demonstrate competence addressing patient care issues identified members relating to medical microbiolog epidemiology. (Core)
IV.B.1.b).(1).(a).(ii)	interpreting results of assays performed in the medical microbiology laboratory; (Core)	4.4.b.	Fellows must demonstrate competence performed in the medical microbiology la
IV.B.1.b).(1).(a).(ii)	interpreting and correlating the clinical status of a patient with the results of medical microbiology testing; and, (Core)	4.4.c.	Fellows must demonstrate competence clinical status of a patient with the result
IV.B.1.b).(1).(a).(iv)	providing appropriate and effective patient care consultations to physicians and other health professionals, both intra- and inter-departmentally. (Core)	4.4.d.	Fellows must demonstrate competence patient care consultations to physicians intra- and inter-departmentally. (Core)
IV.B.1.b).(1).(a).(iv).(a)	Consultations should include providing medical advice on specimen selection, collection, transport, and the diagnosis, treatment, and control of infectious diseases. (Detail)	4.4.d.1.	Consultations should include providing r collection, transport, and the diagnosis, diseases. (Detail)
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
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in performing procedures, including: (Core)	4.5.a.	Fellows must demonstrate competence (Core)

romote patient safety-related goals,

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

GME Competencies into the curriculum.

nalism

itment to professionalism and an ore)

re

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

ce in independently evaluating and ed by medical and laboratory staff logy, infectious diseases, and

ce in interpreting results of assays / laboratory. (Core)

ce in interpreting and correlating the ults of medical microbiology testing. (Core)

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

medical advice on specimen selection, treatment, and control of infectious

Skills

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

ce in performing procedures, including:

Roman Numeral Requirement Number	. Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(2).(a).(i)	culture examination using biochemical, mass spectrometry, and other methods of identification and characterization, to include antimicrobial susceptibility testing; (Core)	4.5.a.1.	culture examination using biochemical, r of identification and characterization, to testing; (Core)
IV.B.1.b).(2).(a).(ii)	direct microscopic examination of clinical materials, to include light and fluorescence microscopy, for the morphologic diagnosis of infectious diseases; (Core)	4.5.a.2.	direct microscopic examination of clinica fluorescence microscopy, for the morpho (Core)
IV.B.1.b).(2).(a).(iii)	immunologic techniques for the identification and characterization of microorganisms or serologic evidence of infection; and, (Core)	4.5.a.3.	immunologic techniques for the identification microorganisms or serologic evidence or
IV.B.1.b).(2).(a).(iv)	molecular techniques for the identification and characterization of microorganisms. (Core)	4.5.a.4.	molecular techniques for the identification microorganisms. (Core)
IV.B.1.b).(2).(b)	Fellows should participate in performing the patient and laboratory procedures for which they will be expected to supervise ancillary staff members. (Core)	4.5.b.	Fellows should participate in performing for which they will be expected to superv
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate expertise in their knowledge of:	[None]	
IV.B.1.c).(1).(a)	appropriate specimen types, specimen collection procedures, and processing techniques; (Core)	4.6.a.	Fellows must demonstrate expertise in the types, specimen collection procedures, a
IV.B.1.c).(1).(b)	antimicrobial susceptibility testing; immunology; medical bacteriology; molecular testing; mycobacteriology; mycology; parasitology; public health microbiology, including epidemiologic typing as related to infection control; and virology; (Core)	4.6.b.	Fellows must demonstrate expertise in t susceptibility testing; immunology; medie mycobacteriology mycology; parasitolog epidemiologic typing as related to infecti
IV.B.1.c).(1).(c)	budgeting, epidemiology as related to hospital and public health issues, hospital infection control, laboratory safety, personnel supervision, principles of disinfection and sterilization, quality control, and workload accounting; (Core)	4.6.c.	Fellows must demonstrate expertise in t epidemiology as related to hospital and control, laboratory safety, personnel sup sterilization, quality control, and workloa
IV.B.1.c).(1).(d)	identification of organisms in formalin-fixed paraffin-embedded tissue and cytopathology preparations; and, (Core)	4.6.d.	Fellows must demonstrate expertise in to organisms in formalin-fixed paraffin-emb preparations. (Core)
IV.B.1.c).(1).(e)	the role of the microbiology laboratory in the context of the hospital health care system and community medicine, including: (Core)	4.6.e.	Fellows must demonstrate expertise in the microbiology laboratory in the context of community medicine, including: (Core)
IV.B.1.c).(1).(e).(i)	infection control methods to prevent the spread of antimicrobial-resistant microorganisms throughout the hospital and the health care system; (Core)	4.6.e.1.	infection control methods to prevent the microorganisms throughout the hospital
IV.B.1.c).(1).(e).(ii)	interactions of the medical microbiology laboratory with the hospital antibiotic stewardship program or equivalent; (Core)	4.6.e.2.	interactions of the medical microbiology stewardship program or equivalent; (Cor

, mass spectrometry, and other methods o include antimicrobial susceptibility

cal materials, to include light and hologic diagnosis of infectious diseases;

ication and characterization of of infection; and, (Core)

tion and characterization of

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

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

their knowledge of appropriate specimen, and processing techniques. (Core)

a their knowledge of antimicrobial dical bacteriology; molecular testing; ogy; public health microbiology, including ction control; and virology. (Core)

a their knowledge of budgeting, d public health issues, hospital infection upervision, principles of disinfection and bad accounting. (Core)

their knowledge of identification of nbedded tissue and cytopathology

h their knowledge of the role of the of the of the hospital health care system and

ne spread of antimicrobial-resistant al and the health care system; (Core) gy laboratory with the hospital antibiotic Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.c).(1).(e).(iii)	interactions of the medical microbiology laboratory with the public health system for the detection and submission of microorganisms so as to aid in the containment of infectious diseases; and, (Core)	4.6.e.3.	interactions of the medical microbiology for the detection and submission of micro containment of infectious diseases; and,
IV.B.1.c).(1).(e).(iv)	public health implications of specific microorganisms and means for their control. (Core)	4.6.e.4.	public health implications of specific microcontrol. (Core)
IV.B.1.c).(1).(e).(iv).(a)	For tests sent to a reference laboratory facility, fellows should demonstrate knowledge of the methods used to perform the assays and the interpretation of test results. (Core)	4.6.e.4.a.	For tests sent to a reference laboratory factor the methods used to perform test results. (Core)
IV.B.1.c).(2)	Fellows should demonstrate in-depth knowledge of histopathologic and clinical correlation of microbiologic data, activity and pharmacokinetics of antimicrobial agents, microscopic examination of specimens, principles and interpretation of antimicrobial susceptibility testing and antimicrobial assays, specimen collection, and transport and processing. (Core)	4.6.f.	Fellows should demonstrate in-depth kno correlation of microbiologic data, activity agents, microscopic examination of spec antimicrobial susceptibility testing and ar collection, and transport and processing.
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 interperso 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 awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he

y laboratory with the public health system croorganisms so as to aid in the id, (Core)

icroorganisms and means for their

y facility, fellows should demonstrate form the assays and the interpretation of

knowledge of histopathologic and clinical ity and pharmacokinetics of antimicrobial becimens, principles and interpretation of antimicrobial assays, specimen ng. (Core)

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

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

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

Medical Microbiology Crosswalk

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical events. (Core)
			4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Fe The program must provide instructio management if applicable for the sub the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow I The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	There should be one faculty member who is responsible for the educational experience on each rotation to ensure supervisory continuity. (Core)	4.10.a.	There should be one faculty member whet whet we have a second sec
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow The program must provide instructio management if applicable for the sub the signs of substance use disorder.
IV.C.3.	Fellow experiences must be designed to allow appropriate faculty member supervision such that fellows progress to the performance of assigned clinical responsibilities under oversight, as defined in VI.A.2.b).(3), in order to demonstrate their ability to enter the autonomous practice of medical microbiology prior to completion of the program. (Core)	4.11.a.	Fellow experiences must be designed to supervision such that fellows progress to responsibilities under Oversight, as defi to demonstrate their ability to enter the a microbiology prior to completion of the p
IV.C.4.	Fellow experiences must include:	[None]	
IV.C.4.a)	graduated responsibility, including independent diagnoses and decision making; (Core)	4.11.b.	Fellow experiences must include gradua independent diagnoses and decision ma
IV.C.4.b)	supervision of residents and/or other learners; and, (Detail)	4.11.c.	Fellow experiences must include superv (Detail)
IV.C.4.c)	educational activities specific to medical microbiology, review of the medical literature in the subspecialty area, and use of study sets of unusual cases.	4.11.d.	Fellow experiences must include educat microbiology, review of the medical litera of study sets of unusual cases. (Core)

ent Language

Fellow Experiences – Curriculum

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

Fellow Experiences – Didactic and

tected time to participate in core

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

w Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational

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

w Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of er. (Core)

to allow appropriate faculty member s to the performance of assigned clinical efined in the Supervision section, in order e autonomous practice of medical e program. (Core)

luated responsibility, including making. (Core)

ervision of residents and/or other learners.

cational activities specific to medical erature in the subspecialty area, and use

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Fellows must have structured education and experience in the administration,		Fellows must have structured education
	management, and direction of a medical microbiology laboratory, including		management, and direction of a medica
N/ O 5	quality assurance, safety regulations, and use of laboratory and hospital		quality assurance, safety regulations, a
IV.C.5.	information systems. (Core)	4.11.e.	information systems. (Core)
IV.C.6.	Fellows must have experiences providing medical, scientific, and administrative direction in the diagnostic microbiology laboratory. (Core)	4.11.f.	Fellows must have experiences providin direction in the diagnostic microbiology
	Fellows must participate in financial and/or operational decisions relating to the		Fellows must participate in financial and
	diagnosis, management, treatment, control, and prevention of infectious	4 4 4 ~	diagnosis, management, treatment, cor
IV.C.7.	diseases. (Core)	4.11.g.	diseases. (Core)
	The didactic curriculum must include teaching conferences in medical microbiology, journal clubs, and joint conferences within the Pathology		The didactic curriculum must include tea microbiology, journal clubs, and joint co
	Department, as well as with clinical services involved in patient diagnosis and		Department, as well as with clinical serv
IV.C.8.	management utilizing medical microbiology. (Core)	4.11.h.	management utilizing medical microbiol
	Fellows must participate in conferences at least once per month on average,		Fellows must participate in conferences
IV.C.8.a)	and must give a minimum of two presentations per year. (Core)	4.11.h.1.	and must give a minimum of two preser
	Didactic topics must include medical microbiology, the infectious disease		Didactic topics must include medical mi
IV.C.8.b)	aspects of pathology, and the clinical and epidemiologic aspects of infectious diseases. (Core)	4.11.h.2.	aspects of pathology, and the clinical ar diseases. (Core)
10.0.0)	Fellows should participate in laboratory quality assurance activities and	4.11.11.2.	Fellows should participate in laboratory
IV.C.9.	inspections. (Detail)	4.11.i.	inspections. (Detail)
	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, pop other programs might choose to utili
IV.D.		[None]	research as the focus for scholarshi
			Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evide consistent with its mission(s) and air
		-	Program Responsibilities
	The program must demonstrate evidence of scholarly activities,		The program must demonstrate evide
IV.D.1.a)	consistent with its mission(s) and aims. (Core)	4.13.	consistent with its mission(s) and air

on and experience in the administration, cal microbiology laboratory, including and use of laboratory and hospital

ding medical, scientific, and administrative y laboratory. (Core)

nd/or operational decisions relating to the ontrol, and prevention of infectious

teaching conferences in medical conferences within the Pathology ervices involved in patient diagnosis and ology. (Core)

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

nicrobiology, the infectious disease and epidemiologic aspects of infectious

ry quality assurance activities and

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

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

dence of scholarly activities, aims. (Core)

dence of scholarly activities, aims. (Core)

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requirement
	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in		The program in partnership with its S adequate resources to facilitate fellow
IV.D.1.b)	scholarly activities. (Core)	4.13.a.	scholarly activities. (Core)
v.b. 1.5)		4.10.a.	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, r textbooks, or case reports •Creation of curricula, evaluation tools electronic educational materials •Contribution to professional committe editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	editorial boards •Innovations in education
IV.D.2.a)	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education	4.14.	Faculty Scholarly Activity Among their scholarly activity, 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, r textbooks, or case reports •Creation of curricula, evaluation tools electronic educational materials •Contribution to professional committe editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fol
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 p peer-reviewed print/electronic resource chapters, textbooks, webinars, service serving as a journal reviewer, journal (Outcome)
	peer-reviewed publication. (Outcome)		
IV.D.2.b).(2)		4.14.a.2.	peer-reviewed publication. (Outcome)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity

nt Language
Sponsoring Institution, must allocate ow and faculty involvement in
rams must demonstrate

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

t safety initiatives	
, review articles, cl	hapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

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

t safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

littees, 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;

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journ 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.a.	•research. (Core)
			Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journa national); (Core)
	evidence based presentations at journal slubs 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.a.	•research. (Core)
			Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journa national); (Core)
			•preparation and submission of articles (Core)
IV.D.3.a).(2)	preparation and submission of articles for peer-reviewed publications; or, (Core)	4.15.a.	•research. (Core)
			Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journa national); (Core)
			•preparation and submission of articles (Core)
IV.D.3.a).(3)	research. (Core)	4.15.a.	•research. (Core)
IV.D.3.b)	Each fellow must participate in research and development or evaluation of new testing methods for medical microbiology, infectious diseases, and/or epidemiology. (Core)	4.15.b.	Each fellow must participate in research testing methods for medical microbiolog epidemiology. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation

arly activity, including at least one of the

rnal clubs or meetings (local, regional, or

es for peer-reviewed publications; or,

arly 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,

arly activity, including at least one of the

rnal clubs or meetings (local, regional, or

es for peer-reviewed publications; or,

ch and development or evaluation of new ogy, infectious diseases, and/or

Medical Microbiology Crosswalk

Roman Numeral	Poquiroment Lenguege	Reformatted Requirement Number	Deminent
Requirement Number	Requirement Language	Number	Requiremen Fellow Evaluation: Feedback and Eva Faculty members must directly obse feedback on fellow performance duri educational assignment. (Core)
V.A.	Fellow Evaluation	5.1.	
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri 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
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
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 eval at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an 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
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinic synthesis of progressive fellow perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their design Competency Committee, must meet documented semi-annual evaluation along the subspecialty-specific Miles
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their design Competency Committee, must assist learning plans to capitalize on their s growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their design Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a surthat includes their readiness to prograpplicable. (Core)

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

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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

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

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

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

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

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requiremen
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's perform by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors neco (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)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competence members, at least one of whom is a c be faculty members from the same pr health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee annual evaluations and advise the pro fellow's progress. (Core)
V.В.	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)

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 lust be used as tools to ensure fellows practice upon completion of the

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

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

with the fellow upon completion of 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

e must determine each fellow's ospecialty-specific Milestones. (Core) e must meet prior to the fellows' semi-

program director regarding each

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Boguiromon
Requirement Number		Number	Requirement
	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical		This evaluation must include a review teaching abilities, engagement with the in faculty development related to their
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
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 pla
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro 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 Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member,		The Program Evaluation Committee m program faculty members, at least on
V.C.1.a)	and at least one fellow. (Core)	5.5.a.	and at least one fellow. (Core)
V.C.1.b) V.C.1.b).(1)	Program Evaluation Committee responsibilities must include: review of the program's self-determined goals and progress toward meeting them; (Core)	[None] 5.5.b.	Program Evaluation Committee respo 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, inclue 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 iden opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee sl prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improve
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)

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 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.

ponsibilities must include guiding luding development of new goals,

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

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

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

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

self-Study and submit it to the DIO.

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requirement
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultimation
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encourage take the certifying examination offered of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wri years, the program's aggregate pass r for the first time must be higher than t programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial writ years, the program's aggregate pass r for the first time must be higher than t programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the bott that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bott that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specifi an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g

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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen
			Section 6: The Learning and Working
	The Learning and Working Environment		
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environme Fellowship education must occur in the environment that emphasizes the follow
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, ar patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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ne students, residents, fellows, faculty ealth 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)

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

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

Roman Numeral		Reformatted Requirement	
Requirement Number	r Requirement Language	Number	Requiremen
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mer interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation
VI.A. I.a).(2).(D)	Quality Metrics	0.0.	
VI.A.1.a).(3)	Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient po
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a)	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 professional growth.	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requis practice of medicine; and establishes professional growth.
	Fellows and faculty members must inform each patient of their respective		Fellows and faculty members must in roles in that patient's care when provi
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.

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

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

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

ultimately responsible for the care of in the responsibility and provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and pervision of all patient care.

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

ultimately responsible for the care of in the responsibility and provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and pervision of all patient care.

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Fellows and faculty members must in roles in that patient's care when prov
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.	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.
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teleo
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teleo
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teleo
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)

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

t the appropriate level of supervision in th 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 ecommunication technology.

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.

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

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

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requiremen
	The privilege of progressive authority and responsibility, conditional		The privilege of progressive authority
	independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.		independence, and a supervisory role 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 of
VI.A.2.d).(1)	specific criteria, guided by the Milestones. (Core)	6.9.a.	specific criteria, guided by the Milest
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as 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)
	Fellows should serve in a supervisory role to junior fellows and residents		Fellows should serve in a supervisor
	in recognition of their progress toward independence, based on the needs		in recognition of their progress toward
VI.A.2.d).(3)	of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	of each patient and the skills of the ir
	Programs must set guidelines for circumstances and events in which		Programs must set guidelines for cire
VI.A.2.e)	fellows must communicate with the supervising faculty member(s). (Core)	6.10.	fellows must communicate with the s
	Each fellow must know the limits of their scope of authority, and the		Each fellow must know the limits of t
	circumstances under which the fellow is permitted to act with conditional		circumstances under which the fellow
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)
	Faculty supervision assignments must be of sufficient duration to assess		Faculty supervision assignments mu
	the knowledge and skills of each fellow and to delegate to the fellow the		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 auth
			Professionalism
			Programs, in partnership with their S
			fellows and faculty members concern
			responsibilities of physicians, includ to be appropriately rested and fit to p
VI.B.	Professionalism	6.12.	patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their S
	fellows and faculty members concerning the professional and ethical		fellows and faculty members concern
	responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their		responsibilities of physicians, includ
VI.B.1.	patients. (Core)	6.12.	to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
			The learning of the Color
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non-	6.12.a.	The learning objectives of the progra excessive reliance on fellows to fulfil
v1.D.2.aj	physician obligations; (Core)	U. 12.a.	The learning objectives of the progra
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
			The learning objectives of the progra
	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, providing administrative support, promoting progressive independence		including protecting time with patient promoting progressive independence
VI.B.2.c)	and flexibility, and enhancing professional relationships. (Core)	6.12.c.	professional relationships. (Core)

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

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

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

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

ircumstances and events in which supervising faculty member(s). (Core) f their scope of authority, and the ow is permitted to act with conditional

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 to 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)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)
	 Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share 		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 aspect Fellows and faculty members are at r Programs, in partnership with their Sp same responsibility to address well-b competence. Physicians and all mem
VI.C.	responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (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, fe 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 ad 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

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

Roman Numeral	Densingen ut have been and	Reformatted Requirement	
Requirement Number		Number	Requiremen
	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their		Fellows must be given the opportunit and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
Thermay	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (0
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fell
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient	C 4 4	appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	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 of
V1.0.2.a)	These policies must be implemented without fear of negative	0.14.a.	These policies must be implemented
	consequences for the fellow who is or was unable to provide the clinical		consequences for the fellow who is o
VI.C.2.b)	work. (Core)	6.14.b.	work. (Core)
- /			Fatigue Mitigation
			Programs must educate all fellows ar
			the signs of fatigue and sleep depriva
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
			Fatigue Mitigation
	Programs must educate all fellows and faculty members in recognition of		Programs must educate all fellows ar
	the signs of fatigue and sleep deprivation, alertness management, and		the signs of fatigue and sleep depriva
VI.D.1.	fatigue mitigation processes. (Detail)	6.15.	fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
	adequate sleep facilities and safe transportation options for fellows who	0.40	adequate sleep facilities and safe tran
VI.D.2.	may be too fatigued to safely return home. (Core)	6.16.	may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		
	The clinical responsibilities for each fellow must be based on PGY level,		Clinical Responsibilities The clinical responsibilities for each t
	patient safety, fellow ability, severity and complexity of patient		patient safety, fellow ability, severity
VI.E.1.	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available suppo
	Teamwork		
			Teamwork
	Fellows must care for patients in an environment that maximizes		Fellows must care for patients in an e
	communication and promotes safe, interprofessional, team-based care in		communication and promotes safe, ir
VI.E.2.	the subspecialty and larger health system. (Core)	6.18.	the subspecialty and larger health sys

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

mbers 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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	. Requirement Language	Reformatted Requirement Number	Requirement
VI.E.2.a)	Epidemiologists, infection prevention practitioners, medical laboratory professionals, members of clinical service teams, pharmacists, and other medical professionals should be included as part of an interprofessional team. (Detail)	6.18.a.	Epidemiologists, infection prevention pra professionals, members of clinical servic medical professionals should be include (Detail)
VI.E.2.b)	Fellows must demonstrate the ability to work and communicate with health care professionals to provide effective, patient-focused care. (Outcome)	6.18.b.	Fellows must demonstrate the ability to v professionals to provide effective, patien
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac
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 b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on thes
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

vractitioners, medical laboratory vice teams, pharmacists, and other led as part of an interprofessional team.

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

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

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

Sponsoring Institutions, must ensure and-off processes to facilitate both 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.

icational 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 f between scheduled clinical work and

rk and Education f between scheduled clinical work and

e) free of clinical work and education

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)

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Roman Numeral		Requirement	
Requirement Number	Requirement Language	Number	Requirement
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
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effe fellow education. Additional patient c assigned to a fellow during this time.
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give 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 o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee for Pathology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Pathology wi to the 80-hour limit to the fellows' work w
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
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 t goals and objectives of the education with the fellow's fitness for work nor o
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 cont seven requirements. (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)

Exceptions

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

Exceptions

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

ducation must be counted toward the

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

will not consider requests for exceptions a week.

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
<u> </u>	Maximum In-House On-Call Frequency		Maximum In-House On-Call Frequenc
VI.F.7.	Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	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-to the requirement for one day in seven when averaged over four weeks. (Core
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities to count toward the 80-hour maximum w home call is not subject to the every-to 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

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