Roman Numeral			
Requirement		Reformatted	
Number	Requirement Language	Requirement Number	. Requiremen
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. 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		Definition of Graduate Medical Educa Fellowship is advanced graduate med 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
Int A	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.	[blone]	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 c intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, i members of the health care team.
Int.A.		[None]	
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, many fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient care expertise achieved, fellows develop n infrastructure that promotes collabor

cation

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
			Definition of Subspecialty Micrographic surgery and dermatologic dermatology concerned with the study, of malignancies of the skin and adjacent m appendages, hair, nails, and subcutaned surgical and medical management of pa malignancies. Micrographic surgery and categorized into the following areas: •Cutaneous oncologic surgery, which ind dermatopathological knowledge of cutar technique is Mohs micrographic surgical cancers of the skin and incorporates edu
Int.B.	Definition of Subspecialty Micrographic surgery and dermatologic oncology is the subspecialty of dermatology concerned with the study, diagnosis, and surgical treatment of malignancies of the skin and adjacent mucous membranes, cutaneous appendages, hair, nails, and subcutaneous tissue. A particular emphasis is the surgical and medical management of patients with high risk cutaneous malignancies. Micrographic surgery and dermatologic oncology is broadly categorized into the following areas:	[None]	 Cutaneous reconstructive surgery, which subcutaneous defects that result from the skin disease, scar revision, and restorate its best possible appearance. This is base anatomy, wound healing, cutaneous rep procedures that improve the appearance Dermatologic oncology, which incorporate pathologic diagnosis, staging, and treater malignancies. This incorporates knowled and optimal management of cutaneous is surgical.

c oncology is the subspecialty of , diagnosis, and surgical treatment of mucous membranes, cutaneous eous tissue. A particular emphasis is the patients with high risk cutaneous nd dermatologic oncology is broadly

ncorporates medical, surgical, and aneous malignancies. An essential cal excision, which is used for certain ducation in clinical dermatology and rmatologic surgery.

nich includes the repair of skin and the surgical removal of tumors or other ation of the skin following skin surgery to based upon knowledge of cutaneous epair techniques, and aesthetic ace of the skin following surgery.

orates knowledge of the clinical and atment options for patients with cutaneous ledge of cutaneous cancer syndromes s malignancies both surgical and non-

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Int.B.1.	Cutaneous oncologic surgery, which incorporates medical, surgical, and dermatopathological knowledge of cutaneous malignancies. An essential technique is Mohs micrographic surgical excision, which is used for certain cancers of the skin and incorporates education in clinical dermatology and dermatopathology as they apply to dermatologic surgery.	[None]	dermatopathology as they apply to derm •Cutaneous reconstructive surgery, which subcutaneous defects that result from the skin disease, scar revision, and restorate its best possible appearance. This is base anatomy, wound healing, cutaneous rep procedures that improve the appearance •Dermatologic oncology, which incorporate pathologic diagnosis, staging, and treater malignancies. This incorporates knowled and optimal management of cutaneous in surgical.

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Cutaneous reconstructive surgery, which includes the repair of skin and subcutaneous defects that result from the surgical removal of tumors or other skin disease, scar revision, and restoration of the skin following skin surgery to its best possible appearance. This is based upon knowledge of cutaneous		Definition of Subspecialty Micrographic surgery and dermatologic dermatology concerned with the study, of malignancies of the skin and adjacent m appendages, hair, nails, and subcutaned surgical and medical management of pa malignancies. Micrographic surgery and categorized into the following areas: •Cutaneous oncologic surgery, which ind dermatopathological knowledge of cutar technique is Mohs micrographic surgical cancers of the skin and incorporates edu dermatopathology as they apply to derm •Cutaneous reconstructive surgery, which subcutaneous defects that result from the skin disease, scar revision, and restorat its best possible appearance. This is bas anatomy, wound healing, cutaneous rep procedures that improve the appearance •Dermatologic oncology, which incorporates pathologic diagnosis, staging, and treater malignancies. This incorporates knowled
Int.B.2.	anatomy, wound healing, cutaneous repair techniques, and aesthetic procedures that improve the appearance of the skin following surgery.	[None]	and optimal management of cutaneous surgical.

c oncology is the subspecialty of , diagnosis, and surgical treatment of mucous membranes, cutaneous eous tissue. A particular emphasis is the patients with high risk cutaneous nd dermatologic oncology is broadly

ncorporates medical, surgical, and aneous malignancies. An essential cal excision, which is used for certain ducation in clinical dermatology and rmatologic surgery.

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			cancers of the skin and incorporates edu dermatopathology as they apply to derm •Cutaneous reconstructive surgery, whic subcutaneous defects that result from th skin disease, scar revision, and restorati its best possible appearance. This is bas anatomy, wound healing, cutaneous rep procedures that improve the appearance
Int.B.3.	Dermatologic oncology, which incorporates knowledge of the clinical and pathologic diagnosis, staging, and treatment options for patients with cutaneous malignancies. This incorporates knowledge of cutaneous cancer syndromes and optimal management of cutaneous malignancies both surgical and non-surgical.		•Dermatologic oncology, which incorpora pathologic diagnosis, staging, and treatr malignancies. This incorporates knowled and optimal management of cutaneous i surgical.
Int.C.	Length of Educational Program The educational program in micrographic surgery and dermatologic oncology must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in micrographic must be 12 months in length. (Core)
I.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the When the Sponsoring Institution is no
I.A.	most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	most commonly utilized site of clinica primary clinical site.

c oncology is the subspecialty of , diagnosis, and surgical treatment of mucous membranes, cutaneous eous tissue. A particular emphasis is the patients with high risk cutaneous and dermatologic oncology is broadly

ncorporates medical, surgical, and aneous malignancies. An essential cal excision, which is used for certain ducation in clinical dermatology and matologic surgery.

the surgical removal of skin and the surgical removal of tumors or other ation of the skin following skin surgery to ased upon knowledge of cutaneous epair techniques, and aesthetic ce of the skin following surgery.

brates knowledge of the clinical and atment options for patients with cutaneous edge of cutaneous cancer syndromes s malignancies both surgical and non-

hic surgery and dermatologic oncology

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by o
I.A.1.	Institution. (Core)	1.1.	Institution. (Core)
	Participating Sites		
			Participating Sites
	A participating site is an organization providing educational experiences		A participating site is an organization
I.B.	or educational assignments/rotations for fellows.	[None]	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)
	There must be a program letter of agreement (PLA) between the program		There must be a program letter of agr
	and each participating site that governs the relationship between the		and each participating site that gover
I.B.2.	program and the participating site providing a required assignment. (Core)		program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (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 the
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
1.0.0.0)	The program director must submit any additions or deletions of	1.0.	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 e
I.B.4.	ACGME's Accreditation Data System (ADS). (Core)	1.6.	ACGME's Accreditation Data System
	Workforce Recruitment and Retention		
			Workforce Recruitment and Retention
	The program, in partnership with its Sponsoring Institution, must engage		The program, in partnership with its S
	in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present),		in practices that focus on mission-drive and retention of a diverse and inclusive
	fellows, faculty members, senior administrative GME staff members, and		fellows, faculty members, senior admi
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ
			Basauraaa
			Resources The program, in partnership with its S
I.D.	Resources	1.8.	the availability of adequate resources
	1.0000.000		and availability of adoquate resources

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

oonsoring Institution, must designate a

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Number	The program, in partnership with its Sponsoring Institution, must ensure		Resources The program, in partnership with its S
I.D.1.	the availability of adequate resources for fellow education. (Core)	1.8.	the availability of adequate resources
	Adequate space must be dedicated to the performance of dermatologic surgery procedures, and must include a Mohs micrographic frozen section laboratory		Adequate space must be dedicated to the procedures, and must include a Mohs mi
I.D.1.a)	and examination areas for surgical patients. (Core)	1.8.a.	and examination areas for surgical patier
	The space should be accredited by the appropriate oversight bodies as required		The space should be accredited by the a
I.D.1.a).(1)	by federal, state, and local laws. (Detail)	1.8.a.1.	by federal, state, and local laws. (Detail)
	The frozen section laboratory must be adjacent to the operating suite or rooms		The frozen section laboratory must be ac
I.D.1.a).(2)	in which dermatologic surgery is performed.(Core)	1.8.a.2.	in which dermatologic surgery is perform
	Program laboratories must be in compliance with all federal, state, and local		Program laboratories must be in complia
I.D.1.a).(3)	regulations regarding a work environment. (Core)	1.8.a.3.	regulations regarding a work environmen
I.D.1.b)	Frozen section slides for Mohs micrographic surgery must be reviewed and approved, as part of an ongoing quality assurance process, by an appropriately qualified external organization or equivalent academic medical center's Quality Assessment and Control program that has experience reviewing the unique method of histology slide preparation required to perform Mohs surgery. (Core)	1.8.b.	Frozen section slides for Mohs micrograp approved, as part of an ongoing quality a qualified external organization or equival Assessment and Control program that ha method of histology slide preparation req
I.D.1.c)	Quality Assurance/Quality Control must include formal evaluation and written comments regarding slide quality, to include tissue thickness, completeness of epidermal edges, quality of sections of fat, staining quality, lack of holes in sections, accuracy of staining and mapping of section, and concordance with interpretation by the fellows the slides. (Core)	1.8.c.	Quality Assurance/Quality Control must i comments regarding slide quality, to inclu epidermal edges, quality of sections of fa sections, accuracy of staining and mappi interpretation by the fellows the slides. (0
I.D.1.d)	There should be appropriate space for fellows to read, study, and complete their paperwork. (Detail)	1.8.d.	There should be appropriate space for fe paperwork. (Detail)
I.D.1.e)	The program must provide a sufficient volume and variety of surgical cases. (Core)	1.8.e.	The program must provide a sufficient vo (Core)
I.D.1.e).(1)	At least 1000 dermatologic surgical procedures per fellow must be available. (Core)	1.8.e.1.	At least 1000 dermatologic surgical proce (Core)
I.D.1.e).(1).(a)	At least 650 of that minimum total must be Mohs micrographic surgery procedures. (Core)	1.8.e.2.	At least 650 of that minimum total must b procedures. (Core)
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)

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

the performance of dermatologic surgery micrographic frozen section laboratory ients. (Core)

appropriate oversight bodies as required

adjacent to the operating suite or rooms med. (Core)

liance with all federal, state, and local ent. (Core)

raphic surgery must be reviewed and assurance process, by an appropriately alent academic medical center's Quality has experience reviewing the unique equired to perform Mohs surgery. (Core)

t include formal evaluation and written clude tissue thickness, completeness of fat, staining quality, lack of holes in pping of section, and concordance with (Core)

fellows to read, study, and complete their

volume and variety of surgical cases.

ocedures per fellow must be available.

be Mohs micrographic surgery

Sponsoring Institution, must ensure ng environments that promote fellow

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 lactation with proximity appropriate for safe particular terms of the safe particular terms of terms o
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in print include access to electronic medical I capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and 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)
I.E.1.	The presence of other learners in the program, including residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners, must not interfere with the appointed fellows' education. (Core)	1.11.a.	The presence of other learners in the pro specialties, subspecialty fellows, PhD stu not interfere with the appointed fellows' e
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.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 applical must be provided with support adequ based upon its size and configuration

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 Il literature databases with full text

sonnel

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

brogram, including residents from other students, and nurse practitioners, must s' education. (Core)

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)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.2.a)	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 admit
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Dermatology or by the American Osteopathic Board of Dermatology, or subspecialty qualifications that are acceptable to the Review Committee; (Core)	2.4.a.	The program director must possess of subspecialty for which they are the p Board of Dermatology or by the Ameri Dermatology, or subspecialty qualifica Review Committee. (Core)
II.A.3.c)	must include completion of an ACGME- or AOA-accredited procedural dermatology or micrographic surgery and dermatologic oncology fellowship, an American College of Mohs Surgery-approved fellowship, or experience as a program director of a dermatologic surgery fellowship program for at least 10 years; (Core)	2.4.b.	This must include completion of an ACG dermatology or micrographic surgery an American College of Mohs Surgery-appr program director of a dermatologic surge years. (Core)
II.A.3.d)	must include at least six years of patient care experience as a dermatologist and dermatologic surgeon; (Core)	2.4.c.	This must include at least six years of pa dermatologist and dermatologic surgeor
II.A.3.e)	must include at least three years of experience as a teacher in graduate medical education in dermatology and dermatologic surgery; and, (Core)	2.4.d.	This must include at least three years of medical education in dermatology and d
II.A.3.f)	must include an ongoing clinical practice in micrographic surgery and dermatologic oncology that includes personal performance of key aspects of micrographic surgery and dermatologic oncology as the fellow observes. (Core)	2.4.e.	This must include an ongoing clinical pra dermatologic oncology that includes per micrographic surgery and dermatologic o
II.A.4. II.A.4.a)	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) The program director must:	2.5. [None]	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)	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 missio

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)

current certification in the program director by the American rican Osteopathic Board of cations that are acceptable to the

CGME- or AOA-accredited procedural and dermatologic oncology fellowship, an oproved fellowship, or experience as a rgery fellowship program for at least 10

patient care experience as a on. (Core)

of experience as a teacher in graduate dermatologic surgery. (Core)

practice in micrographic surgery and ersonal performance of key aspects of c oncology as the fellow observes. (Core)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requirement
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of cor develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learning 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 acc required and requested by the DIO, GI
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when action not to promote, or renew the appointn
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion c (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request, v

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

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

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

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

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

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

he program's compliance with the disconting the dis

n a non-competition guarantee or

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

verification of an individual fellow's , within 30 days. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	 Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and 		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, commi- patient care, professionalism, and a c Faculty members experience the pride development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, fa graduate medical education system, i and the population. Faculty members ensure that patients from a specialist in the field. They react the patients, fellows, community, and provide appropriate levels of supervise Faculty members create an effective of professional manner and attending to
II.B.	themselves.	[None]	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. (Co
II.B.1.a)	In addition to the program director, there must be at least one faculty member who is actively involved in the clinical practice of cutaneous oncologic surgery. (Core)	2.6.a.	In addition to the program director, there who is actively involved in the clinical pra (Core)
II.B.1.b)	A second faculty member should be a Mohs surgeon, an otolaryngologist, an ophthalmic plastic and reconstructive surgeon, or a plastic surgeon who is actively involved in the surgical management of cutaneous oncology patients. (Detail)	2.6.b.	A second faculty member should be a M ophthalmic plastic and reconstructive su actively involved in the surgical manage (Detail)
II.B.1.c)	Other members of the faculty in related disciplines should include members from specialties with overlapping expertise, including at least two of the following: dermatology; dermatopathology; general surgery; medical oncology; ophthalmology; otolaryngology; ophthalmic plastic and reconstructive surgery (oculoplastic surgeons), plastic surgery and prosthetics, pathology, and radiation therapy. (Detail)	2.6.c.	Other members of the faculty in related of from specialties with overlapping experti- following: dermatology; dermatopatholog ophthalmology; otolaryngology; ophthalm (oculoplastic surgeons), plastic surgery a radiation therapy. (Detail)
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective,
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

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

ts receive the level of care expected ecognize and respond to the needs of ad institution. Faculty members vision to promote patient safety. e learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

re must be at least one faculty member practice of cutaneous oncologic surgery.

Mohs surgeon, an otolaryngologist, an surgeon, or a plastic surgeon who is ement of cutaneous oncology patients.

d disciplines should include members rtise, including at least two of the ogy; general surgery; medical oncology; Ilmic plastic and reconstructive surgery and prosthetics, pathology, and

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

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

Roman Numeral		[
Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement Language
	administer and maintain an educational environment conducive to		Faculty members must administer and maintain an educational
II.B.2.d)	educating fellows; (Core)	2.7.c.	environment conducive to educating fellows. (Core)
	regularly participate in organized clinical discussions, rounds, journal		Faculty members must regularly participate in organized clinical
II.B.2.e)	clubs, and conferences; and, (Core)	2.7.d.	discussions, rounds, journal clubs, and conferences. (Core)
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	Faculty members must pursue faculty development designed to enhance their skills. (Core)
			Faculty Qualifications
			Faculty members must have appropriate qualifications in their field and
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appointments. (Core)
	Equility members must have enprepriete qualifications in their field and		Faculty Qualifications
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	
			Subspecialty Physician Faculty Members
			Subspecialty physician faculty members must have current certification in
	have current certification in the subspecialty by the American Board of		the subspecialty by the American Board of Dermatology or the American
	Dermatology or the American Osteopathic Board of Dermatology, or		Osteopathic Board of Dermatology, or possess qualifications judged
II.B.3.b).(1)	possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	acceptable to the Review Committee. (Core)
	Members of the faculty who have responsibility for fellow education in Mohs		Members of the faculty who have responsibility for fellow education in Mohs
	micrographic surgery must have completed a 12-month PGY-5 dermatologic		micrographic surgery must have completed a 12-month PGY-5 dermatologic
	surgery fellowship or have experience as a program director of a dermatologic		surgery fellowship or have experience as a program director of a dermatologic
II.B.3.b).(2)		2.9.b.	surgery fellowship program for at least 10 years. (Core)
	Any other specialty physician faculty members must have current		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		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		Association (AOA) certifying board, or possess qualifications judged
II.B.3.c)		2.9.a.	acceptable to the Review Committee. (Core)
,	Core Faculty		
			Core Faculty
	Core faculty members must have a significant role in the education and		Core faculty members must have a significant role in the education and
	supervision of fellows and must devote a significant portion of their entire		supervision of fellows and must devote a significant portion of their entire
	effort to fellow education and/or administration, and must, as a		effort to fellow education and/or administration, and must, as a
	component of their activities, teach, evaluate, and provide formative		component of their activities, teach, evaluate, and provide formative
II.B.4.			feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey.	2.10.a.	Faculty members must complete the annual ACGME Faculty Survey.
n.D.4.aj	(Core) The program must maintain a ratio of at least one core faculty member to each	2.10.a.	(Core) The program must maintain a ratio of at least one core faculty member to each
II.B.4.b)		2.10.b.	fellow appointed to the program. (Core)
			Program Coordinator
II.C.	Program Coordinator	2.11.	There must be administrative support for program coordination. (Core)
			Program Coordinator
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	There must be administrative support for program coordination. (Core)
	The program coordinator must be provided with support equal to a dedicated		The program coordinator must be provided with support equal to a dedicated
II.C.1.a)	minimum of 0.2 FTE for administration of the program. (Core)	2.11.a.	minimum of 0.2 FTE for administration of the program. (Core)

Roman Numeral Requirement	Bequirement Lenguege	Reformatted	Denim
Number	Requirement Language	Requirement Number	Requirement
	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly		Other Program Personnel The program, in partnership with its S
	ensure the availability of necessary personnel for the effective		ensure the availability of necessary pe
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
	All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or		All required clinical education for entr programs must be completed in an AC an AOA-approved residency program, International (ACGME-I) Advanced Spe College of Physicians and Surgeons o
	College of Family Physicians of Canada (CFPC)-accredited residency		College of Family Physicians of Canad
III.A.1.	program located in Canada. (Core)	3.2.	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 ver 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 program in dermatology that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the program, fello a residency program in dermatology that (Core)
III.A. I.D)		J.Z.a. I.	
III.A.1.c)	Fellow Eligibility Exception The Review Committees for Dermatology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Dermatolog to the fellowship eligibility requiremen
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 prog qualified international graduate applic eligibility requirements listed in 3.2., b 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 o (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 exce their performance by the Clinical Com of matriculation. (Core)
	Fellow Complement The program director must not appoint more fellows than approved by the	2.2	Fellow Complement The program director must not appoin
III.B.	Review Committee. (Core)	3.3.	Review Committee. (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 at satisfies the requirements in 3.2.

ogy will allow the following exception ents:

ogram 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

pint more fellows than approved by the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is o and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pla leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which me applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)		competency-based goals and objectiv designed to promote progress on a tra their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)		delineation of fellow responsibilities f responsibility for patient management subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)		Curriculum Organization and Fellow E Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pron tools, and techniques. (Core)
			ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competenc Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu

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

oort the development of who provide compassionate care.

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

lowing educational components:

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

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

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

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

ected time to participate in core

omote patient safety-related goals,

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patien centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in making decisions regarding patient treatment, including instances in which the patient prefers to be referred or would benefit from referral to a different specialty or to a multidisciplinary team. (Core)	4.4.a.	Fellows must demonstrate competence in treatment, including instances in which th would benefit from referral to a different s (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 me procedures considered essential for the
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in performing procedures and must: (Core)	[None]	
IV.B.1.b).(2).(a).(i)	be competent in skin neoplasm destruction techniques, excision, and Mohs micrographic surgery; (Core)	4.5.a.	Fellows must demonstrate competence in competent in skin neoplasm destruction t micrographic surgery. (Core)
IV.B.1.b).(2).(a).(ii)	be competent in cutaneous reconstructive surgery, including random pattern and axial flap repair, and partial and full thickness skin grafting; (Core)	4.5.b.	Fellows must be competent in cutaneous random pattern and axial flap repair, and (Core)
IV.B.1.b).(2).(a).(iii)	be competent in recognizing when a staged reconstructive technique is in the best interest of the patient and appropriately refer to other specialists if necessary; and, (Core)	4.5.c.	Fellows must be competent in recognizin technique is in the best interest of the pa specialists if necessary. (Core)
IV.B.1.b).(2).(a).(iv)	perform at least 500 Mohs micrographic surgeries and 500 reconstructions as the primary surgeon. (Core)	4.5.d.	Fellows must perform at least 500 Mohs reconstructions as the primary surgeon.
IV.B.1.b).(2).(a).(iv).(a)	of the 500 reconstructions, at least 50 must be advanced/complex cases, including: random pattern flap repair, grafts, including full and split thickness grafts, repairs at difficult anatomic sites, e.g., eyelids, lips, intraoral and repair of defects greater than 10 sq. cm(Core)	4.5.d.1.	Of the 500 reconstructions, at least 50 m including: random pattern flap repair, gra grafts, repairs at difficult anatomic sites, o defects greater than 10 sq. cm. (Core)
IV.B.1.b).(2).(b)	Fellows must demonstrate advanced evaluation and management skills for all cutaneous surgical patients regardless of diagnosis, including pre-, peri-, and post-operative evaluation. (Core)	4.5.e.	Fellows must demonstrate advanced eva cutaneous surgical patients regardless of post-operative evaluation. (Core)
IV.B.1.b).(2).(c)	Fellows must demonstrate competence in the early identification of malignant skin lesions through visual morphologic recognition. (Core)	4.5.f.	Fellows must demonstrate competence in skin lesions through visual morphologic r
IV.B.1.b).(2).(d)	Fellows must demonstrate competence in interpretation of frozen sections of a variety of cutaneous cancers. (Core)	4.5.g.	Fellows must demonstrate competence in variety of cutaneous cancers. (Core)

ME Competencies into the curriculum.

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tment to professionalism and an re)

е

ient care that is patient- and family-, appropriate, and effective for the e promotion of health. (Core)

e in making decisions regarding patient the patient prefers to be referred or t specialty or to a multidisciplinary team.

Skills

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

e in performing procedures and must be n techniques, excision, and Mohs

us reconstructive surgery, including nd partial and full thickness skin grafting.

zing when a staged reconstructive patient and appropriately refer to other

ns micrographic surgeries and 500 n. (Core)

must be advanced/complex cases, rafts, including full and split thickness s, e.g., eyelids, lips, intraoral and repair of

valuation and management skills for all of diagnosis, including pre-, peri-, and

e in the early identification of malignant c recognition. (Core)

e in interpretation of frozen sections of a

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(2).(e)	Fellows must demonstrate competence in the management, including multidisciplinary management, of a variety of cutaneous cancers, to include basal cell carcinoma, squamous cell carcinoma, melanoma, adnexal carcinoma, Merkel cell carcinoma, extramammary Paget's disease, Atypical fibroxanthoma, sebaceous carcinoma, and dermatofibrosarcoma protuberans (DFSP). (Core)	4.5.h.	Fellows must demonstrate competence multidisciplinary management, of a varie basal cell carcinoma, squamous cell car Merkel cell carcinoma, extramammary F sebaceous carcinoma, and dermatofibro
IV.B.1.b).(2).(f)	Fellows must demonstrate the ability to manage emergencies that occur during the care of patients, to include cardiac events and other life threatening medical emergencies. (Core)	4.5.i.	Fellows must demonstrate the ability to the care of patients, to include cardiac e emergencies. (Core)
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 knowledge of related disciplines, including surgical anatomy, sterilization of equipment, aseptic technique, anesthesia, closure materials, and instrumentation. (Core)	4.6.a.	Fellows must demonstrate knowledge of anatomy, sterilization of equipment, ase materials, and instrumentation. (Core)
IV.B.1.c).(2)	Fellows must demonstrate knowledge of the basic science of wound healing, surgical anatomy, local and regional anesthesia, proper surgical technique, and, pre- and post-operative management of patients who undergo Mohs or cutaneous surgery. (Core)	4.6.b.	Fellows must demonstrate knowledge of surgical anatomy, local and regional and pre- and post-operative management of cutaneous surgery. (Core)
IV.B.1.c).(3)	Fellows must demonstrate knowledge of non-surgical treatments for cutaneous malignancies, non-surgical therapies for the prevention of cutaneous malignancies, and when surgical treatment is not the optimal primary therapy for a patient with a cutaneous malignancy. (Core)	4.6.c.	Fellows must demonstrate knowledge of malignancies, non-surgical therapies for malignancies, and when surgical treatme a patient with a cutaneous malignancy.
IV.B.1.c).(4)	Fellows must demonstrate knowledge of cutaneous metastatic disease from primary skin cancers and non-cutaneous malignancies, to include appropriate diagnostic evaluation, surgical management, and when referral to other specialists is appropriate. (Core)	4.6.d.	Fellows must demonstrate knowledge of primary skin cancers and non-cutaneous diagnostic evaluation, surgical managen specialists is appropriate. (Core)
IV.B.1.c).(5)	Fellows must demonstrate in-depth knowledge of clinical diagnosis, biology, and pathology of skin tumors, as well as laboratory interpretation related to diagnosis and surgical treatment. (Core)	4.6.e.	Fellows must demonstrate in-depth know pathology of skin tumors, as well as labo diagnosis and surgical treatment. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care ba lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of infe patients, their families, and health pro

e in the management, including riety of cutaneous cancers, to include arcinoma, melanoma, adnexal carcinoma, Paget's disease, Atypical fibroxanthoma, prosarcoma protuberans (DFSP). (Core)

o manage emergencies that occur during events and other life threatening medical

nowledge

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

of related disciplines, including surgical septic technique, anesthesia, closure

of the basic science of wound healing, nesthesia, proper surgical technique, and, of patients who undergo Mohs or

of non-surgical treatments for cutaneous for the prevention of cutaneous ment is not the optimal primary therapy for y. (Core)

of cutaneous metastatic disease from us malignancies, to include appropriate ement, and when referral to other

owledge of clinical diagnosis, biology, and boratory interpretation related to e)

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	 4.10. Curriculum Organization and Fel Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical te events. (Core) 4.11. Curriculum Organization and Fel Clinical Experiences Fellows must be provided with protect didactic activities. (Core) 4.12. Curriculum Organization and Fel The program must provide instruction management if applicable for the substance use disorder. (
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow E The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions, and 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.	Assignment of rotations must be structur rotational transitions, and rotations must quality educational experience defined b supervision, longitudinal relationships wit assessment 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)
IV.C.1.c)	Maintenance of skills in the primary specialty or other aspects of procedural dermatology beyond micrographic surgery and dermatologic oncology should be limited to one half-day per week. (Core)	4.10.c.	Maintenance of skills in the primary spec dermatology beyond micrographic surge limited to one half-day per week. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow E The program must provide instruction management if applicable for the subs the signs of substance use disorder. (

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

Fellow Experiences – Curriculum

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

ellow Experiences – Didactic and

ected time to participate in core

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

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

ured to minimize the frequency of st be of sufficient length to provide a by continuity of patient care, ongoing with faculty members, and high-quality

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

ecialty or other aspects of procedural gery and dermatologic oncology should be e)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.3.	The program must provide an organized, systematic, and progressive educational experience that includes both clinical and didactic exposure for physicians seeking to acquire advanced competence as dermatologic surgeons. (Core)	4.11.a.	The program must provide an organized educational experience that includes bot physicians seeking to acquire advanced (Core)
IV.C.4.	There must be didactic sessions centered around a structured curriculum, to include a regularly-held journal club. (Core)	4.11.b.	There must be didactic sessions centere include a regularly-held journal club. (Co
IV.C.5.	Didactic sessions should include regularly scheduled and held lectures, tutorials, seminars, multidisciplinary conferences, and conferences that consider complications, outcomes, and utilization review. (Detail)	4.11.c.	Didactic sessions should include regular tutorials, seminars, multidisciplinary conf complications, outcomes, and utilization
IV.C.6.	Didactics must include participation by the fellow in a multidisciplinary tumor board for presentation of patients with advanced or aggressive cutaneous malignancies. (Core)	4.11.d.	Didactics must include participation by the board for presentation of patients with ac malignancies. (Core)
	Programs must provide organized education and experience in all current aspects of micrographic surgery and dermatologic oncology. (Core)		Programs must provide organized educa
IV.C.7.	This must include:	4.11.e.	aspects of micrographic surgery and der
IV.C.7.a)	instruction and experience in Mohs micrographic surgery, and reconstruction of resultant surgical defects in a variety of anatomic locations using a variety of methods, to include complex cutaneous closures, local flaps, grafts, and staged reconstruction techniques; (Core)	4.11.e.1.	This must include instruction and experie reconstruction of resultant surgical defec using a variety of methods, to include co grafts, and staged reconstruction technic
IV.C.7.b)	instruction and experience in non-surgical alternative treatments for cutaneous malignancies, such as cryosurgery, curettage and electrosurgery, chemical destructive techniques, and laser and light modalities; and, (Core)	4.11.e.2.	This must include instruction and experie treatments for cutaneous malignancies, electrosurgery, chemical destructive tech (Core)
IV.C.7.c)	instruction in procedures of an aesthetic nature, including cutaneous soft tissue augmentation with injectable filler material, dermabrasion, skin resurfacing and tightening techniques, and laser procedures used to improve aesthetic appearance following cutaneous oncologic surgery. (Core)	4.11.e.3.	This must include instruction in procedur cutaneous soft tissue augmentation with skin resurfacing and tightening technique improve aesthetic appearance following
IV.C.7.c).(1)	Instruction in these procedures must provide fellows with the ability to properly assess the value of these techniques, as well as those of new techniques used to enhance restoration of the skins normal appearance and function. (Core)	4.11.e.3.a.	Instruction in these procedures must pro assess the value of these techniques, as to enhance restoration of the skins norm
IV.C.8.	The program must provide each fellow with formal education in setting up and operating a frozen section laboratory capable of processing sections for Mohs micrographic surgery. (Core)	4.11.f.	The program must provide each fellow w operating a frozen section laboratory cap micrographic surgery. (Core)
IV.C.8.(a)	The program must provide training and experience in supervising and training laboratory personnel. (Core)	4.11.f.1.	The program must provide training and e laboratory personnel. (Core)
IV.C.9.	Fellows must have experience working with health care personnel from dermatology, dermatopathology, and medical oncology. (Core)	4.11.g.	Fellows must have experience working v dermatology, dermatopathology, and me
IV.C.10.	Fellows must have experience in radiation oncology to ensure an ability to effectively work with other specialties essential to the optimal management of cutaneous oncology patients. (Core)	4.11.h.	Fellows must have experience in radiation effectively work with other specialties ess cutaneous oncology patients. (Core)
IV.C.11.	Fellows must be actively engaged in teaching. (Core)	4.11.i.	Fellows must be actively engaged in tea

ed, systematic, and progressive oth clinical and didactic exposure for ed competence as dermatologic surgeons.

red around a structured curriculum, to Core)

arly scheduled and held lectures, onferences, and conferences that consider on review. (Detail)

the fellow in a multidisciplinary tumor advanced or aggressive cutaneous

cation and experience in all current ermatologic oncology. (Core)

rience in Mohs micrographic surgery, and ects in a variety of anatomic locations complex cutaneous closures, local flaps, niques. (Core)

rience in non-surgical alternative s, such as cryosurgery, curettage and chniques, and laser and light modalities.

ures of an aesthetic nature, including th injectable filler material, dermabrasion, jues, and laser procedures used to g cutaneous oncologic surgery. (Core)

rovide fellows with the ability to properly as well as those of new techniques used mal appearance and function. (Core)

with formal education in setting up and apable of processing sections for Mohs

l experience in supervising and training

with health care personnel from nedical oncology. (Core)

tion oncology to ensure an ability to essential to the optimal management of

eaching. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.12.	Fellow experience should also include interaction with general surgery, ophthalmology, otolaryngology, plastic surgery, and radiation oncology to ensure a broad knowledge of specialties essential to the optimal management of cutaneous malignancies. (Detail)	4.11.j.	Fellow experience should also include ir ophthalmology, otolaryngology, plastic s ensure a broad knowledge of specialties of cutaneous malignancies. (Detail)
IV.C.13.	Fellows must record all of their surgical cases in the ACGME Case Log System. (Core)	4.11.k.	Fellows must record all of their surgical (Core)
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The program environment that fosters the acquisiti participation in scholarly activities as Program Requirements. Scholarly act integration, application, and teaching The ACGME recognizes the diversity 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 ain
IV.D.1.b)	The program must demonstrate evidence that the program director and core faculty members are engaged in scholarly activities, serving as role-models to the fellows. (Core)	4.13.a.	The program must demonstrate evidenc faculty members are engaged in scholar the fellows. (Core)
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity The program must demonstrate dissemine external to the program through peer-reve participation in grand rounds, posters, we presentations, podium presentations, gra print/electronic resources, articles or put webinars, service on professional comme journal editorial board member, or editor

interaction with general surgery, surgery, and radiation oncology to es essential to the optimal management

al cases in the ACGME Case Log System.

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

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

dence of scholarly activities, ims. (Core)

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nce that the program director and core arly activities, serving as role-models to

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requirement
IV.D.2.a)	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.	Faculty Scholarly Activity The program must demonstrate dissemine external to the program through peer-rev participation in grand rounds, posters, we presentations, podium presentations, gra print/electronic resources, articles or pub webinars, service on professional commi 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 submiss and/or giving at least one presentation at society meeting on topics relevant to mic oncology. (Outcome)
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 micrographic surgery and dermatologic oncology. (Outcome)	4.15.	Fellow Scholarly Activity Each fellow must participate in scholarly or more manuscripts suitable for submiss and/or giving at least one presentation at society meeting on topics relevant to mic oncology. (Outcome)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the (Core)
V.A.1.b).(1)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at leas
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty n 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 perfor unsupervised 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 nicrographic surgery and dermatologic

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

/ 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	Requirement
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest
V.A.1.d).(2)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.d.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.e.	The evaluations of a fellow's performa by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mus 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 final evaluation must verify that the knowledge, skills, and behaviors nece (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
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 pro- 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 r 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 r 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 r 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 estones. (Core)

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

mance must be accessible for review

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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.

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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' semiprogram director regarding each

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V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Proprogram's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual 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 m 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 respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee 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 m and aims, strengths, areas for improv

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

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

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

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back on their evaluations at least

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

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

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

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

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

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

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

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

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

elf-Study and submit it to the DIO.

cation is to educate physicians who a. 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 vritten 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 is rate of those taking the examination in the bottom fifth percentile of come)

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

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

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

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	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in t environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, ar patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti- changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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ne students, residents, fellows, faculty ealth care team

ous identification of vulnerabilities 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 ute to a culture of safety. (Core)

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

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

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VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team men interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient po
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requin practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensures 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 provi
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 ormation of their institution's patient

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

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction
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).(1).(a).(i)	Physician faculty members must supervise fellows. (Core)	6.7.a.	Physician faculty members must supervi
VI.A.2.b).(1).(a).(ii)	All fellows must have direct supervision available at all times. (Detail)	6.7.b.	All fellows must have direct supervision a
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is 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 physic 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 the circumstances under which the fellow independence. (Outcome)

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

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

cally present with the fellow during the on.

vise fellows. (Core)

n available at all times. (Detail)

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

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

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

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

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

bry 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

Roman Numeral Requirement	Demoissant Leanna	Reformatted	
Number	Requirement Language	Requirement Number	
	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the		Faculty supervision assignments must the knowledge and skills of each fello
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care author
•			
			Professionalism Programs, in partnership with their Sp
			fellows and faculty members concern
			responsibilities of physicians, includi
			to be appropriately rested and fit to pr
VI.B.	Professionalism	6.12.	patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their Sp
	fellows and faculty members concerning the professional and ethical		fellows and faculty members concerni
	responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their		responsibilities of physicians, including to be appropriately rested and fit to pr
VI.B.1.	patients. (Core)	6.12.	patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
	be accomplished without excessive reliance on fellows to fulfill non-		The learning objectives of the program
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on fellows to fulfill
			The learning objectives of the program
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
			The learning objectives of the program
	include efforts to enhance the meaning that each fellow finds in the		the meaning that each fellow finds in t
	experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence		including protecting time with patients promoting progressive independence
VI.B.2.c)	and flexibility, and enhancing professional relationships. (Core)	6.12.c.	professional relationships. (Core)
	The program director, in partnership with the Sponsoring Institution, must		The program director, in partnership v
	provide a culture of professionalism that supports patient safety and		provide a culture of professionalism t
VI.B.3.	personal responsibility. (Core)	6.12.d.	personal responsibility. (Core)
	Fellows and faculty members must demonstrate an understanding of their		Fellows and faculty members must de
	personal role in the safety and welfare of patients entrusted to their care,		personal role in the safety and welfare
VI.B.4.		6.12.e.	including the ability to report unsafe o
	Programs, in partnership with their Sponsoring Institutions, must provide		Programs, in partnership with their Sp
	a professional, equitable, respectful, and civil environment that is		a professional, equitable, respectful, a
	psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students,		psychologically safe and that is free fur forms of harassment, mistreatment, al
VI.B.5.	fellows, faculty, and staff. (Core)	6.12.f.	fellows, faculty, and staff. (Core)
	Programs, in partnership with their Sponsoring Institutions, should have a		Programs, in partnership with their Sp
	process for education of fellows and faculty regarding unprofessional		process for education of fellows and f
	behavior and a confidential process for reporting, investigating, and		behavior and a confidential process for
VI.B.6.	addressing such concerns. (Core)	6.12.g.	addressing such concerns. (Core)

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

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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Boguiromor
Number		Requirement Number	Requiremer
	Well-Being		
			Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physic
	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-b
	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		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and		clinical learning environment models
VI.C.	prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[Nono]	prepares fellows with the skills and a their careers.
VI.C.		[None]	
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
	attention to scheduling, work intensity, and work compression that	0.10.	attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
71.0.1.a)	evaluating workplace safety data and addressing the safety of fellows and	0.10.a.	evaluating workplace safety data and
VI.C.1.b)		6.13.b.	faculty members; (Core)
/1.0.1.0/	policies and programs that encourage optimal fellow and faculty member	0.10.0.	policies and programs that encourag
VI.C.1.c)		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
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (
	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 being as other aspects of resident mbers of the health care team share each other. A positive culture in a Is constructive behaviors, and dattitudes 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

mbers in:

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

nemselves 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 Language
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 procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)
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 without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation 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)
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 and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and 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 Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)
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 fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)
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 environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)
VI.E.2.a)	Fellows must demonstrate the ability to work in an interprofessional team that includes clinic management, receptionists, nursing staff, histo-technicians, program faculty members, and referring clinical personnel. (Outcome)	6.18.a.	Fellows must demonstrate the ability to work in an interprofessional team that includes clinic management, receptionists, nursing staff, histo-technicians, program faculty members, and referring clinical personnel. (Outcome)
VI.E.2.a).(1)	Each fellow must be an integral part of the evaluation, management, and coordination of care of his or her surgical patients, and must demonstrate the ability to lead these interprofessional teams. (Outcome)	6.18.a.1.	Each fellow must be an integral part of the evaluation, management, and coordination of care of his or her surgical patients, and must demonstrate the ability to lead these interprofessional teams. (Outcome)
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
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 assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
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 Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)
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 are competent in communicating with team members in the hand-off process. (Outcome)

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VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours n hours per week, averaged over a four house clinical and educational activiti and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours fi after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education (home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinication
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effect fellow education. Additional patient ca assigned to a fellow during this time.
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re- the following circumstances: to contin 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.

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

rk and Education ⁻ between scheduled clinical work and

rk and Education [•] between scheduled clinical work and

free of clinical work and education

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

ion Period Length

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

ion Period Length

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

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

Exceptions

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

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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 conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
, VI.F.4.b)	These additional hours of care or education must be counted toward the	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Dermatology will not consider requests for		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sound The Review Committee for Dermatology
VI.F.4.c)	exceptions to the 80-hour limit to the fellows' work week.	6.24.	exceptions to the 80-hour limit to the fello
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 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
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 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

Exceptions g off all other responsibilities, a fellow, remain or return to the clinical site in atinue to provide care to a single sive 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.

gy will not consider requests for ellows' 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 at be counted toward the 80-hour

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

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buse call no more frequently than er 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)

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

	Roman Numeral Requirement		Reformatted	
	Number	Requirement Language	Requirement Number	Requirement
Ĩ		At-home call must not be so frequent or taxing as to preclude rest or		At-home call must not be so frequent
	VI.F.8.a).(1)	reasonable personal time for each fellow. (Core)	6.28.a.	reasonable personal time for each fell

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