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

ation

edical education beyond a core who desire to enter more specialized ans serve the public by providing nclude 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 earning environments.

ancy 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 cclusive to fellowship-educated ce expands a physician's abilities to inquiry that results in contributions to re. Beyond the clinical subspecialty mentored relationships built on an orative research.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Int.B.	Definition of Subspecialty Molecular genetic pathology is the subspecialty of medical genetics and genomics and pathology in which the principles, theory, and technologies of molecular biology and molecular genetics are used to make or confirm clinical diagnoses of Mendelian genetic disorders, disorders of human development, immunologic conditions, infectious diseases, and malignancies; to assess the natural history of those disorders; and to provide the primary physician with information by which to improve the ability to provide optimal care for individuals affected with these disorders. Molecular genetic pathology includes a body of knowledge and techniques necessary to study diseases associated with alterations in the genome; provides information about gene structure, function, and alteration; and applies laboratory techniques for the diagnosis, treatment, and prognosis of individuals with these disorders.	[None]	Definition of Subspecialty Molecular genetic pathology is the subsp genomics and pathology in which the pri- molecular biology and molecular genetic diagnoses of Mendelian genetic disorde immunologic conditions, infectious disea natural history of those disorders; and to information by which to improve the abili- affected with these disorders. Molecular knowledge and techniques necessary to alterations in the genome; provides infor and alteration; and applies laboratory te- and prognosis of individuals with these of
	Length of Educational Program The educational program in molecular genetic pathology must be 12 months in		Length of Program The educational program in molecular g
Int.C.	length. (Core)	4.1.	length. (Core)
1.	Oversight	Section 1	Section 1: Oversight
I.A.	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 most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by c
I.A.1. I.B.	Institution. ^(Core) Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	1.1. [None]	Institution. (Core) Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)		The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	The Sponsoring Institution must also sponsor an ACGME-accredited program in anatomic and clinical pathology. (Core)	1.2.a.	The Sponsoring Institution must also spo anatomic and clinical pathology. (Core)
I.B.1.b)	For programs affiliated with an anatomic and clinical pathology program, the Sponsoring Institution must also sponsor an ACGME-accredited program in medical genetics and genomics or have an established relationship with an ACGME-accredited medical genetics and genomics program at another institution. (Core)	1.2.b.	For programs affiliated with an anatomic Sponsoring Institution must also sponso medical genetics and genomics or have ACGME-accredited medical genetics an institution. (Core)

ospecialty of medical genetics and principles, theory, and technologies of tics are used to make or confirm clinical ders, disorders of human development, eases, and malignancies; to assess the to provide the primary physician with pility to provide optimal care for individuals ar genetic pathology includes a body of to study diseases associated with formation about gene structure, function, techniques for the diagnosis, treatment, e disorders.

genetic pathology must be 12 months in

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

ponsor an ACGME-accredited program in

nic and clinical pathology program, the sor an ACGME-accredited program in ve an established relationship with an and genomics program at another

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	If the Sponsoring Institution does not also sponsor an ACGME-accredited program in medical genetics and genomics, the program must have an established relationship, including a program letter of agreement, with an ACGME-accredited medical genetics and genomics program at a different	4.0.1.4	If the Sponsoring Institution does not als program in medical genetics and genom established relationship, including a prog ACGME-accredited medical genetics and
I.B.1.b).(1)	Sponsoring Institution. (Core)	1.2.b.1.	Sponsoring Institution. (Core)
I.B.1.c)	For programs affiliated with a medical genetics and genomics program, the medical genetics and genomics program and the molecular genetic pathology program must be sponsored by the same Sponsoring Institution. (Core)	1.2.c.	For programs affiliated with a medical ge medical genetics and genomics program program must be sponsored by the same
I.B.1.d)	The molecular genetic pathology program must be jointly supported by the academic units responsible for pathology and clinical medical genetics. (Core)	1.2.d.	The molecular genetic pathology program academic units responsible for pathology
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment (Core)	1 2	There must be a program letter of agree and each participating site that govern
I.B.2.a)	program and the participating site providing a required assignment. (Core) The PLA must:	I.S. [None]	program and the participating site pro
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)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must to by the program director, who is accou site, in collaboration with the program
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit any participating sites routinely providing for all fellows, of one month full time of ACGME's Accreditation Data System (
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-driv and retention of a diverse and inclusiv fellows, faculty members, senior admi other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources

also sponsor an ACGME-accredited mics, the program must have an rogram letter of agreement, with an and genomics program at a different

genetics and genomics program, the am and the molecular genetic pathology me Sponsoring Institution. (Core)

ram must be jointly supported by the ogy and clinical medical genetics. (Core)

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

very 10 years. (Core) esignated 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 m (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	Requiremen
			Resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	The program, in partnership with its S the availability of adequate resources
I.D.1.a)	At the primary clinical site, the program must provide each fellow with:	1.8.a.	At the primary clinical site, the program
I.D.1.a).(1)	a designated work area; (Core)	1.8.a.1.	a designated work area; (Core)
	an individual computer with access to hospital and laboratory information		an individual computer with access to ho
I.D.1.a).(2)	systems, electronic health records, and the Internet; (Core)	1.8.a.2.	systems, electronic health records, and t
I.D.1.a).(3)	access to individual light microscopes and a multi-headed light microscope for rotations on which microscopic evaluations account for a major portion of the clinical experience; (Core)	1.8.a.3.	access to individual light microscopes ar rotations on which microscopic evaluatio clinical experience; (Core)
I.D.1.a).(4)	photomicroscopy and gross imaging technology; and, (Core)	1.8.a.4.	photomicroscopy and gross imaging tech
I.D.1.a).(5)	access to updated teaching materials, such as interesting case files and archived conference materials, or study sets, such as glass slides and virtual study sets, encompassing the core curriculum areas of anatomic and/or clinical pathology, as matches the program's specialty concentration. (Core)	1.8.a.5.	access to updated teaching materials, su archived conference materials, or study study sets, encompassing the core curric pathology, as matches the program's sp
I.D.1.b)	A sufficient volume and variety of specimens from adult and pediatric patients must be available to provide fellows a broad exposure to consultation regarding medical genetic and genomics testing for congenital and acquired diseases, as well as a sufficient volume of sporadic and heritable cancers, infectious diseases, and identity testing, without diluting the educational experience of fellows in affiliated pathology and medical genetics and genomics programs. (Core)	1.8.b.	A sufficient volume and variety of specim must be available to provide fellows a br medical genetic and genomics testing fo well as a sufficient volume of sporadic and diseases, and identity testing, without dil fellows in affiliated pathology and medica (Core)
I.D.1.c)	The institutions and laboratories participating in the program must be appropriately accredited and/or licensed. (Core)	1.8.c.	The institutions and laboratories participation appropriately accredited and/or licensed
I.D.1.d)	The Sponsoring Institution must ensure that activity is supported by other disciplines, including infectious disease, internal medicine, obstetrics and gynecology, oncology, pediatrics, and surgery. (Core)	1.8.d.	The Sponsoring Institution must ensure t disciplines, including infectious disease, gynecology, oncology, pediatrics, and su
,	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow		The program, in partnership with its S healthy and safe learning and working
I.D.2.	well-being and provide for:	1.9.	well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical l capabilities. (Core)

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

n must provide each fellow with:

hospital and laboratory information d the Internet; (Core)

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

echnology; and, (Core)

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

timens from adult and pediatric patients broad exposure to consultation regarding for congenital and acquired diseases, as and heritable cancers, infectious diluting the educational experience of ical genetics and genomics programs.

ipating in the program must be ed. (Core)

e that activity is supported by other e, internal medicine, obstetrics and surgery. (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

)

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

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

priate to the participating site; and,

sabilities consistent with the re)

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

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Requirement Number		Requirement Number	
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and of but not limited to residents from othe and advanced practice providers, must appointed fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicat must be provided with support adequ based upon its size and configuration
II.A.2.a)	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)	2.3.a.	Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direct director and one or more associate (or a
II.A.2.a).(1)	Programs with up to four approved fellow positions must be provided with a minimum of 10 percent time. Programs with five or six approved fellow positions must be provided with a minimum of 20 percent time. Programs with seven or more approved fellow positions must be provided with a minimum of 20 percent time and an additional 0.5 percent time for each approved position. (Core)	2.3.a.1.	Programs with up to four approved fellow minimum of 10 percent time. Programs w must be provided with a minimum of 20 p more approved fellow positions must be time and an additional 0.5 percent time f
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a).(1)	The program director must have at least three years of active participation as a specialist in molecular genetic pathology following completion of all graduate medical education. (Core)	2.4.b.	The program director must have at least specialist in molecular genetic pathology medical education. (Core)

sonnel

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

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

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

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

tor resides with the Review Committee.

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

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

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

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subspecialty expertise and iew Committee. (Core)

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subspecialty expertise and view Committee. (Core)

ist three years of active participation as a gy following completion of all graduate

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	must include current certification in the subspecialty for which they are the program director by the American Board of Medical Genetics and Genomics or the American Board of Pathology or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess of subspecialty for which they are the pu Board of Medical Genetics and Genomi or subspecialty qualifications that are Committee. (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.A.3.b).(1)	The program director must meet the requirements for continuing certification by the American Board of Medical Genetics and Genomics (ABMGG) and/or the American Board of Pathology (ABPath). (Core)	2.4.c.	The program director must meet the require American Board of Medical Genetics American Board of Pathology (ABPath).
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient car
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the missio
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of con develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G

current certification in the program director by the American mics or the American Board of Pathology **are acceptable to the Review**

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

equirements for continuing certification by cs and Genomics (ABMGG) and/or the)). (Core)

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

e model of professionalism. (Core)

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

g the fellows in each of the ACGME

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

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

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

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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 acti not to promote, or renew the appointr
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 restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide an interview with information related to the specialty board examination(s). (Core

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

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

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

on a non-competition guarantee or

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

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

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

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 Faculty members are a foundational of education – faculty members teach for Faculty members provide an importa- and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a of Faculty members experience the priod development of future colleagues. The the opportunity to teach and model ef scholarly approach to patient care, far medical education system, improve to population.
II.B.	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 themselves.	[None]	Faculty members ensure that patients from a specialist in the field. They rea the patients, fellows, community, and provide appropriate levels of supervis Faculty members create an effective professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of
II.B.2	Faculty members must:	[None]	instruct and supervise all fellows. (Co
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 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
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.2.g)	devote at least 20 hours per week in aggregate to fellowship-related clinical work, teaching, and administration. (Core)	2.7.f.	Faculty members must devote at least 2 fellowship-related clinical work, teaching

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

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

of faculty members with competence to Core)

lels of professionalism. (Core)

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

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

and maintain an educational ng fellows. (Core)

articipate in organized clinical , and conferences. (Core)

Ity development designed to enhance

t 20 hours per week in aggregate to ng, and administration. (Core)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	•
			Faculty Qualifications Faculty members must have appropri
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appoint
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropr
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of Medical Genetics and Genomics or the American Board of Pathology or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa or the American Board of Pathology or acceptable to the Review Committee.
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.B.3.b).(1).(a)	Physician faculty members who are not currently certified in molecular genetic pathology must have completed a fellowship in a subspecialty relevant to their clinical and educational responsibilities in the program, or have three years of practice experience in the subspecialty. (Core)	2.9.b.	Physician faculty members who are not pathology must have completed a fellow clinical and educational responsibilities i practice experience in the subspecialty.
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member Association (AOA) certifying board, o acceptable to the Review Committee.
	Core Faculty		
II.B.4.	Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or adm of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the (Core)
II.B.4.b)	There must be at least two core faculty members, one of whom must be the program director. (Core)	2.10.b.	There must be at least two core faculty i program director. (Core)
II.B.4.b).(1)	At least one core faculty member must be certified in molecular genetic pathology by the ABMGG or the ABPath. (Core)	2.10.b.1.	At least one core faculty member must b pathology by the ABMGG or the ABPath
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinato
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

mbers

nbers must have current certification in Board of Medical Genetics and Genomics or possess qualifications judged see. (Core)

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

ot currently certified in molecular genetic owship in a subspecialty relevant to their is in the program, or have three years of ty. (Core)

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

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

e annual ACGME Faculty Survey.

y members, one of whom must be the

t be certified in molecular genetic ath. (Core)

tor. (Core)

tor. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration o and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program as follows: (Core)		At a minimum, the program coordinator r time and support specified below for adn (Core)
	Number of Approved Fellow Positions: 1-3 Minimum Support Required (FTE): 0.2 Number of Approved Fellow Positions: 4-9 Minimum Support Required (FTE):		Number of Approved Fellow Positions: 1- 0.2 Number of Approved Fellow Positions: 4
II.C.2.a)	0.3 Number of Approved Fellow Positions: 10 or more Minimum Support Required (FTE): 0.4	2.11.b.	0.3 Number of Approved Fellow Positions: 1 (FTE): 0.4
,	Other Program Personnel		
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary per administration of the program. (Core)
····=·	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an AC an AOA-approved residency program, International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canad program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fie CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment to the program, fellows must:	3.2.a.1.	Prior to appointment to the program, fello
III.A.1.b).(1)	have successfully completed a residency in medical genetics and genomics that satisfies the requirements in III.A.1.; or, (Core)	3.2.a.1.a.	have successfully completed a residency satisfies the requirements in 3.2.; or, (Co
III.A.1.b).(2)	have successfully completed at least two years of a residency in pathology that satisfies the requirements in III.A.1.; or, (Core)	3.2.a.1.b.	have successfully completed at least two satisfies the requirements in 3.2.; or, (Co
III.A.1.b).(3)	be a physician certified by the ABMGG. (Core)	3.2.a.1.c.	be a physician certified by the ABMGG. (
III.A.1.c)	Fellow Eligibility Exception The Review Committees for Medical Genetics and Genomics and Pathology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Medical Ge will allow the following exception to th

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

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

1-3 | Minimum Support Required (FTE):

4-9 | Minimum Support Required (FTE):

10 or more | Minimum Support Required

Sponsoring Institution, must jointly personnel for the effective

ip Programs

htry 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 rom the core residency program. (Core) ellows must:

ncy in medical genetics and genomics that Core)

wo years of a residency in pathology that Core)

6. (Core)

Genetics and Genomics and Pathology the fellowship eligibility requirements:

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations ((Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissio (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoir Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, an matriculation. (Core)
IV.	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program. The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	Section 4: Educational Program The ACGME accreditation system is a and innovation in graduate medical ed organizational affiliation, size, or loca The educational program must suppo knowledgeable, skillful physicians wh It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		

rogram may accept an exceptionally licant who does not satisfy the but who does meet all of the following ions: (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

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

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

port the development of who provide compassionate care.

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

llowing educational components:

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
	a set of program aims consistent with the Sponsoring Institution's		a set of program aims consistent with
	mission, the needs of the community it serves, and the desired distinctive		mission, the needs of the community
IV.A.1.	capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.1.		4.2.d.	
	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in		competency-based goals and objectividesigned to promote progress on a tr
	their subspecialty. These must be distributed, reviewed, and available to		their subspecialty. These must be dis
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	fellows and faculty members; (Core)
	delineation of fellow responsibilities for patient care, progressive		delineation of fellow responsibilities
	responsibility for patient management, and graded supervision in their		responsibility for patient managemen
IV.A.3.	subspecialty; (Core)	4.2.c.	subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
			Curriculum Organization and Fellow I
			Experiences
	Fellows must be provided with protected time to participate in core		Fellows must be provided with protect
IV.A.4.a)	didactic activities. (Core)	4.11.	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 proutools, and techniques. (Core)
14.7.3.		7.2.5.	
			ACGME Competencies
			The Competencies provide a concept
			required domains for a trusted physic
			These Competencies are core to the
			the specifics are further defined by ea
			trajectories in each of the Competence
			Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
	Professionalism		
			ACGME Competencies – Professiona
	Fellows must demonstrate a commitment to professionalism and an		Fellows must demonstrate a commitr
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
			ACGME Competencies – Patient Care
	Fellows must be able to provide patient care that is patient- and family-		Fellows must be able to provide patie
	centered, compassionate, equitable, appropriate, and effective for the		centered, compassionate, equitable, a
IV.B.1.b).(1)	treatment of health problems and the promotion of health. (Core)	4.4.	treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence:	[None]	
	as consultants in clinical decision-making in collaboration with professionals		Fellows must demonstrate competence
	from related disciplines and in the cost-effective use of molecular genetic and		making in collaboration with professiona
IV.B.1.b).(1).(a).(i)	genomic testing; (Core)	4.4.a.	cost-effective use of molecular genetic a

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

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

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

eyond direct patient care; and, (Core) w Experiences – Didactic and Clinical

tected time to participate in core

romote patient safety-related goals,

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

SME Competencies into the curriculum.

nalism nitment to professionalism and an ore)

re

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

ce as consultants in clinical decisionnals from related disciplines and in the c and genomic testing. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(a).(ii)	in developing an approach for genetic and genomic testing to categorize conditions in a manner that facilitates clinical management; and, (Core)	4.4.b.	Fellows must demonstrate competence and genomic testing to categorize condi- management. (Core)
IV.B.1.b).(1).(a).(ii).(a)	This experience must include participation in clinical conferences and exposure to patient care. (Core)	4.4.b.1.	This experience must include participati to patient care. (Core)
IV.B.1.b).(1).(a).(iii)	in providing appropriate and effective patient care consultations to physicians and other health professionals, both intra- and inter-departmentally. (Core)	4.4.c.	Fellows must demonstrate competence patient care consultations to physicians intra- and inter-departmentally. (Core)
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows should participate in performing the patient and laboratory procedures for which they will be expected to supervise ancillary staff members. (Core)	4.5.a.	Fellows should participate in performing for which they will be expected to superv
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate:	[None]	
IV.B.1.c).(1).(a)	their knowledge of molecular biology and biochemistry of nucleic acids and proteins, including: (Core)	4.6.a.	Fellows must demonstrate their knowled biochemistry of nucleic acids and protein
IV.B.1.c).(1).(a).(i)	structure; (Core)	4.6.a.1.	structure; (Core)
IV.B.1.c).(1).(a).(ii)	function; (Core)	4.6.a.2	function; (Core)
IV.B.1.c).(1).(a).(iii)	replication mechanisms; (Core)	4.6.a.3.	replication mechanisms; (Core)
IV.B.1.c).(1).(a).(iv)	in vitro synthesis; and, (Core)	4.6.a.4.	in vitro synthesis; and, (Core)
IV.B.1.c).(1).(a).(v)	the roles of DNA and various RNA classes and proteins in cellular biology. (Core)	4.6.a.5.	the roles of DNA and various RNA class (Core)
IV.B.1.c).(1).(b)	their knowledge of the mechanism of regulation of gene expression in prokaryotes and eukaryotes; (Core)	4.6.b.	Fellows must demonstrate their knowled gene expression in prokaryotes and euk
IV.B.1.c).(1).(c)	their knowledge of the biochemical mechanisms of pathogenic variants; (Core)	4.6.c.	Fellows must demonstrate their knowled pathogenic variants. (Core)
IV.B.1.c).(1).(d)	their detailed knowledge of disease processes at the molecular level and the methods used for their detection; (Core)	4.6.d.	Fellows must demonstrate their detailed molecular level and the methods used for
IV.B.1.c).(1).(d).(i)	These diseases and conditions include solid tumors, leukemia-lymphomas, infectious diseases, inherited Mendelian diseases, and non-Mendelian and acquired genetic diseases (e.g., mitochondrial disorders, triplet repeats, expansion disorders, cytogenetic aberrations, and imprinting disorders). (Core)	4.6.d.1.	These diseases and conditions include s infectious diseases, inherited Mendelian acquired genetic diseases (e.g., mitocho expansion disorders, cytogenetic aberra
IV.B.1.c).(1).(e)	their knowledge of HLA typing/identity testing and the principles of linkage analysis; (Core)	4.6.e.	Fellows must demonstrate their knowled principles of linkage analysis. (Core)

ce in developing an approach for genetic nditions in a manner that facilitates clinical

ation in clinical conferences and exposure

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

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

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

nowledge

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

ledge of molecular biology and eins, including: (Core)

sses and proteins in cellular biology.

ledge of the mechanism of regulation of ukaryotes. (Core)

edge of the biochemical mechanisms of

ed knowledge of disease processes at the for their detection. (Core)

e solid tumors, leukemia-lymphomas, an diseases, and non-Mendelian and chondrial disorders, triplet repeats, rrations, and imprinting disorders). (Core) ledge of HLA typing/identity testing and the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.c).(1).(f)	their knowledge of statistics as applied to diagnosis and management, test performance and applications, limitations of genetic and genomic test methodologies, and calculation of primary and residual risk; (Core)	4.6.f.	Fellows must demonstrate their knowledge and management, test performance and genomic test methodologies, and calcula
IV.B.1.c).(1).(g)	their knowledge and understanding of the principles of molecular diagnostic, prognostic, and therapeutic testing for patients with infectious diseases and cancer, and tests to monitor affected patients; (Core)	4.6.g.	Fellows must demonstrate their knowledg of molecular diagnostic, prognostic, and t infectious diseases and cancer, and tests
IV.B.1.c).(1).(h)	their knowledge of autopsy and surgical pathology procedures, infectious diseases, hematopathology, and other relevant pathology activities; (Core)	4.6.h.	Fellows must demonstrate their knowledge procedures, infectious diseases, hemato activities. (Core)
IV.B.1.c).(1).(h).(i)	Fellows must demonstrate knowledge of how to select and appropriately sample fresh and fixed tissue for molecular testing. (Core)	4.6.h.1.	Fellows must demonstrate knowledge of fresh and fixed tissue for molecular testin
IV.B.1.c).(1).(i)	their knowledge of laboratory regulatory and accreditation requirements; and, (Core)	4.6.i.	Fellows must demonstrate their knowledg accreditation requirements. (Core)
IV.B.1.c).(1).(j)	their knowledge of the requirements for establishing and operating a molecular genetic pathology laboratory, laboratory management, and supervising and training laboratory personnel in advanced techniques. (Core)	4.6.j.	Fellows must demonstrate their knowledge and operating a molecular genetic pathol management, and supervising and trainin techniques. (Core)
IV.B.1.c).(2)	Fellows must be able to incorporate clinical and other laboratory information into the interpretation and the reporting of genetic and genomic results. (Core)	4.6.k.	Fellows must be able to incorporate clinic the interpretation and the reporting of ger
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-Base Fellows must demonstrate the ability t of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersonal Fellows must demonstrate interpersor result in the effective exchange of info patients, their families, and health pro-
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awarene larger context and system of health ca social determinants of health, as well a other resources to provide optimal hea

edge of statistics as applied to diagnosis nd applications, limitations of genetic and ulation of primary and residual risk. (Core)

edge and understanding of the principles d therapeutic testing for patients with sts to monitor affected patients. (Core)

edge of autopsy and surgical pathology topathology, and other relevant pathology

of how to select and appropriately sample ting. (Core)

edge of laboratory regulatory and

edge of the requirements for establishing nology laboratory, laboratory ning laboratory personnel in advanced

nical and other laboratory information into genetic and genomic results. (Core)

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

nal and Communication Skills conal and communication skills that formation and collaboration with rofessionals. (Core)

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

[
Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
Requirement Number	r Requirement Language	Requirement Number	Requiremen 4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experience These educational experiences include patient care responsibilities, clinical to events. (Core) 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protect didactic activities. (Core) 4.12. Curriculum Organization and Fe The program must provide instruction management if applicable for the sub
IV.C. IV.C.1.	Curriculum Organization and Fellow Experiences 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)		the signs of substance use disorder. Curriculum Organization and Fellow The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical events. (Core)
IV.C.1.a)	There should be one faculty member who is responsible for the educational experience on each rotation to ensure supervisory continuity. (Core)	4.10.a.	There should be one faculty member whether experience on each rotation to ensure s
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 I The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.3.	Fellow experiences must be designed to allow appropriate faculty member supervision such that fellows progress to the performance of assigned clinical responsibilities under oversight, as defined in VI.A.2.c).(3), in order to demonstrate their ability to enter the autonomous practice of molecular genetic pathology prior to completion of the program. (Core)	4.11.a.	Fellow experiences must be designed to supervision such that fellows progress to responsibilities under Oversight, as defin to demonstrate their ability to enter the a genetic pathology prior to completion of
IV.C.4.	Programs must provide a structured educational experience in all current aspects of the discipline including basic science, diagnostic laboratory procedures, laboratory management, and consultation. (Core)	4.11.b.	Programs must provide a structured edu aspects of the discipline including basic procedures, laboratory management, an
IV.C.4.a)	This must include structured educational experiences in HLA/identity testing and molecular diagnostics of inherited Mendelian diseases, non-Mendelian and acquired genetic diseases, infectious diseases, and cancers, including solid tumors and leukemia/lymphoma. (Core)	4.11.b.1.	This must include structured educationa molecular diagnostics of inherited Mend acquired genetic diseases, infectious dis tumors and leukemia/lymphoma. (Core)

Fellow Experiences – Curriculum

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

Fellow Experiences – Didactic and

ected time to participate in core

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

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

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

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

to allow appropriate faculty member to the performance of assigned clinical fined in the Supervision section, in order autonomous practice of molecular of the program. (Core)

ducational experience in all current ic science, diagnostic laboratory and consultation. (Core)

nal experiences in HLA/identity testing and idelian diseases, non-Mendelian and diseases, and cancers, including solid

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.5.	Programs must be designed to teach fellows to integrate molecular genetic pathology into medical consultations with clinicians in the diagnosis and care of patients. (Core)	4.11.c.	Programs must be designed to teach fel pathology into medical consultations wit patients. (Core)
IV.C.5.a)	Fellow experience must include supervision of trainees and/or laboratory personnel, and graded responsibility, including independent diagnosis and decision-making. (Core)	4.11.c.1.	Fellow experience must include supervis personnel, and graded responsibility, ind decision-making. (Core)
IV.C.6.	Programs must be structured so that fellows are involved in molecular genetic pathology throughout the year. The program must include both didactic instruction and practical experience. (Core)	4.11.d.	Programs must be structured so that fel pathology throughout the year. The prog instruction and practical experience. (Co
IV.C.7.	There must be regularly scheduled, inter-departmental molecular genetic pathology conferences, as well as intra-departmental conferences, lectures, seminars, journal clubs, and other structured educational activities. (Core)	4.11.e.	There must be regularly scheduled, inte pathology conferences, as well as intra- seminars, journal clubs, and other struct
IV.C.7.a)	Faculty members and fellows must attend and actively participate in these sessions on a regular basis. (Core)	4.11.e.1.	Faculty members and fellows must atter sessions on a regular basis. (Core)
IV.C.8.	Instruction should include the use of study sets and files of both usual and unusual cases, as well as other educational materials. (Detail)	4.11.f.	Instruction should include the use of stu unusual cases, as well as other education
IV.C.9.	Fellows must regularly participate in interdisciplinary work with genetic counselors, including counselors involved in familial cancer genetic counseling, nurses, and other health care professionals who are involved in the provision of clinical medical genetics services. (Core)	4.11.g.	Fellows must regularly participate in inte counselors, including counselors involve nurses, and other health care profession clinical medical genetics services. (Core
IV.C.10.	Fellows must regularly participate in interdisciplinary work in teams with clinical lab staff, pathologists, and clinical care providers. (Core)	4.11.h.	Fellows must regularly participate in inter lab staff, pathologists, and clinical care p
IV.C.11.	Fellows should participate in laboratory quality assurance activities and inspections. (Detail)	4.11.i.	Fellows should participate in laboratory inspections. (Detail)
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly activities 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, pope other programs might choose to utilize research as the focus for scholarship

ellows to integrate molecular genetic /ith clinicians in the diagnosis and care of

vision of trainees and/or laboratory ncluding independent diagnosis and

ellows are involved in molecular genetic ogram must include both didactic Core)

ter-departmental molecular genetic a-departmental conferences, lectures, ictured educational activities. (Core)

end and actively participate in these

tudy sets and files of both usual and itional materials. (Detail)

terdisciplinary work with genetic ved in familial cancer genetic counseling, onals who are involved in the provision of re)

terdisciplinary work in teams with clinical providers. (Core)

y quality assurance activities and

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and air
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow scholarly activities. (Core)
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.a)	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fo

idence of scholarly activities, aims. (Core)

idence of scholarly activities, aims. (Core)

Sponsoring Institution, must allocate low and faculty involvement in

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

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

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

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

ssemination of scholarly activity within following methods:

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor;		faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal
IV.D.2.b).(1)	(Outcome)	4.14.a.1.	(Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome
			Fellow Scholarly Activity Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journa national); (Core)
			•preparation and submission of articles t (Core)
IV.D.3.	Fellow Scholarly Activity	4.15.	•research. (Core)
			Fellow Scholarly Activity Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journa national); (Core)
			•preparation and submission of articles f (Core)
IV.D.3.a)	Each fellow must participate in scholarly activity, including at least one of the following: (Core)	4.15.	•research. (Core)
			Fellow Scholarly Activity Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journa national); (Core)
			•preparation and submission of articles t (Core)
IV.D.3.a).(1)	evidence-based presentations at journal clubs or meetings (local, regional, or national); (Core)	4.15.	•research. (Core)

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

ne)

rly activity, including at least one of the

rnal clubs or meeting (local, regional, or

es for peer-reviewed publications; or,

arly activity, including at least one of the

rnal clubs or meeting (local, regional, or

es for peer-reviewed publications; or,

arly activity, including at least one of the

rnal clubs or meeting (local, regional, or

es for peer-reviewed publications; or,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Fellow Scholarly Activity Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journa national); (Core)
			•preparation and submission of articles (Core)
IV.D.3.a).(2)	preparation and submission of articles for peer-reviewed publications; or, (Core)	4.15.	•research. (Core)
			Fellow Scholarly Activity Each fellow must participate in scholarly following: (Core)
			•evidence-based presentations at journa national); (Core)
			•preparation and submission of articles (Core)
IV.D.3.a).(3)	research. (Core)	4.15.	•research. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durit educational assignment. (Core)
V.A.		0.1.	Fellow Evaluation: Feedback and Eva
			Faculty members must directly obser feedback on fellow performance during
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)		Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri
V.A.1.a)		5.1.	educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than th must be documented at least every the
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as co clinical responsibilities must be evalu at completion. (Core)

arly activity, including at least one of the

rnal clubs or meeting (local, regional, or

es for peer-reviewed publications; or,

arly activity, including at least one of the

rnal clubs or meeting (local, regional, or

es for peer-reviewed publications; or,

valuation

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

valuation

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

valuation

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

the completion of the assignment.

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

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

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Requirement Number	Requirement Language	Requirement Number	Requirement Language
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 performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (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 members, peers, patients, self, and other professional staff members); and, (Core)
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 Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designee, with input from the Clinical Competency Committee, must meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones. (Core)
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designee, with input from the Clinical Competency Committee, must assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designee, with input from the Clinical Competency Committee, must develop plans for fellows failing to progress, following institutional policies and procedures. (Core)
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, i applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review	5.1.g.	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a final evaluation for each fellow upon 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 final evaluation for each fellow upon 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, 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)
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 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)
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 fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. (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 with the fellow upon completion of the program. (Core)

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V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competence members, at least one of whom is a c be faculty members from the same pr health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to thei performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p

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

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

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

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

back on their evaluations at least

valuations should be incorporated into plans. (Core)

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

ent

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

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Requirement Number		Requirement Number	
	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member,		The Program Evaluation Committee n program faculty members, at least on
V.C.1.a)	and at least one fellow. (Core)	5.5.a.	and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
		[]	Program Evaluation Committee respo
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee response ongoing program improvement, inclu based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee 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 n and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Se (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) membe 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 wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
•.0.3.0	איסטימוויש ווו נוומנ שטשאפטומונש. (סענטטוופ)	J.J.a.	programs in that subspecially. (Outor

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

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

oonsibilities must include guiding luding development of new goals,

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

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

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

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

self-Study and submit it to the DIO.

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

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

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

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

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	For subspecialties in which the ABMS member board and/or AOA		For subspecialties in which the ABMS
	certifying board offer(s) an annual oral exam, in the preceding three years,		certifying board offer(s) an annual or
	the program's aggregate pass rate of those taking the examination for the		the program's aggregate pass rate of
	first time must be higher than the bottom fifth percentile of programs in	5 6 h	first time must be higher than the bot
V.C.3.c)	that subspecialty. (Outcome)	5.6.b.	that subspecialty. (Outcome)
	For subspecialties in which the ABMS member board and/or AOA		For subspecialties in which the ABMS
	certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the		certifying board offer(s) a biennial ora the program's aggregate pass rate of
	first time must be higher than the bottom fifth percentile of programs in		first time must be higher than the both
V.C.3.d)		5.6.c.	that subspecialty. (Outcome)
,	For each of the exams referenced in V.C.3.a)-d), any program whose		For each of the exams referenced in 5
	graduates over the time period specified in the requirement have achieved		graduates over the time period specif
	an 80 percent pass rate will have met this requirement, no matter the		an 80 percent pass rate will have met
	percentile rank of the program for pass rate in that subspecialty.		percentile rank of the program for pas
V.C.3.e)	(Outcome)	5.6.d.	(Outcome)
	Programs must report, in ADS, board certification status annually for the		Programs must report, in ADS, board
V.C.3.f)		5.6.e.	cohort of board-eligible fellows that g
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environme
	Fellowship education must occur in the context of a learning and working		The Learning and Working Environme Fellowship education must occur in the
	environment that emphasizes the following principles:		environment that emphasizes the follo
	•Excellence in the safety and quality of care rendered to patients by		•Excellence in the safety and quality o
	fellows today		fellows today
	•Excellence in the safety and quality of care rendered to patients by		•Excellence in the safety and quality of
	today's fellows in their future practice		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
	•Commitment to the well-being of the students, residents, fellows, faculty		•Commitment to the well-being of the
1/1	members, and all members of the health care team	Ocation C	members, and all members of the hea
VI. VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	Section 6 [None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
	i adont outory and waanty improvement		

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

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

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

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

g Environment

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the context of a learning and working blowing principles:

of care rendered to patients by

/ of care rendered to patients by ce

oviding care for patients

ne students, residents, fellows, faculty ealth care team

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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 a willingness to transparently deal wit has formal mechanisms to assess the its personnel toward safety in order to
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, an patient safety systems and contribute
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 essential the ability to identify causes and instit changes to ameliorate patient safety w
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, a must know their responsibilities in rep unsafe conditions at the clinical site, i (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, a must be provided with summary inform 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 real benchmarks related to their patient po

ous identification of vulnerabilities and with them. An effective organization he knowledge, skills, and attitudes of to identify areas for improvement.

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

t-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.

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 nent efforts.

receive data on quality metrics and populations. (Core)

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremen
			Supervision and Accountability Although the attending physician is a the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon relates to the supervision of all patien
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduat and effective care to patients; ensure skills, knowledge, and attitudes requ practice of medicine; and establishes professional growth.
VI.A.2.a)	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon- relates to the supervision of all patien Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as app

s ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it ient care.

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

s ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and onsibility and accountability as it ient care.

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

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

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

at the appropriate level of supervision in ch fellow's level of training and ability, cuity. Supervision may be exercised opropriate to the situation. (Core)

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Requirement Number		Requirement Number	Requirement
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).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. The program must define when physical presence of a supervising	[None]	Oversight The supervising physician is available procedures/encounters with feedback The program must define when physic
VI.A.2.c) VI.A.2.d)	physician is required. (Core) 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)	6.8.	physician is required. (Core) The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d)	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 t 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 s
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)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care autho

ervision while providing for graded ogram must use the following

cally present with the fellow during the on.

cally present with the fellow during the on.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	 Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident 		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills nurtured in the context of other aspect Fellows and faculty members are at r Programs, in partnership with their S same responsibility to address well-b
VI.C.	competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or poten assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-s
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (

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

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

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

embers in:

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

hemselves and how to seek appropriate

-screening. (Core)

ffordable mental health assessment, ng access to urgent and emergent care . (Core)

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VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for fello care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of
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 v consequences for the fellow who is of work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.2.a)	Fellows should have regular opportunities to work with genetic counselors, nurses, and other health care professionals who are involved in the provision of clinical medical genetics services. (Core)	6.18.a.	Fellows should have regular opportunitie nurses, and other health care profession clinical medical genetics services. (Core
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured hand continuity of care and patient safety. (

ellows may be unable to attend work, illness, family emergencies, and e. Each program must allow an llows unable to perform their patient

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

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

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

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

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

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

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

ties to work with genetic counselors, onals who are involved in the provision of re)

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

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

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

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VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours 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 fr after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education (home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinica
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled 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)		Up to four hours of additional time ma patient safety, such as providing effect education. Additional patient care res a fellow during this time. (Core)
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)

are competent in communicating with ess. (Outcome)

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

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

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

free of clinical work and education e)

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

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

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

may be used for activities related to fective transitions of care, and/or fellow esponsibilities must not be assigned to

Exceptions

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sound
VI.F.4.c)	The Review Committees for Medical Genetics and Genomics and Pathology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committees for Medical Ger not consider requests for exceptions to the week.
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.6.a)	Fellows must not be assigned night float duties. (Core) Maximum In-House On-Call Frequency	6.26.a.	Fellows must not be assigned night float
VI.F.7.	Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	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 to count toward the 80-hour maximum w home call is not subject to the every-to the requirement for one day in seven when averaged over four weeks. (Core

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

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

Genetics and Genomics and Pathology will the 80-hour limit to the fellows' work

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

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

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

at duties. (Core)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)		At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven f when averaged over four weeks. (Core
	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)		At-home call must not be so frequent reasonable personal time for each fell

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)

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