Roman Numeral			
Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
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 Educa Fellowship is advanced graduate mea residency program for physicians wh practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and edu physicians. Graduate medical educat group of physicians brings to medica inclusive and psychologically safe le Fellows who have completed residen in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecia faculty supervision and conditional in serve as role models of excellence, c professionalism, and scholarship. Th knowledge, patient care skills, and ex area of practice. Fellowship is an inte 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, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient car expertise achieved, fellows develop m infrastructure that promotes collabor

cation

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Int.B.	Definition of Subspecialty	[None]	Definition of Subspecialty Dermatopathology is the subspecialty of concerned with the study and diagnosis mucous membranes, cutaneous append tissues by histological, histochemical, im and microbiological techniques. Graduate medical education programs ir education in all current aspects of derma laboratory procedures, laboratory manage
Int.B.1.	Dermatopathology is the subspecialty of dermatology and pathology that is concerned with the study and diagnosis of diseases of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissues by histological, histochemical, immunological, ultrastructural, molecular, and microbiological techniques.	[None]	Definition of Subspecialty Dermatopathology is the subspecialty of concerned with the study and diagnosis mucous membranes, cutaneous append tissues by histological, histochemical, im and microbiological techniques. Graduate medical education programs ir education in all current aspects of derma laboratory procedures, laboratory manage
Int.B.2.	Graduate medical education programs in dermatopathology provide organized education in all current aspects of dermatopathology, including basic science, laboratory procedures, laboratory management, and quality assurance.	[None]	Definition of Subspecialty Dermatopathology is the subspecialty of concerned with the study and diagnosis mucous membranes, cutaneous append tissues by histological, histochemical, im and microbiological techniques. Graduate medical education programs ir education in all current aspects of derma laboratory procedures, laboratory manag
Int.C.	Length of Educational Program The educational program in dermatopathology must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in dermatopath (Core)
	Oversight	Section 1	Section 1: Oversight

of dermatology and pathology that is is of diseases of the skin and adjacent ndages, hair, nails, and subcutaneous immunological, ultrastructural, molecular,

in dermatopathology provide organized natopathology, including basic science, agement, and quality assurance.

of dermatology and pathology that is is of diseases of the skin and adjacent ndages, hair, nails, and subcutaneous immunological, ultrastructural, molecular,

in dermatopathology provide organized natopathology, including basic science, agement, and quality assurance.

of dermatology and pathology that is is of diseases of the skin and adjacent ndages, hair, nails, and subcutaneous immunological, ultrastructural, molecular,

in dermatopathology provide organized natopathology, including basic science, agement, and quality assurance.

athology must be 12 months in length.

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement
	Sponsoring Institution		Sponsoring Institution
	The Sponsoring Institution is the organization or entity that assumes the		The Sponsoring Institution is the orga
	ultimate financial and academic responsibility for a program of graduate		ultimate financial and academic respo
	medical education consistent with the ACGME Institutional Requirements.		medical education consistent with the
	When the Sponsoring Institution is not a rotation site for the program, the		When the Sponsoring Institution is no
	most commonly utilized site of clinical activity for the program is the		most commonly utilized site of clinica
I.A.	primary clinical site.	[None]	primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by c
I.A.1.	Institution. (Core)	1.1.	Institution. (Core)
	Participating Sites		
	A participating site is an organization providing advectional experiences		Participating Sites
I.B.	A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	A participating site is an organization or educational assignments/rotations
	The program, with approval of its Sponsoring Institution, must designate a		The program, with approval of its Spo
I.B.1.	primary clinical site. (Core)	1.2.	primary clinical site. (Core)
	The Sponsoring Institution should also sponsor an Accreditation Council for		The Sponsoring Institution should also s
	Graduate Medical Education (ACGME)-accredited residency in dermatology		Graduate Medical Education (ACGME)-a
	and an ACGME-accredited residency in anatomic pathology (AP-3) or anatomic	1.0 -	and an ACGME-accredited residency in
I.B.1.a)	and clinical pathology (APCP-4). (Core)	1.2.a.	and clinical pathology (APCP-4). (Core)
	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the		There must be a program letter of agr and each participating site that gover
I.B.2.	program and the participating site providing a required assignment. (Core)	1.3.	program and the participating site that gover
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 even
			The PLA must be approved by the dea
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
. – .	The program must monitor the clinical learning and working environment		The program must monitor the clinica
I.B.3.	at all participating sites. (Core)	1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated		At each participating site there must
I.B.3.a)	by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	by the program director, who is accousite, in collaboration with the program
	The program director must submit any additions or deletions of		The program director must submit an
	participating sites routinely providing an educational experience, required		participating sites routinely providing
	for all fellows, of one month full time equivalent (FTE) or more through the		for all fellows, of one month full time
I.B.4.	ACGME's Accreditation Data System (ADS). (Core)	1.6.	ACGME's Accreditation Data System
	The program, in partnership with its Sponsoring Institution, must engage		Workforce Recruitment and Retention
	in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of		The program, in partnership with its S in practices that focus on mission-dri
	residents (if present), fellows, faculty members, senior administrative		and retention of a diverse and inclusi
		1	
	GME staff members, and other relevant members of its academic		present), fellows, faculty members, se

ganization or entity that assumes the ponsibility for a program of graduate he ACGME Institutional Requirements.

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

sponsor an Accreditation Council for)-accredited residency in dermatology n anatomic pathology (AP-3) or anatomic e)

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

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

cal learning and working environment

t be one faculty member, designated ountable 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 n (ADS). (Core)

on

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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)	The program must provide a sufficient volume and variety of dermatopathology specimens representing the breadth of dermatopathology (at least 5,000 new accessions per fellow per year). (Core)	1.8.a.	The program must provide a sufficient version specimens representing the breadth of caccessions per fellow per year). (Core)
I.D.1.b)	The program must provide each fellow a designated work area, microscope, and computer with internet access. (Core)	1.8.b.	The program must provide each fellow a and computer with internet access. (Cor
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, if the fellows are assigned in-house call; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate are assigned in-house call; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and 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 he not limited to residents from other pro advanced practice providers, must no fellows' education. (Core)
И.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini

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

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

volume and variety of dermatopathology dermatopathology (at least 5,000 new

a designated work area, microscope, pre)

Sponsoring Institution, must ensure ng environments that promote fellow

rest facilities available and accessible te for safe patient care, if the fellows

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 I literature databases with full text

sonnel

health care personnel, including but programs, subspecialty fellows, and not negatively impact the appointed

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applica must be provided with support adequ based upon its size and configuration
II.A.2.a)	At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. (Core)	2.3.a.	At a minimum, the program director must dedicated minimum of 0.2 FTE for admited minimum of 0
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a).(1)	The program director must have at least three years of post-fellowship experience in resident or fellow education. (Core)	2.4.b.	The program director must have at least experience in resident or fellow education
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Dermatology or American Board of Pathology or by the American Osteopathic Board of Dermatology or American Osteopathic Board of Pathology, or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess of subspecialty for which they are the po- Board of Dermatology or American Board Osteopathic Board of Dermatology or A Pathology, or subspecialty qualification Committee. (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 missi
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)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learn the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G

nt Language
able, the program's leadership team, quate for administration of the program on. (Core)
ust be provided with support equal to a ninistration of the program. (Core)
tor: subspecialty expertise and iew Committee. (Core)
tor subspecialty expertise and iew Committee. (Core)
st three years of post-fellowship tion. (Core)
current certification in the program director by the American bard of Pathology or by the American r American Osteopathic Board of ions that are acceptable to the Review
ions that are acceptable to the Neview

ponsibility, 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

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

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity t mistreatment, and provide feedback appropriate, without fear of intimidat
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure th Sponsoring Institution's policies and and due process, including when act not to promote, or renew the appoint
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure th Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must documen fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide v education upon the fellow's request,
	 Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. 		Faculty 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, common patient care, professionalism, and a Faculty members experience the price development of future colleagues. The the opportunity to teach and model es scholarly approach to patient care, fa graduate medical education system, and the population. Faculty members ensure that patient from a specialist in the field. They react the patients, fellows, community, and provide appropriate levels of supervise
II.B.	Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	Faculty members create an effective professional manner and attending t 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.2	Faculty members must:	[None]	

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

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

the program's compliance with the non-

in a non-competition guarantee or

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

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

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

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

of faculty members with competence to Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and environment conducive to educating t
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly partidiscussions, rounds, journal clubs, ar
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue faculty their skills. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropria hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropriate hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Dermatology or American Board of Pathology or the American Osteopathic Board of Dermatology or American Osteopathic Board of Pathology, or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty member the subspecialty by the American Boar of Pathology or the American Osteopat Osteopathic Board of Pathology, or pose acceptable to the Review Committee.
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 to Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)		Core Faculty Core faculty members must have a sig supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)
II.B.4.b)	The program must maintain a ratio of at least one core faculty member to each fellow appointed to the program. (Core)	2.10.a. 2.10.b.	The program must maintain a ratio of at fellow appointed to the program. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be administrative support

els of professionalism. (Core)

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

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

nd maintain an educational g fellows. (Core)

rticipate in organized clinical

and conferences. (Core)

ty development designed to enhance

riate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

nbers

abers must have current certification in oard of Dermatology or American Board oathic Board of Dermatology or American ossess qualifications judged e. (Core)

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

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

e annual ACGME Faculty Survey.

at least one core faculty member to each

ort for program coordination. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Program Coordinator
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	There must be administrative support
II.C.1.a)	The program coordinator must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. (Core)	2.11.a.	The program coordinator must be provid minimum of 0.2 FTE for administration o
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)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency		Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an A
III.A.1.	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.	an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Cana program located in Canada. (Core)
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 fie CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the program, fellows must have successfully completed a residency that satisfies the requirements in III.A.1. in dermatology, anatomic pathology (AP-3), or anatomic and clinical pathology (APCP-4). (Core)	3.2.a.1.	Prior to appointment in the program, fello a residency that satisfies the requirement pathology (AP-3), or anatomic and clinic
III.A.1.c)	Fellow Eligibility Exception The Review Committees for Dermatology and Pathology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Dermatolog following exception to the fellowship
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate applic eligibility requirements listed in 3.2., t following additional qualifications and
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissio (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)

ort for program coordination. (Core)

vided with support equal to a dedicated of the program. (Core)

Sponsoring Institution, must jointly personnel for the effective

p Programs

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

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

ellows must have successfully completed ents in 3.2. in dermatology, anatomic lical pathology (APCP-4). (Core)

ogy and Pathology will allow the peligibility requirements:

rogram may accept an exceptionally licant who does not satisfy the , but who does meet all of the nd conditions: (Core)

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Fellow Complement		
			Fellow Complement
	The program director must not appoint more fellows than approved by the		The program director must not appoi
III.B.	Review Committee. (Core)	3.3.	Review Committee. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence		The ACGME accreditation system is a
	and innovation in graduate medical education regardless of the		and innovation in graduate medical e
	organizational affiliation, size, or location of the program.		organizational affiliation, size, or loca
	The educational program must support the development of		The educational program must suppo
	knowledgeable, skillful physicians who provide compassionate care.		knowledgeable, skillful physicians wi
	It is recognized that programs may place different emphasis on research,		It is recognized that programs may pl
	leadership, public health, etc. It is expected that the program aims will		leadership, public health, etc. It is exp
	reflect the nuanced program-specific goals for it and its graduates; for		reflect the nuanced program-specific
	example, it is expected that a program aiming to prepare physician-		example, it is expected that a program
N 7	scientists will have a different curriculum from one focusing on		scientists will have a different curricu
IV.	community health.	Section 4	community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
	a set of program aims consistent with the Sponsoring Institution's		a set of program aims consistent with
	mission, the needs of the community it serves, and the desired distinctive		mission, the needs of the community
	capabilities of its graduates, which must be made available to program		capabilities of its graduates, which m
IV.A.1.	applicants, fellows, and faculty members; (Core)	4.2.a.	applicants, fellows, and faculty memb
	competency-based goals and objectives for each educational experience		competency-based goals and objectiv
	designed to promote progress on a trajectory to autonomous practice in		designed to promote progress on a tr
IV.A.2.	their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.2.	delineation of fellow responsibilities for patient care, progressive	4.2.0.	delineation of fellow responsibilities
	responsibility for patient management, and graded supervision in their		responsibility for patient managemen
IV.A.3.	subspecialty; (Core)	4.2.c.	subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
			Curriculum Organization and Fellow I
			Experiences
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Fellows must be provided with protect didactic activities. (Core)
iv.raj	formal educational activities that promote patient safety-related goals,	7.11.	formal educational activities that pro
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
· • // ٦ · • •			

oint more fellows than approved by the

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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

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

yond direct patient care; and, (Core)

v Experiences – Didactic and Clinical

ected time to participate in core

romote patient safety-related goals,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 e trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care an refining the other competencies acquired
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACG
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitr adherence to ethical principles. (Core
/ IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in reviewing and diagnosing dermatopathological specimens; and, (Core)	4.4.a.	Fellows must demonstrate competence dermatopathological specimens. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in diagnosing skin disorders by direct inspection and microscopy using special stains, immunohistochemistry, and immunofluorescence. (Core)	4.4.b.	Fellows must demonstrate competence inspection and microscopy using specia immunofluorescence. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for
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 proficiency in dermatopathology, including the related basic sciences and laboratory and clinical sciences, through application to their practice, as well as performance on objective exams. (Core)	4.6.a.	Fellows must demonstrate proficiency in related basic sciences and laboratory ar to their practice, as well as performance
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 assimilat continuously improve patient care ba lifelong learning. (Core)

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

GME Competencies into the curriculum.

nalism

itment to professionalism and an pre)

re

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

ce in reviewing and diagnosing e)

ce in diagnosing skin disorders by direct cial stains, immunohistochemistry, and

al Skills

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

nowledge

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

in dermatopathology, including the and clinical sciences, through application ce on objective exams. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with		ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of info
IV.B.1.e)	patients, their families, and health professionals. (Core)	4.8.	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-Bar Fellows must demonstrate an awaren larger context and system of health c social determinants of health, as well other resources to provide optimal he
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	 4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibilitie educational events. (Core) 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protect didactic activities. (Core) 4.12. Curriculum Organization and Fe The program must provide instruction management if applicable for the subst 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)	4.10.	Curriculum Organization and Fellow E The curriculum must be structured to experiences, the length of the experie continuity. These educational experie supervised patient care responsibiliti educational events. (Core)
IV.C.1.a)	Rotations must be of sufficient length to provide a quality educational experience defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Core)	4.10.a.	Rotations must be of sufficient length to experience defined by continuity of patie longitudinal relationships with faculty me and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows the fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structured allows the fellows to function as part of a works together longitudinally with shared improvement. (Core)

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

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

Fellow Experiences – Curriculum

to optimize fellow educational riences, and the supervisory riences include an appropriate blend of ities, clinical teaching, and didactic

Fellow Experiences – Didactic and

ected time to participate in core

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

v Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory iences include an appropriate blend of ities, clinical teaching, and didactic

to provide a quality educational itient care, ongoing supervision, members, and high-quality assessment

red to facilitate learning in a manner that f an effective interprofessional team that ed goals of patient safety and quality

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requirement Language
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow Experiences – Pain Management The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)
IV.C.3.	All fellows must review and diagnose dermatopathology specimens throughout the 12 months of accredited education, and specimens must be equivalent in quantity and quality for all fellows. (Core)	4.11.a.	All fellows must review and diagnose dermatopathology specimens throughout the 12 months of accredited education, and specimens must be equivalent in quantity and quality for all fellows. (Core)
IV.C.3.a)	All dermatopathology fellows must devote four months of their education exclusively to the study of dermatopathology. (Core)	4.11.a.1.	All dermatopathology fellows must devote four months of their education exclusively to the study of dermatopathology. (Core)
IV.C.3.a).(1)	Each dermatopathology fellow must examine at least 5000 dermatopathology specimens, including in-house or referred specimens in the institution's accessions file for which reports are generated. (Core)	4.11.a.1.a.	Each dermatopathology fellow must examine at least 5000 dermatopathology specimens, including in-house or referred specimens in the institution's accessions file for which reports are generated. (Core)
IV.C.3.b)	Fellows who are pathologists must devote 50 percent of the remaining eight months of the program, to education in clinical dermatology provided by the dermatology teaching faculty. (Core)	4.11.a.2.	Fellows who are pathologists must devote 50 percent of the remaining eight months of the program, to education in clinical dermatology provided by the dermatology teaching faculty. (Core)
IV.C.3.b).(1)	Fellows who are pathologists must each examine at least 500 dermatology patients, including children and adults. (Core)	4.11.a.2.a.	Fellows who are pathologists must each examine at least 500 dermatology patients, including children and adults. (Core)
IV.C.3.c)	Fellows who are dermatologists must devote 50 percent of the remaining eight months of the program, to education in anatomic pathology provided by the pathology teaching faculty. (Core)	4.11.a.3.	Fellows who are dermatologists must devote 50 percent of the remaining eight months of the program, to education in anatomic pathology provided by the pathology teaching faculty. (Core)
IV.C.3.c).(1)	Fellows who are dermatologists must each examine at least 500 surgical pathology specimens representing the breadth of dermatopathology. (Core)	4.11.a.3.a.	Fellows who are dermatologists must each examine at least 500 surgical pathology specimens representing the breadth of dermatopathology. (Core)
IV.C.3.d)	Fellows must be exposed to laboratory management. (Core)	4.11.a.4.	Fellows must be exposed to laboratory management. (Core)
IV.C.3.e)	Fellows must be exposed to molecular techniques. (Core)	4.11.a.5.	Fellows must be exposed to molecular techniques. (Core)
IV.C.4.	The didactic curriculum must include regularly scheduled lectures, tutorials, seminars, and conferences. (Core)	4.11.b.	The didactic curriculum must include regularly scheduled lectures, tutorials, seminars, and conferences. (Core)
IV.C.4.a)	Fellows should have instruction which includes the use of and access to study sets and files of usual and unusual cases, as well as other educational resources, including the internet. (Detail)	4.11.b.1.	Fellows should have instruction which includes the use of and access to study sets and files of usual and unusual cases, as well as other educational resources, including the internet. (Detail)
IV.C.4.b)	Surgical pathology conferences should include the review of slide sets of diseases relevant to dermatopathology. (Detail)	4.11.b.2.	Surgical pathology conferences should include the review of slide sets of diseases relevant to dermatopathology. (Detail)
IV.C.4.c)	Fellows should attend relevant clinical dermatology, surgical, pathology, and dermatopathology conferences. (Detail)	4.11.b.3.	Fellows should attend relevant clinical dermatology, surgical, pathology, and dermatopathology conferences. (Detail)
IV.C.5.	All fellows must have clearly defined assignments and increasing responsibility appropriate to their demonstrated competence in dermatopathology. (Core)	4.11.c.	All fellows must have clearly defined assignments and increasing responsibility appropriate to their demonstrated competence in dermatopathology. (Core)
IV.C.6.	All fellows must participate in teaching dermatopathology to dermatology residents and/or pathology residents. (Core)	4.11.d.	All fellows must participate in teaching dermatopathology to dermatology residents and/or pathology residents. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Scholarship		
IV.D.	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science. scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The prograd environment that fosters the acquisiti participation in scholarly activities as Program Requirements. Scholarly act 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, popu other programs might choose to utiliz research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and aim
IV.D.1.b)	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty member involvement in scholarly activities. (Core)	4.13.a.	The program, in partnership with its Spo adequate resources to facilitate fellow ar scholarly activities. (Core)
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity The members of the faculty must actively as by conducting basic or clinical resear journals, and/or speaking at regional or r (Core)
IV.D.2.a)	The members of the faculty must actively participate in scholarly activity, such as by conducting basic or clinical research, publishing in peer-reviewed journals, and/or speaking at regional or national continuing education meetings. (Core)	4.14.	Faculty Scholarly Activity The members of the faculty must actively as by conducting basic or clinical resear- journals, and/or speaking at regional or r (Core)

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

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

dence of scholarly activities, ims. (Core)

dence of scholarly activities, ims. (Core)

oonsoring Institution, must allocate and faculty member involvement in

ely participate in scholarly activity, such arch, publishing in peer-reviewed r national continuing education meetings.

ely participate in scholarly activity, such arch, publishing in peer-reviewed r national continuing education meetings.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program through peer-reviewed publication, faculty members' 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 service as a journal reviewer, journal editorial board member, or editor. (Outcome)	4.14.a.	The program must demonstrate dissemi external to the program through peer-rev participation in grand rounds, posters, w presentations, podium presentations, gra print/electronic resources, articles or put webinars, service on professional comm journal editorial board member, or editor
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Each fellow must participate in scholarly or more manuscripts suitable for submis and/or giving at least one presentation a society meeting on topics relevant to der
IV.D.3.a)	Each fellow must participate in scholarly activity by publishing or preparing one or more manuscripts suitable for submission to a peer-reviewed publication and/or giving at least one presentation at a regional or national professional society meeting on topics relevant to dermatopathology. (Outcome)	4.15.	Fellow Scholarly Activity Each fellow must participate in scholarly or more manuscripts suitable for submis and/or giving at least one presentation a society meeting on topics relevant to der
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durir educational assignment. (Core) Fellow Evaluation: Feedback and Eva Faculty members must directly obser
V.A.1.	Feedback and Evaluation	5.1.	feedback on fellow performance durined uction durined uction and 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 durir educational assignment. (Core)
	Evaluation must be documented at the completion of the assignment.		Evaluation must be documented at th
V.A.1.b)	(Core) Evaluations must be completed at least every three months. (Core)	5.1.a.	(Core) Evaluations must be completed at lea
V.A.1.b).(1) 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.a.1. 5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perforunsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	

nination of scholarly activity within and eviewed publication, faculty members' workshops, quality improvement grant leadership, non-peer-reviewed ublications, book chapters, textbooks, mittees, or service as a journal reviewer, or. (Outcome)

ly activity by publishing or preparing one ission to a peer-reviewed publication at a regional or national professional ermatopathology. (Outcome)

ly activity by publishing or preparing one ission to a peer-reviewed publication at a regional or national professional ermatopathology. (Outcome)

aluation/

erve, evaluate, and frequently provide ring each rotation or similar

aluation

erve, evaluate, and frequently provide ring each rotation or similar

aluation

erve, evaluate, and frequently provide ring each rotation or similar

the completion of the assignment.

east every three months. (Core)

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

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

cal Competency Committee for its formance and improvement toward

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-	5.1.c.	The program director or their designer Competency Committee, must meet v documented semi-annual evaluation
V.A.1.d).(1)	specific Milestones; (Core) develop plans for fellows failing to progress, following institutional		along the subspecialty-specific Miles The program director or their designe Competency Committee, must develo
V.A.1.d).(2) V.A.1.e)	policies and procedures. (Core)The evaluations of a fellow's performance must be accessible for reviewby the fellow. (Core)	5.1.d. 5.1.e.	progress, following institutional polic 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.	The program director must provide a final evaluation for each fellow upon		Fellow Evaluation: Final Evaluation The program director must provide a
V.A.2.a)	completion of the program. (Core)The subspecialty-specific Milestones, and when applicable the	5.2.	completion of the program. (Core) The subspecialty-specific Milestones,
V.A.2.a).(1)	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.	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 the knowledge, skills, and behaviors nece (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee 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 co 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 I 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 I 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 i annual evaluations and advise the pro fellow's progress. (Core)

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

nee, with input from the Clinical lop plans for fellows failing to icies and procedures. (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 ust be used as tools to ensure fellows practice upon completion of the

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

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of

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' semiorogram director regarding each

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to thei 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.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee response 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 response ongoing program improvement, inclu based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsion current operating environment to idea opportunities, and threats as related to (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s 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 n and aims, strengths, areas for improv

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

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

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

back on their evaluations at least

ent

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

ent

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

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

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

ponsibilities must include guiding luding development of new goals,

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the the fellows, and be submitted to the D
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)
	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 ultima
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 encoura 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 i 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 wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the 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 specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g

nt Language cluding the action plan, must be ne members of the teaching faculty and DIO. (Core)

elf-Study and submit it to the DIO.

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

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

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

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

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

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in the environment that emphasizes the following the f
	•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
	Residents, fellows, faculty members, and other clinical staff members	[None]	
VI.A.1.a).(2).(a) VI.A.1.a).(2).(a).(i)	must: know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; (Core)	[None] 6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

g Environment

the context of a learning and working lowing principles:

of care rendered to patients by

/ of care rendered to patients by ce

oviding care for patients

ne students, residents, fellows, faculty ealth care team

ous identification of vulnerabilities leal with them. An effective is to assess the knowledge, skills, and fety in order to identify areas for

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

y-up of safety events, near misses, and anisms for improving patient safety, 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 Requirement Number	Requirement Language	Reformatted Requirement 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
	Quality Metrics Access to data is essential to prioritizing activities for care improvement		Quality Metrics Access to data is essential to prioritiz
VI.A.1.a).(3)	and evaluating success of improvement efforts.	[None]	and evaluating success of improvement
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient pe
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is us the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structure accountability as it relates to the super Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a)	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 programs, in partnership with their Sp communicate, and monitor a structur accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
,			
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov
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.a.	This information must be available to members of the health care team, and

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

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

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

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

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

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

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

inform each patient of their respective oviding direct patient care. (Core) to fellows, faculty members, other nd patients. (Core)

Deguirement		Defermetted	
Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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.	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 app
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction
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)		[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on the of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the se
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of th circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mus the knowledge and skills of each fello appropriate level of patient care autho

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

rvision while providing for graded gram must use the following

ally present with the fellow during the on.

ally present with the fellow during the on.

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

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

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

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

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

ry role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail) rcumstances and events in which supervising faculty member(s). (Core)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the program excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t 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)		Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe of
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 Sp a professional, equitable, respectful, a 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 S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)

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

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

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, nts, providing administrative support, ce and flexibility, and enhancing

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Number			Kequitemer
	Well-Being		
	Weil-Deilig		Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physi
	development of the competent, caring, and resilient physician and require		development of the competent, carin
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the jo
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		professionalism; they are also skills nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at r
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		same responsibility to address well-k
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and		responsibility for the well-being of ea clinical learning environment models
	prepares fellows with the skills and attitudes needed to thrive throughout		prepares fellows with the skills and a
VI.C.	their careers.	[None]	their careers.
	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourag
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunit
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or poten
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
V = C + d + (2)	recognition of these symptoms in themselves and how to seek	6.13.d.2.	recognition of these symptoms in the
VI.C.1.d).(2) VI.C.1.d).(3)	appropriate care; and, (Core) access to appropriate tools for self-screening. (Core)	6.13.d.3.	appropriate care; and, (Core) access to appropriate tools for self-s
vi.c. i.u).(5)	providing access to confidential, affordable mental health assessment,	0.13.0.3.	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. (
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fel
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, il
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)

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

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

embers in:

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

hemselves and how to seek

-screening. (Core)

fordable mental health assessment, ig 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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure c
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is of work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.2.a)	The program must ensure that appropriate professional interaction is initiated and maintained between fellows and other physicians involved in the care of a patient. Such interactions would include participation in interdisciplinary conferences (e.g., tumor board) and reporting unexpected or critical findings and information to the physician responsible for the clinical care of a particular patient. (Detail)	6.18.a.	The program must ensure that appropria and maintained between fellows and oth patient. Such interactions would include conferences (e.g., tumor board) and repo and information to the physician respons patient. (Detail)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured hand 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

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

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

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

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

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

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

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

riate professional interaction is initiated ther physicians involved in the care of a le participation in interdisciplinary porting unexpected or critical findings nsible for the clinical care of a particular

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

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

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

are competent in communicating with ess. (Outcome)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience o opportunities for rest and personal a
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educ Clinical and educational work hours hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off t education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off k education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on the Maximum Clinical Work and Educatio
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
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 mapatient 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 of 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)

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

ucational Work per Week s must be limited to no more than 80 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

s free of clinical work and education e)

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

ion Period Length

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

ion Period Length

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

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

Exceptions

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement
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 of on their own initiative, may elect to re the following circumstances: to contin 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 rotation percent or a maximum of 88 clinical a individual programs based on a sound
VI.F.4.c)	The Review Committees for Dermatology and Pathology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committees for Dermatology requests for exceptions to the 80-hour line
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)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities k count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Core
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Core

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

lucation must be counted toward the

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

bgy and Pathology will not consider limit to the fellows' work week.

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

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

d external moonlighting (as defined in t be counted toward the 80-hour

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

су

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)		At-home call must not be so frequent reasonable personal time for each fell

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