Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremer
	Definition of Graduate Medical Education		
			Definition of Graduate Medical Educa
	Fellowship is advanced graduate medical education beyond a core		Fellowship is advanced graduate me
	residency program for physicians who desire to enter more specialized		residency program for physicians wl
	practice. Fellowship-trained physicians serve the public by providing		practice. Fellowship-trained physicia
	subspecialty care, which may also include core medical care, acting as a		subspecialty care, which may also in
	community resource for expertise in their field, creating and integrating		community resource for expertise in
	new knowledge into practice, and educating future generations of		new knowledge into practice, and ed
	physicians. Graduate medical education values the strength that a diverse		physicians. Graduate medical educat
	group of physicians brings to medical care, and the importance of		group of physicians brings to medica
	inclusive and psychologically safe learning environments.		inclusive and psychologically safe le
	Fellows who have completed residency are able to practice autonomously		Fellows who have completed residen
	in their core specialty. The prior medical experience and expertise of		in their core specialty. The prior med
	fellows distinguish them from physicians entering residency. The fellow's		fellows distinguish them from physic
	care of patients within the subspecialty is undertaken with appropriate		care of patients within the subspecia
	faculty supervision and conditional independence. Faculty members		faculty supervision and conditional i
	serve as role models of excellence, compassion, cultural sensitivity,		serve as role models of excellence, o
	professionalism, and scholarship. The fellow develops deep medical		professionalism, and scholarship. Th
	knowledge, patient care skills, and expertise applicable to their focused		knowledge, patient care skills, and e
	area of practice. Fellowship is an intensive program of subspecialty		area of practice. Fellowship is an inte
	clinical and didactic education that focuses on the multidisciplinary care		clinical and didactic education that fo
	of patients. Fellowship education is often physically, emotionally, and		of patients. Fellowship education is o
	intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-		intellectually demanding, and occurs environments committed to graduate
	being of patients, residents, fellows, faculty members, students, and all		being of patients, residents, fellows,
nt.A.	members of the health care team.	[None]	members of the health care team.
	In addition to clinical education, many fellowship programs advance		In addition to clinical education, man
	fellows' skills as physician-scientists. While the ability to create new		fellows' skills as physician-scientists
	knowledge within medicine is not exclusive to fellowship-educated		knowledge within medicine is not exe
	physicians, the fellowship experience expands a physician's abilities to		physicians, the fellowship experience
	pursue hypothesis-driven scientific inquiry that results in contributions to		pursue hypothesis-driven scientific i
	the medical literature and patient care. Beyond the clinical subspecialty		the medical literature and patient car
	expertise achieved, fellows develop mentored relationships built on an		expertise achieved, fellows develop i
Int.A (Continued)	infrastructure that promotes collaborative research.	[None] - (Continued)	infrastructure that promotes collabor
	Definition of Subspecialty		Definition of Subspecialty
	Medical oncology is the internal medicine subspecialty that involves the		Medical oncology is the internal medicir
Int.B.	diagnosis and management of benign and malignant neoplasms.	[None]	diagnosis and management of benign a
	Length of Educational Program		Length of Educational Program
	The educational program in medical oncology must be 24 months in length.		The educational program in medical one
Int.C.	(Core)	4.1.	(Core)
	Oversight	Section 1	Section 1: Oversight

cation

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

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

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

cine subspecialty that involves the and malignant neoplasms.

ncology must be 24 months in length.

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
	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.		Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp medical education consistent with th
I.A.	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]	When the Sponsoring Institution is n most commonly utilized site of clinic primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by o Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organizatior or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spe primary clinical site. (Core)
I.B.1.a)	A medical oncology fellowship must function as an integral part of an ACGME- accredited program in internal medicine. (Core)	1.2.a.	A medical oncology fellowship must fun accredited program in internal medicine
I.B.1.b)	There must be a collaborative relationship with the program director of the internal medicine residency program to ensure compliance with the ACGME accreditation requirements. (Core)	1.2.b.	There must be a collaborative relationsh internal medicine residency program to accreditation requirements. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of age and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is acco 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 ar participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.B.5.	The program should ensure that fellows are not unduly burdened by required rotations at geographically distant sites. (Core)	1.6.a.	The program should ensure that fellows rotations at geographically distant sites.

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

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

y one ACGME-accredited Sponsoring

ion providing educational experiences ons for fellows.

ponsoring Institution, must designate a

unction as an integral part of an ACGMEne. (Core)

The sector of th

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

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

ical learning and working environment

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

any additions or deletions of ing an educational experience, required ne equivalent (FTE) or more through the m (ADS). (Core)

ws are not unduly burdened by required es. (Core)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
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-dr and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its s the availability of adequate resources 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)	The program, in partnership with its Sponsoring Institution, must:	[None]	
I.D.1.a).(1)	ensure the program has adequate space available, including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space; (Core)	1.8.a.	The program, in partnership with its Spo program has adequate space available, examination rooms, computers, visual a space. (Core)
I.D.1.a).(2)	ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work; (Core)	1.8.b.	The program, in partnership with its Spo appropriate in-person or remote/virtual of telecommunication technology, are avai (Core)
I.D.1.a).(3)	provide access to an electronic health record (EHR); and, (Core)	1.8.c.	The program, in partnership with its Spo to an electronic health record (EHR). (C
I.D.1.a).(4)	provide fellows with access to training using simulation to support fellow education and patient safety. (Core)	1.8.d.	The program, in partnership with its Spo with access to training using simulation safety. (Core)
I.D.1.b)	A hematology laboratory must be located at the primary clinical site. (Core)	1.8.e.	A hematology laboratory must be locate
I.D.1.c)	A specialized coagulation laboratory must be accessible. (Core)	1.8.f.	A specialized coagulation laboratory mu
I.D.1.d)	The following must be present at the primary clinical site or a participating site(s):	[None]	
I.D.1.d).(1)	cross-sectional imaging, including computed tomography (CT) and magnetic	1.8.g.	Cross-sectional imaging, including comp resonance imaging (MRI) must be prese site(s). (Core)
I.D.1.d).(2)	nuclear medicine imaging; and, (Core)	1.8.h.	Nucleur medicine imaging must be pres site(s). (Core)
I.D.1.d).(3)	positron emission tomography (PET) scan imaging. (Core)	1.8.i.	Positron emission tomography (PET) sc primary clinical or participating site(s). (
I.D.1.e)	There must be advanced pathology services, including:	1.8.j.	There must be advanced pathology serv
I.D.1.e).(1)	blood banking; (Core)	1.8.j.1.	blood banking; (Core)
I.D.1.e).(2)	immunopathology; and, (Core)	1.8.j.2.	immunopathology; and, (Core)
I.D.1.e).(3)	transfusion and apheresis. (Core)	1.8.j.3.	transfusion and apheresis. (Core)

ion

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

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

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

ponsoring Institution, must ensure the le, including meeting rooms, classrooms, l and other educational aids, and office

ponsoring Institution, must ensure that I consultations, including those done using ailable in settings in which fellows work.

ponsoring Institution, must provide access (Core)

ponsoring Institution, must provide fellows on to support fellow education and patient

ted at the primary clinical site. (Core) nust be accessible. (Core)

mputed tomography (CT) and magnetic esent at the primary clinical or participating

esent at the primary clinical or participating

scan imaging must be present at the (Core)

ervices, including:

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.1.f)	There must be a hematology clinical program with which medical oncology fellows may interact. (Core)	1.8.k.	There must be a hematology clinical pro fellows may interact. (Core)
l.D.1.g)	Radiation oncology facilities must be available. (Core)	1.8.I.	Radiation oncology facilities must be available
l.D.1.h)	The program must provide fellows with a patient population representative of both the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. (Core)	1.8.m.	The program must provide fellows with a both the broad spectrum of clinical disor by subspecialists in this area, and of the program. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
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 capabilities. (Core)
I.E.	Other Learners and Health Care Personnel 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.	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe and advanced practice providers, mut appointed fellows' education. (Core)
<u> </u>	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduat (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 directo (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 applical must be provided with support adequ based upon its size and configuration

rogram with which medical oncology

vailable. (Core)

n a patient population representative of orders and medical conditions managed ne community being served by the

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,

isabilities consistent with the re)

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

rsonnel

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 ments. (Core)

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

tor resides with the Review Committee.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program director mus and support specified below for administ
	Number of Approved Fellow Positions: <7 Minimum Support Required (FTE): 0.20		Number of Approved Fellow Positions: < 0.20
	Number of Approved Fellow Positions: 7-9 Minimum Support Required (FTE): 0.25		Number of Approved Fellow Positions: 7 0.25
	Number of Approved Fellow Positions: 10-12 Minimum Support Required (FTE): 0.30		Number of Approved Fellow Positions: 1 (FTE): 0.30
	Number of Approved Fellow Positions: 13-15 Minimum Support Required (FTE): 0.35		Number of Approved Fellow Positions: 1 (FTE): 0.35
II.A.2.a)	Number of Approved Fellow Positions: 16-18 Minimum Support Required (FTE): 0.40	2.3.a.	Number of Approved Fellow Positions: 1 (FTE): 0.40
II.A.2.b)	Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). (Core)	2.3.b.	Programs must appoint at least one of the members to be associate program direct
	The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core)		The associate program director(s) must dedicated minimum time for administration
	Number of Approved Fellow Positions: <7 Minimum Aggregate Support Required (FTE): Refer to PR 2.10.c. Number of Approved Fellow Positions: 7-9 Minimum Aggregate Support Required (FTE): 0.13 Number of Approved Fellow Positions: 10-12 Minimum Aggregate Support Required (FTE): 0.14 Number of Approved Fellow Positions: 13-15 Minimum Aggregate Support Required (FTE): 0.15 Number of Approved Fellow Positions: 16-18 Minimum Aggregate Support Required (FTE): 0.16 Number of Approved Fellow Positions: 19-21 Minimum Aggregate Support Required (FTE): 0.17 Number of Approved Fellow Positions: 22-24 Minimum Aggregate Support Required (FTE): 0.18 Number of Approved Fellow Positions: 25-27 Minimum Aggregate Support		Number of Approved Fellow Positions: < Required (FTE): Refer to PR 2.10.c. Number of Approved Fellow Positions: 7 Required (FTE): 0.13 Number of Approved Fellow Positions: 1 Required (FTE): 0.14 Number of Approved Fellow Positions: 1 Required (FTE): 0.15 Number of Approved Fellow Positions: 1 Required (FTE): 0.16 Number of Approved Fellow Positions: 1 Required (FTE): 0.17 Number of Approved Fellow Positions: 2 Required (FTE): 0.18 Number of Approved Fellow Positions: 2
II.A.2.c)	Required (FTE): 0.24	2.3.c.	Required (FTE): 0.24 Qualifications of the Program Directo
II.A.3.	Qualifications of the program director:	2.4.	The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a).(1)	The program director must have at least three years of documented educational and/or administrative experience in an ACGME-accredited internal medicine residency or medical oncology fellowship. (Core)	2.4.b.	The program director must have at least and/or administrative experience in an A residency or medical oncology fellowshi

ust be provided with the dedicated time istration of the program: (Core)

- <7 | Minimum Support Required (FTE):
- 7-9 | Minimum Support Required (FTE):
- 10-12 | Minimum Support Required
- 13-15 | Minimum Support Required
- 16-18 | Minimum Support Required

the subspecialty-certified core faculty ector(s). (Core)

st be provided with support equal to a ation of the program as follows: (Core)

- <7 | Minimum Aggregate Support</pre>
- 7-9 | Minimum Aggregate Support
- 10-12 | Minimum Aggregate Support
- 13-15 | Minimum Aggregate Support
- 16-18 | Minimum Aggregate Support
- 19-21 | Minimum Aggregate Support
- 22-24 | Minimum Aggregate Support
- 25-27 | Minimum Aggregate Support

tor:

s subspecialty expertise and view Committee. (Core)

tor

s subspecialty expertise and view Committee. (Core)

ast three years of documented educational ACGME-accredited internal medicine hip. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Internal Medicine (ABIM) or by the American Osteopathic Board of Internal Medicine (AOBIM), or subspecialty qualifications that are acceptable to the Review Committee. (Core)	2.4.a.	The program director must possess of subspecialty for which they are the pr Board of Internal Medicine (ABIM) or by Internal Medicine (AOBIM), or subspect acceptable to the Review Committee.
II.A.3.b).(1)	The Review Committee only accepts current ABIM or AOBIM certification in medical oncology. (Core)	2.4.a.1.	The Review Committee only accepts cur medical oncology. (Core)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1) II.A.4.a).(2)	be a role model of professionalism; (Core) 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.a. 2.5.b.	The program director must be a role r The program director must design an consistent with the needs of the com Sponsoring Institution, and the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of 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) submit accurate and complete information required and requested by the	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core) The program director must submit ac
II.A.4.a).(6)	DIO, GMEC, and ACGME; (Core) provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback	2.5.f.	required and requested by the DIO, Gi The program director must provide a which fellows have the opportunity to
II.A.4.a).(7)	in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	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 appointm
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)

s current certification in the program director by the American by the American Osteopathic Board of ecialty qualifications that are e. (Core)

urrent ABIM or AOBIM certification in

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

e model of professionalism. (Core)

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

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

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

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

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

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

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

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

n a non-competition guarantee or

Roman Numeral	Poquiroment Lenguege	Reformatted	De autinement
Requirement Number	Requirement Language	Requirement Number	
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,
	Faculty		Faculty
	 Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and 		Faculty members are a foundational e education – faculty members teach fe Faculty members provide an important and become practice ready, ensuring quality of care. They are role models is by demonstrating compassion, commi- patient care, professionalism, and a co Faculty members experience the prid development of future colleagues. The the opportunity to teach and model ex- scholarly approach to patient care, fa medical education system, improve the population. Faculty members ensure that patients from a specialist in the field. They reac- the patients, fellows, community, and provide appropriate levels of supervise Faculty members create an effective here professional manner and attending to
II.B.	themselves.	[None]	themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching r
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 parti 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)

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

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

I element of graduate medical fellows how to care for patients. tant bridge allowing fellows to grow ng that patients receive the highest is for future generations of physicians mitment to excellence in teaching and a dedication to lifelong learning. ide and joy of fostering the growth and

The care they provide is enhanced by exemplary behavior. By employing a faculty members, through the graduate the health of the individual and the

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

of faculty members with competence to Core)

els of professionalism. (Core) e commitment to the delivery of safe, re, 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

g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	
			Faculty Qualifications
II.B.3.	Faculty Qualifications	2.8.	Faculty members must have appropri hold appropriate institutional appoint
п.р.з.	Faculty Qualifications	2.0.	
	Faculty members must have appropriate qualifications in their field and		Faculty Qualifications Faculty members must have appropri
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	and the street methods when the
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)	-	Subspecialty Physician Faculty Mem Subspecialty physician faculty memb the subspecialty by the American Boa American Osteopathic Board of Interr judged acceptable to the Review Con
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.
II.B.3.c).(1)	Faculty members who are ABIM- or AOBIM-certified in cardiovascular disease, endocrinology, diabetes, and metabolism, gastroenterology, hospice and palliative medicine, infectious disease, medical oncology, and pulmonary disease should be available to participate in the education of fellows. (Core)	2.9.a.1.	Faculty members who are ABIM- or AOI endocrinology, diabetes, and metabolisr palliative medicine, infectious disease, r disease should be available to participat
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)		Core Faculty Core faculty members must have a 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)

priate qualifications in their field and intments. (Core)

priate qualifications in their field and intments. (Core)

mbers

mbers must have current certification in Board of Internal Medicine or the ernal Medicine, or possess qualifications ommittee. (Core)

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

OBIM-certified in cardiovascular disease, lism, gastroenterology, hospice and e, medical oncology, and pulmonary pate in the education of fellows. (Core)

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

ne annual ACGME Faculty Survey.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	In addition to the program director, programs must have the minimum number of core faculty members who are certified in medical oncology by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: (Core)		In addition to the program director, prog core faculty members who are certified AOBIM based on the number of approv
	Number of Approved Positions: 1-3 Minimum Number of ABIM or AOBIM Certified Core Faculty: 2 Number of Approved Positions: 4-6 Minimum Number of ABIM or AOBIM		Number of Approved Positions: 1-3 Mi Certified Core Faculty: 2 Number of Approved Positions: 4-6 Mi
	Certified Core Faculty: 3 Number of Approved Positions: 7-9 Minimum Number of ABIM or AOBIM Certified Core Faculty: 4 Number of Approved Positions: 10-12 Minimum Number of ABIM or AOBIM		Certified Core Faculty: 3 Number of Approved Positions: 7-9 Mi Certified Core Faculty: 4 Number of Approved Positions: 10-12
	Certified Core Faculty: 6 Number of Approved Positions: 13-15 Minimum Number of ABIM or AOBIM Certified Core Faculty: 8		Certified Core Faculty: 6 Number of Approved Positions: 13-15 Certified Core Faculty: 8
	Number of Approved Positions: 16-18 Minimum Number of ABIM or AOBIM Certified Core Faculty: 10 Number of Approved Positions: 19-21 Minimum Number of ABIM or AOBIM Certified Core Faculty: 12		Number of Approved Positions: 16-18 Certified Core Faculty: 10 Number of Approved Positions: 19-21 Certified Core Faculty: 12
	Number of Approved Positions: 22-24 Minimum Number of ABIM or AOBIM Certified Core Faculty: 14 Number of Approved Positions: 25-27 Minimum Number of ABIM or AOBIM	2 10 h	Number of Approved Positions: 22-24 Certified Core Faculty: 14 Number of Approved Positions: 25-27 Certified Core Faculty: 16
II.B.4.b)	Certified Core Faculty: 16	2.10.b.	Certified Core Faculty: 16
	The required core faculty members must be provided with support equal to an average dedicated an aggregate minimum of 15 percent/FTE for educational and administrative responsibilities that do not involve direct patient care. Support must be provided based on the program size as follows: (Core)		The required core faculty members must average dedicated an aggregate minimu and administrative responsibilities that of Support must be provided based on the
	Number of Approved Fellow Positions: 1-3 Minimum Aggregate Support Required (FTE): 0.15 Number of Approved Fellow Positions: 4-6 Minimum Aggregate Support		Number of Approved Fellow Positions: Required (FTE): 0.15 Number of Approved Fellow Positions: 4
	Required (FTE): 0.2 Number of Approved Fellow Positions: 7-9 Minimum Aggregate Support Required (FTE): 0.2 Number of Approved Fellow Positions: 10-12 Minimum Aggregate Support		Required (FTE): 0.2 Number of Approved Fellow Positions: 7 Required (FTE): 0.2 Number of Approved Fellow Positions: 7
	Required (FTE): 0.2 Number of Approved Fellow Positions: 13-15 Minimum Aggregate Support Required (FTE): 0.2 Number of Approved Fellow Positions: 16-18 Minimum Aggregate Support		Required (FTE): 0.2 Number of Approved Fellow Positions: 7 Required (FTE): 0.2 Number of Approved Fellow Positions: 7
	Required (FTE): 0.2 Number of Approved Fellow Positions: 19-21 Minimum Aggregate Support Required (FTE): 0.25		Required (FTE): 0.2 Number of Approved Fellow Positions: 7 Required (FTE): 0.25
	Number of Approved Fellow Positions: 22-24 Minimum Aggregate Support Required (FTE): 0.25 Number of Approved Fellow Positions: 25-27 Minimum Aggregate Support	0.40 -	Number of Approved Fellow Positions: 2 Required (FTE): 0.25 Number of Approved Fellow Positions: 2
II.B.4.c)	Required (FTE): 0.25	2.10.c.	Required (FTE): 0.25 Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinato

ograms must have the minimum number of ed in medical oncology by the ABIM or the oved fellow positions, as follows: (Core)

Minimum Number of ABIM or AOBIM

Minimum Number of ABIM or AOBIM

Minimum Number of ABIM or AOBIM

! | Minimum Number of ABIM or AOBIM

6 | Minimum Number of ABIM or AOBIM

' | Minimum Number of ABIM or AOBIM

nust be provided with support equal to an mum of 15 percent/FTE for educational at do not involve direct patient care. he program size as follows: (Core)

s: 1-3 | Minimum Aggregate Support

: 4-6 | Minimum Aggregate Support

s: 7-9 | Minimum Aggregate Support

s: 10-12 | Minimum Aggregate Support

s: 13-15 | Minimum Aggregate Support

s: 16-18 | Minimum Aggregate Support

s: 19-21 | Minimum Aggregate Support

s: 22-24 | Minimum Aggregate Support

: 25-27 | Minimum Aggregate Support

tor. (Core)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
			Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	There must be a program coordinato
	The program coordinator must be provided with dedicated time and		The program coordinator must be pro
	support adequate for administration of the program based upon its size		support adequate for administration
II.C.2.	and configuration. (Core)	2.11.a.	and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on the program size as follows: (Core)		At a minimum, the program coordinator time and support specified below for add administrative support must be provided (Core)
II.C.2.a)	Number of Approved Fellow Positions: 1-3 Minimum FTE Required for Coordinator Support: 0.15 Additional Aggregate FTE Required for Administration of the Program: 0 Number of Approved Fellow Positions: 4-6 Minimum FTE Required for Coordinator Support: 0.20 Additional Aggregate FTE Required for Administration of the Program: 0.20 Number of Approved Fellow Positions: 7-9 Minimum FTE Required for Coordinator Support: 0.20 Additional Aggregate FTE Required for Administration of the Program: 0.38 Number of Approved Fellow Positions: 10-12 Minimum FTE Required for Coordinator Support: 0.20 Additional Aggregate FTE Required for Administration of the Program: 0.44 Number of Approved Fellow Positions: 13-15 Minimum FTE Required for Coordinator Support: 0.20 Additional Aggregate FTE Required for Administration of the Program: 0.44 Number of Approved Fellow Positions: 13-15 Minimum FTE Required for Coordinator Support: 0.20 Additional Aggregate FTE Required for Administration of the Program: 0.50 Number of Approved Fellow Positions: 16-18 Minimum FTE Required for Coordinator Support: 0.20 Additional Aggregate FTE Required for Administration of the Program: 0.50	2.11.b.	Number of Approved Fellow Positions: 1 Coordinator Support: 0.15 Additional A Administration of the Program: 0 Number of Approved Fellow Positions: 4 Coordinator Support: 0.20 Additional A Administration of the Program: 0.20 Number of Approved Fellow Positions: 7 Coordinator Support: 0.20 Additional A Administration of the Program: 0.38 Number of Approved Fellow Positions: 1 Coordinator Support: 0.20 Additional A Administration of the Program: 0.44 Number of Approved Fellow Positions: 1 Coordinator Support: 0.20 Additional A Administration of the Program: 0.44 Number of Approved Fellow Positions: 1 Coordinator Support: 0.20 Additional A Administration of the Program: 0.50 Number of Approved Fellow Positions: 1 Coordinator Support: 0.20 Additional A Administration of the Program: 0.50
11.0.2.a)	Other Program Personnel	2.11.0.	
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its s ensure the availability of necessary p administration of the program. (Core)
II.D.1.	The fellowship must have access to surgeons in general surgery and surgical specialties, including those with special interest in oncology. (Detail)	2.12.a.	The fellowship must have access to surgeright specialties, including those with special
II.D.2.	The fellowship must have access to other clinical specialists, including specialists in dermatology, neurological surgery, neurology, obstetrics and gynecology, orthopaedic surgery, otolaryngology – head and neck surgery, and urology. (Detail)	2.12.b.	The fellowship must have access to othe specialists in dermatology, neurological gynecology, orthopaedic surgery, otolar urology. (Detail)
	Expertise in the following disciplines should be available to the program to		Expertise in the following disciplines sho
II.D.3.	provide multidisciplinary patient care and fellow education:	2.12.c.	provide multidisciplinary patient care an
II.D.3.a)	genetic counseling; (Detail)	2.12.c.1.	genetic counseling; (Detail)
II.D.3.b)	oncologic nursing; (Detail)	2.12.c.2.	oncologic nursing; (Detail)
II.D.3.c)	pain management; (Detail)	2.12.c.3.	pain management; (Detail)
II.D.3.d)	psychiatry; and, (Detail)	2.12.c.4.	psychiatry; and, (Detail)
II.D.3.e)	rehabilitation medicine. (Detail)	2.12.c.5.	rehabilitation medicine. (Detail)
· · · · · · · · · · · · · · · · · · ·	Fellow Appointments	Section 3	Section 3: Fellow Appointments

or. (Core)

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

or must be provided with the dedicated administration of the program. Additional ed based on the program size as follows:

- 1-3 | Minimum FTE Required for Aggregate FTE Required for
- : 4-6 | Minimum FTE Required for Aggregate FTE Required for
- : 7-9 | Minimum FTE Required for Aggregate FTE Required for
- : 10-12 | Minimum FTE Required for Aggregate FTE Required for
- : 13-15 | Minimum FTE Required for Aggregate FTE Required for
- 16-18 | Minimum FTE Required for Aggregate FTE Required for

s Sponsoring Institution, must jointly personnel for the effective e)

urgeons in general surgery and surgical al interest in oncology. (Detail)

ther clinical specialists, including al surgery, neurology, obstetrics and aryngology – head and neck surgery, and

hould be available to the program to and fellow education:

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
III.A.	Eligibility Criteria	[None]	Kequiterier
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
III.A.1.	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.	All required clinical education for ent programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced S College of Physicians and Surgeons College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive velocities of competence in the required f CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the fellowship, fellows should have completed an internal medicine program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prior to appointment in the fellowship, for internal medicine program that satisfies
III.A.1.b) .(1)	Fellows who did not complete an internal medicine program that satisfies the requirements in III.A.1. must have completed at least three years of internal medicine education prior to starting the fellowship as well as met all of the criteria in the "Fellow Eligibility Exception" section below. (Core)	3.2.a.1.a.	Fellows who did not complete an interna requirements in 3.2. must have complet medicine education prior to starting the criteria in the "Fellow Eligibility Exceptio
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Internal Medicine will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Internal Me exception to the fellowship eligibility
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate appli eligibility requirements listed in 3.2, I 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 at the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant' GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissi (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exo their performance by the Clinical Cor 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 appoi Review Committee. (Core)

nip Programs

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

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

, fellows should have completed an es the requirements in 3.2. ^(Core)

rnal medicine program that satisfies the leted at least three years of internal ne fellowship as well as met all of the tion" section below. (Core)

Medicine will allow the following ty requirements:

brogram may accept an exceptionally plicant who does not satisfy the 2, but who does meet all of the following tions: (Core)

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

nt's exceptional qualifications by the

sion for Foreign Medical Graduates

exception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

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Requirement Number	· · · · · · · · · · · · · · · · · · ·	Requirement Number	Requiremen
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a matriculation. (Core)
	Educational Program The ACGME accreditation system is designed to encourage excellence		Section 4: Educational Program The ACGME accreditation system is a
	and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must support knowledgeable, skillful physicians with
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may p leadership, public health, etc. It is ex reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
N/ A	Educational Components	4.0	Educational Components
IV.A. IV.A.1.	The curriculum must contain the following educational components: a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2. 4.2.a.	The curriculum must contain the follo a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty mem
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objecti designed to promote progress on a t their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities responsibility for patient managemer subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pro tools, and techniques. (Core)

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

s designed to encourage excellence I education regardless of the ocation of the program.

port the development of who provide compassionate care.

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

llowing educational components:

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)

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

eyond direct patient care; and, (Core)

tected time to participate in core

romote patient safety-related goals,

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Requirement Number	Requirement Language	Requirement Number	Requiremer
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concep required domains for a trusted physi These Competencies are core to the the specifics are further defined by e trajectories in each of the Competence Milestones for each subspecialty. Th subspecialty-specific patient care an refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the	[None]	The presence much intervets all ACCI
IV.B.1.		[None]	The program must integrate all ACG
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commit adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence as a consultant in medical oncology disorders and assume continuing responsibility for acutely and chronically ill patients in both inpatient and outpatient settings, the natural history of cancer, and the benefits and adverse effects of therapy. (Core)	4.4.a.	Fellows must demonstrate competence disorders and assume continuing respon patients in both inpatient and outpatient and the benefits and adverse effects of
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in the:	[None]	
, , , , , , ,	prevention , evaluation, diagnosis, cancer staging, and management of patients with neoplastic disorders of the:	4.4.b.	Fellows must demonstrate competence cancer staging, and management of pat
, , , , , , , , , , ,	breast; (Core)	4.4.b.1.	breast; (Core)
, , , , , , , , , , ,	cancer family syndromes; (Core)	4.4.b.2.	cancer family syndromes; (Core)
, , , , , , , , , , ,	central nervous system; (Core	4.4.b.3.	central nervous system; (Core
, , , , , , , , , , , ,	gastrointestinal tract (esophagus, stomach, colon, rectum, anus); (Core)	4.4.b.4.	gastrointestinal tract (esophagus, stoma
, , , , , , , , , , , ,	genitourinary tract; (Core)	4.4.b.5.	genitourinary tract; (Core)
, , , , , , , , , , , , , , , , , , , ,	gynecologic malignancies; (Core)	4.4.b.6.	gynecologic malignancies; (Core)
IV.B.1.b).(1).(b).(i).(g)	head and neck; (Core)	4.4.b.7.	head and neck; (Core)
	hematopoietic system; (Core)	4.4.b.8.	hematopoietic system; (Core)
, , , , , , , , , ,	liver; (Core)	4.4.b.9.	liver; (Core)
, , , , , , , , ,	lung; (Core)	4.4.b.10.	lung; (Core)
	lymphoid organs; (Core)	4.4.b.11.	lymphoid organs; (Core)
	pancreas; (Core)	4.4.b.12.	pancreas; (Core)
, , , , , , , , , , ,	skin, including melanoma; (Core)	4.4.b.13.	skin, including melanoma; (Core)
, , , , , , , , , ,	testes; and, (Core)	4.4.b.14.	testes; and, (Core)
	thyroid and other endocrine organs, including multiple endocrine neoplasia (MEN) syndromes. (Core)	4.4.b.15.	thyroid and other endocrine organs, incl (MEN) syndromes. (Core)

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

GME Competencies into the curriculum.

nalism itment to professionalism and an ore)

are and Procedural Skills (Part A)

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

ce as a consultant in medical oncology consibility for acutely and chronically ill ent settings, the natural history of cancer, of therapy. (Core)

ce in the prevention, evaluation, diagnosis, patients with neoplastic disorders of the:

mach, colon, rectum, anus); (Core)

cluding multiple endocrine neoplasia

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	care and management of the geriatric patient with malignancy and hematologic		Fellows must demonstrate competence i
IV.B.1.b).(1).(b).(ii)	disorders; (Core)	4.4.c.	geriatric patient with malignancy and her
			Fellows must demonstrate competence i
IV.B.1.b).(1).(b).(iii)	care of patients with HIV-related malignancies; (Core)	4.4.d.	malignancies. (Core)
			Fellows must demonstrate competence i
IV.B.1.b).(1).(b).(iv)	management of pain, anxiety, and depression in patients with cancer; (Core)	4.4.e.	depression in patients with cancer. (Core
	management of the neutropenic and the immunocompromised patient; and,		Fellows must demonstrate competence i
IV.B.1.b).(1).(b).(v)	(Core)	4.4.f.	and the immunocompromised patient. (C
			Fellows must demonstrate competence i
IV.B.1.b).(1).(b).(vi)	palliative care, including hospice and home care. (Core)	4.4.g.	and home care. (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 – Patient Care Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate the ability to:	[None]	· · · · · · · · · · · · · · · · · · ·
	perform diagnostic and therapeutic procedures relevant to their specific career	[]	Fellows must demonstrate the ability to p
IV.B.1.b).(2).(a).(i)	paths; and, (Core)	4.5.a.	procedures relevant to their specific care
			Fellows must demonstrate the ability to t
	treat their patients' conditions with practices that are patient-centered, safe,		practices that are patient-centered, safe,
IV.B.1.b).(2).(a).(ii)	scientifically based, effective, timely, and cost-effective. (Core)	4.5.b.	and cost-effective. (Core)
	Fellows should have the opportunity to develop competence in performing		Fellows should have the opportunity to d
IV.B.1.b).(2).(b)	thoracentesis, paracentesis, and skin and lesion biopsies. (Detail)	4.5.c.	thoracentesis, paracentesis, and skin an
IV.B.1.b).(2).(c)	Additional training, and experiences should be made available for those fellows who request the need to perform specified procedures in their post-training careers (e.g., training to achieve competence in: interpretation of bone marrow aspirates; lumbar punctures for diagnosis and/or administration of intrathecal chemotherapy; administering therapeutics through Ommaya reservoirs). (Detail)	4.5.d.	Additional training, and experiences sho who request the need to perform specific careers (e.g., training to achieve compet aspirates; lumbar punctures for diagnosi chemotherapy; administering therapeutic
IV.B.1.b).(2).(d)	Fellows must demonstrate competence in:	[None]	
			Fellows must demonstrate competence i
IV.B.1.b).(2).(d).(i)	assessment and interpretation of complete blood count; (Core)	4.5.e.	complete blood count. (Core)
			Fellows must demonstrate competence i
	assessment of tumor burden and response as measured by physical and		response as measured by physical and r
IV.B.1.b).(2).(d).(ii)	radiologic exam, and tumor markers; (Core)	4.5.f.	(Core)
	assessement of tumor imaging by CT, MRI, PET scanning, and nuclear imaging		Fellows must demonstrate competence i
IV.B.1.b).(2).(d).(iii)	techniques; (Core)	4.5.g.	MRI, PET scanning, and nuclear imaging
	correlation of clinical information with cytology, histology, and immunodiagnostic		Fellows must demonstrate competence i
IV.B.1.b).(2).(d).(iv)	imaging techniques; (Core)	4.5.h.	cytology, histology, and immunodiagnost
	indications and application of imaging techniques in patients with neoplastic and		Fellows must demonstrate competence i
IV.B.1.b).(2).(d).(v)	blood disorders; (Core)	4.5.i.	techniques in patients with neoplastic an
, , , , , , , , , , , , , , , , , , , ,			Fellows must demonstrate competence i
IV.B.1.b).(2).(d).(vi)	performance of bone marrow aspirates; (Core)	4.5.j.	aspirates. (Core)
, , , , , , , , ,		,	Fellows must demonstrate competence i
IV.B.1.b).(2).(d).(vii)	rehabilitation and psychosocial care of patients with cancer; (Core)	4.5.k.	of patients with cancer. (Core)
/ / / / / /	specific cancer prevention and screening for high-risk individuals, including		Fellows must demonstrate competence i

e in the care and management of the ematologic disorders. (Core)

e in the care of patients with HIV-related

e in the management of pain, anxiety, and pre)

e in the management of the neutropenic (Core)

e in the palliative care, including hospice

re and Procedural Skills (Part B) medical, diagnostic, and surgical r the area of practice. (Core)

o perform diagnostic and therapeutic areer paths. (Core)

o treat their patients' conditions with fe, scientifically based, effective, timely,

develop competence in performing and lesion biopsies. (Detail)

nould be made available for those fellows ified procedures in their post-training betence in: interpretation of bone marrow beis and/or administration of intrathecal itics through Ommaya reservoirs). (Detail)

e in assessment and interpretation of

e in assessment of tumor burden and d radiologic exam, and tumor markers.

e in assessment of tumor imaging by CT, ing techniques. (Core)

e in correlation of clinical information with ostic imaging techniques. (Core)

e in indications and application of imaging and blood disorders. (Core)

e in performance of bone marrow

e in rehabilitation and psychosocial care

e in specific cancer prevention and uding genetic testing. (Core)

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Requirement Number		Requirement Number	
IV.B.1.b).(2).(d).(ix)	treatment and diagnosis of recognition and management of paraneoplastic disorders; (Core)	4.5.m.	Fellows must demonstrate competence recognition and management of parane
IV.B.1.b).(2).(d).(x)	use of systemic therapies through all therapeutic routes; (Core)	4.5.n.	Fellows must demonstrate competence therapeutic routes. (Core)
IV.B.1.b).(2).(d).(xi)	use of chemotherapeutic drugs, biologic products, and growth factors, their mechanisms of action, pharmacokinetics, clinical indications, and limitations, including their effects, toxicity, and interactions; (Core)	4.5.o.	Fellows must demonstrate competence biologic products, and growth factors, th pharmacokinetics, clinical indications, a toxicity, and interactions. (Core)
IV.B.1.b).(2).(d).(xii)	use of hematologic, infectious disease, and nutrition support; (Core)	4.5.p.	Fellows must demonstrate competence disease, and nutrition support. (Core)
IV.B.1.b).(2).(d).(xiii)	use of immunotherapeutic drugs, their mechanisms of action, pharmacokinetics, clinical indications, and limitations, and their effects, toxicity, and interactions, including the use of cellular immunotherapies (e.g., CAR-T therapies; and, (Core)	4.5.q.	Fellows must demonstrate competence mechanisms of action, pharmacokinetic and their effects, toxicity, and interaction immunotherapies (e.g., CAR-T therapie
IV.B.1.b).(2).(d).(xiv)	use of multiagent chemotherapeutic protocols and combined modality therapy of neoplastic disorders. (Core)	4.5.r.	Fellows must demonstrate competence protocols and combined modality therap
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 knowledg biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of pathogenesis, diagnosis, and treatment of disease, including: (Core)	4.6.a.	Fellows must demonstrate knowledge o of disease, including: (Core)
IV.B.1.c).(1).(a)	basic molecular and pathophysiologic mechanisms, diagnosis, and therapy of diseases of the blood, including anemias, diseases of white blood cells and stem cells, and disorders of hemostasis and thrombosis; and, (Core)	4.6.a.1.	basic molecular and pathophysiologic m diseases of the blood, including anemia stem cells, and disorders of hemostasis
IV.B.1.c).(1).(b)	etiology, epidemiology, natural history, diagnosis, pathology, staging, and management of neoplastic diseases of the blood, blood-forming organs, and lymphatic tissues. (Core)	4.6.a.2.	etiology, epidemiology, natural history, o management of neoplastic diseases of t lymphatic tissues. (Core)
IV.B.1.c).(2)	Fellows must demonstrate knowledge of genetics and developmental biology, including: (Core)	4.6.b.	Fellows must demonstrate knowledge o including: (Core)
IV.B.1.c).(2).(a)	cytogenetics; (Core)	4.6.b.1.	cytogenetics; (Core)
IV.B.1.c).(2).(b)	molecular genetics; and, (Core)	4.6.b.2.	molecular genetics; and, (Core)
IV.B.1.c).(2).(c)	the nature of oncogenes and their products. (Core)	4.6.b.3.	the nature of oncogenes and their produ
IV.B.1.c).(3)	Fellows must demonstrate knowledge of physiology and pathophysiology, including: (Core)	4.6.c.	Fellows must demonstrate knowledge o including: (Core)
IV.B.1.c).(3).(a)	basic and clinical pharmacology, pharmacokinetics, and toxicity; (Core)	4.6.c.1.	basic and clinical pharmacology, pharm
IV.B.1.c).(3).(b)	cell and molecular biology; (Core)	4.6.c.2.	cell and molecular biology; (Core)
IV.B.1.c).(3).(c)	hematopoiesis; (Core)	4.6.c.3.	hematopoiesis; (Core)
IV.B.1.c).(3).(d)	molecular mechanisms of hematopoietic and lymphopoietic malignancies; (Core)	4.6.c.4.	molecular mechanisms of hematopoietic (Core)
IV.B.1.c).(3).(e)	pathophysiology and patterns of tumor metastases; (Core)	4.6.c.5.	pathophysiology and patterns of tumor r
IV.B.1.c).(3).(f)	principles of oncogenesis; and, (Core)	4.6.c.6.	principles of oncogenesis; and, (Core)
IV.B.1.c).(3).(g)	tumor immunology. (Core)	4.6.c.7.	tumor immunology. (Core)
IV.B.1.c).(4)	Fellows must demonstrate knowledge of:	[None]	

ce in treatment and diagnosis of neoplastic disorders. (Core)

ce in use of systemic therapies through all

ce in use of chemotherapeutic drugs, their mechanisms of action, , and limitations, including their effects,

ce in use of hematologic, infectious

ce in use of immunotherapeutic drugs, their tics, clinical indications, and limitations, ions, including the use of cellular vies). (Core)

ce in use of multiagent chemotherapeutic rapy of neoplastic disorders. (Core)

nowledge

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

of pathogenesis, diagnosis, and treatment

mechanisms, diagnosis, and therapy of nias, diseases of white blood cells and sis and thrombosis; and, (Core)

/, diagnosis, pathology, staging, and of the blood, blood-forming organs, and

of genetics and developmental biology,

ducts. (Core)

of physiology and pathophysiology,

macokinetics, and toxicity; (Core)

etic and lymphopoietic malignancies;

r metastases; (Core)

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			Fellows must demonstrate knowledge o
	basic principles of laboratory and clinical testing, quality control, quality		clinical testing, quality control, quality as
IV.B.1.c).(4).(a)	assurance, and proficiency standards; (Core)	4.6.d.	(Core)
			Fellows must demonstrate knowledge of
	clincial epidemiology and biostatistics, including clinical study and experimental	1.0	including clinical study and experimental
IV.B.1.c).(4).(b)	protocol design, data collection, and analysis; (Core)	4.6.e.	analysis. (Core)
$\mathbb{N}(\mathbb{D} \neq \mathbb{A})(\mathbb{A})(\mathbb{A})$	functional characteristics, indications, risks, and process of using indwelling	1.6.5	Fellows must demonstrate knowledge of
IV.B.1.c).(4).(c)	venous access devices; (Core)	4.6.f.	risks, and process of using indwelling ve
IV.B.1.c).(4).(d)	gene therapy; (Core)	4.6.g.	Fellows must demonstrate knowledge of
	improved and improve and an atomic allow a target of a target atomic all atomic a		Fellows must demonstrate knowledge of
$IV(P_1 a)(4)(a)$	immune markers, immunophenotyping, flow cytometry, cytochemical studies,	466	flow cytometry, cytochemical studies, an
IV.B.1.c).(4).(e)	and cytogenetic and DNA analysis of neoplastic disorders; and, (Core)	4.6.h.	neoplastic disorders. (Core)
$ (P_1 + c) (A) (f)$	malignant and homotologic complications of argon transplantation (Coro)	4.6.1	Fellows must demonstrate knowledge of
IV.B.1.c).(4).(f)	malignant and hematologic complications of organ transplantation. (Core)	4.6.i.	complications of organ transplantation. (
$I \setminus P = 1 = 0 \setminus F$	Fellows must demonstrate knowledge of principles of, indications for, and	[Nono]	
IV.B.1.c).(5)	limitations of:	[None]	
	no disting the many in the two streams of some small (Come)	4.03	Fellows must demonstrate knowledge of
IV.B.1.c).(5).(a)	radiation therapy in the treatment of cancer; and, (Core)	4.6.j.	limitations of radiation therapy in the trea
	$\langle \mathbf{Q}_{mn} \rangle$		Fellows must demonstrate knowledge of
IV.B.1.c).(5).(b)	surgery in the treatment of cancer. (Core)	4.6.k.	limitations of surgery in the treatment of
	Fellows must demonstrate knowledge of principles of, indications for, and		Fellows must demonstrate knowledge of
$\mathbb{N}(\mathbb{D} \land \mathbb{A})(\mathbb{C})$	complications of autologous and allogeneic bone marrow or peripheral blood		complications of autologous and allogen
IV.B.1.c).(6)	stem cell transplantation. (Core)	4.6.l.	stem cell transplantation. (Core)
$\mathbb{N}(\mathbb{D} \neq \mathbb{A})(\mathbb{Z})$	Fellows must demonstrate knowledge of principles of, indications for, and	4.6 m	Fellows must demonstrate knowledge of
IV.B.1.c).(7)	complications of peripheral stem cell harvests. (Core)	4.6.m.	complications of peripheral stem cell har
IV.B.1.c).(8)	Fellows must demonstrate knowledge of the management of post-transplant complications. (Core)	4.6.n.	Fellows must demonstrate knowledge of complications. (Core)
	Fellows must demonstrate knowledge of the indications for, complications of,		Fellows must demonstrate knowledge of
IV.B.1.c).(9)	and risks and limitations associated with:	4.6.o.	and risks and limitations associated with
IV.B.1.c).(9).(a)	lesion biopsy; (Core)	4.6.0.1.	lesion biopsy; (Core)
IV.B.1.c).(9).(b)	paracentesis; (Core)	4.6.o.2.	paracentesis; (Core)
IV.B.1.c).(9).(c)	skin biopsies; and, (Core	4.6.o.3.	skin biopsies; and, (Core
IV.B.1.c).(9).(d)	thoracentesis. (Core)	4.6.o.4.	thoracentesis. (Core)
	Fellows must demonstrate knowledge of the mechanisms of action,		Fellows must demonstrate knowledge of
	pharmacokinetics, clinical indications for, and limitations of chemotherapeutic		pharmacokinetics, clinical indications for
	drugs, biologic products, and growth factors, including their effects, toxicity, and		drugs, biologic products, and growth fac
IV.B.1.c).(10)	interactions. (Core)	4.6.p.	interactions. (Core)
	Fellows must demonstrate knowledge of the mechanisms of action,		Fellows must demonstrate knowledge of
	pharmacokinetics, clinical indications, and limitations of immunotherapeutic		pharmacokinetics, clinical indications, ar
	drugs, and their effects, toxicity, and interactions, including cellular	4.0 -	drugs, and their effects, toxicity, and inte
IV.B.1.c).(11)	immunotherapies (e.g., CAR-T therapies). (Core)	4.6.q.	immunotherapies (e.g., CAR-T therapies
	Practice-based Learning and Improvement		
	Fellows must demonstrate the ability to investigate and evaluate their care		ACGME Competencies – Practice-Bas Fellows must demonstrate the ability
	of patients, to appraise and assimilate scientific evidence, and to		of patients, to appraise and assimilate
	continuously improve patient care based on constant self-evaluation and		continuously improve patient care ba
IV.B.1.d)	lifelong learning. (Core)	4.7.	lifelong learning. (Core)

of basic principles of laboratory and assurance, and proficiency standards.

of clinical epidemiology and biostatistics, tal protocol design, data collection, and

of functional characteristics, indications, venous access devices. (Core)

of gene therapy. (Core)

of immune markers, immunophenotyping, and cytogenetic and DNA analysis of

of malignant and hematologic . (Core)

of principles of, indications for, and reatment of cancer. (Core)

of principles of, indications for, and of cancer. (Core)

of principles of, indications for, and eneic bone marrow or peripheral blood

of principles of, indications for, and arvests. (Core)

of the management of post-transplant

of the indications for, complications of, ith:

of the mechanisms of action, for, and limitations of chemotherapeutic actors, including their effects, toxicity, and

of the mechanisms of action, and limitations of immunotherapeutic nteractions, including cellular ies). (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Interpersonal and Communication Skills		Requirement
	Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with		ACGME Competencies – Interperson Fellows must demonstrate interperso result in the effective exchange of int
IV.B.1.e)	•	4.8.	patients, their families, and health pr
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-Ba Fellows must demonstrate an awarer larger context and system of health of social determinants of health, as wel other resources to provide optimal h
			Curriculum Organization and Fellow 4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experi- These educational experiences inclu patient care responsibilities, clinical events. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	 4.11. Didactic and Clinical Experience Fellows must be provided with prote- didactic activities. (Core) 4.12. Pain Management The program must provide instructio management if applicable for the sub the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences inclu patient care responsibilities, clinical events. (Core)
	Rotations must be of sufficient length to provide longitudinal relationships with		Rotations must be of sufficient length to
IV.C.1.a)	faculty members to allow for meaningful assessment and feedback. (Core) Rotations must be structured to allow fellows to function as part of an effective	4.10.a.	faculty members to allow for meaningfu Rotations must be structured to allow fe
IV.C.1.b)	interprofessional team that works together towards the shared goals of patient	4.10.b.	interprofessional team that works togeth safety and quality improvement. (Core)
IV.C.1.c)	Schedules must be structured to minimize conflicting inpatient and outpatient responsibilities. (Core)	4.10.c.	Schedules must be structured to minimi responsibilities. (Core)

onal and Communication Skills rsonal and communication skills that information and collaboration with professionals. (Core)

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

w Experiences

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

nces tected time to participate in core

tion and experience in pain ubspecialty, including recognition of er. (Core)

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

to provide longitudinal relationships with ful assessment and feedback. (Core)

fellows to function as part of an effective ether towards the shared goals of patient e)

mize conflicting inpatient and outpatient

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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.	Pain Management The program must provide instructio management if applicable for the sub the signs of substance use disorder.
IV.C.3.	A minimum of 12 months must be devoted to clinical experience. (Core)	4.11.a.	A minimum of 12 months must be devot
IV.C.3.a)	At least 50 percent of the clinical experience must occur in the outpatient setting. (Core)	4.11.a.1.	At least 50 percent of the clinical experies setting. (Core)
IV.C.3.b)	The program must provide at least one month of clinical experience in autologous and allogeneic bone marrow transplantation. (Core)	4.11.a.2.	The program must provide at least one r autologous and allogeneic bone marrow
IV.C.4.	Inpatient assignments should be of sufficient duration to permit continuing care of a majority of the patients throughout their hospitalization. (Detail)	4.11.b.	Inpatient assignments should be of suffice of a majority of the patients throughout t
IV.C.5.	Fellows must participate in multidisciplinary case management or tumor board conferences and in protocol studies. (Core)	4.11.c.	Fellows must participate in multidisciplin
IV.C.6.	Experience with Continuity Ambulatory Patients	4.11.d.	conferences and in protocol studies. (Co Experience with Continuity Ambulatory F Fellows must have continuity ambulatory program that exposes them to the bread
IV.C.6.a)	Fellows must have continuity ambulatory clinic experience for the duration of the program that exposes them to the breadth and depth of the subspecialty. (Core)		Experience with Continuity Ambulatory F Fellows must have continuity ambulatory program that exposes them to the bread
IV.C.6.a).(1)	This experience should average one half-day each week. (Detail)	4.11.d.1.	This experience should average one hal
IV.C.6.b)	Each fellow should, on average, be responsible for four to eight patients during each half-day session. (Detail)	4.11.d.2.	Each fellow should, on average, be resp each half-day session. (Detail)
IV.C.6.c)	The continuity patient care experience should not be interrupted by more than one month, excluding a fellow's vacation. (Detail)	4.11.d.3.	The continuity patient care experience s one month, excluding a fellow's vacation
IV.C.7.	The educational program must provide fellows with individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competence development in the foundational educational experiences of the subspecialty. (Core)	4.11.e.	The educational program must provide f experiences to allow them to participate practice or to further skill/competence de educational experiences of the subspeci
IV.C.8.	Direct supervision of procedures performed by each fellow must occur until proficiency has been acquired and documented by the program director. (Core)	4.11.f.	Direct supervision of procedures perforn proficiency has been acquired and docu
IV.C.9.	Faculty members must teach and supervise the fellows in the performance and interpretation of procedures, which must be documented in each fellow's record, including indications, outcomes, diagnoses, and supervisor(s). (Core)	4.11.g.	Faculty members must teach and supervinterpretation of procedures, which must including indications, outcomes, diagnostic structures and the struc
IV.C.10.	Required Didactic Experience	4.11.h.	Required Didactic Experience The educational program must include d knowledge content in the subspecialty a
IV.C.10.a)	The educational program must include didactic instruction based upon the core knowledge content in the subspecialty area. (Core)	4.11.h.	Required Didactic Experience The educational program must include of knowledge content in the subspecialty a
IV.C.10.b)	The program must ensure that fellows have an opportunity to review all content from conferences that they could not attend. (Core)	4.11.h.1.	The program must ensure that fellows hat from conferences that they could not atte
IV.C.10.c)	Fellows must have a sufficient number of didactic sessions to ensure fellow- fellow and fellow-faculty interaction. (Core)	4.11.h.2.	Fellows must have a sufficient number of fellow and fellow-faculty interaction. (Con

on and experience in pain Ibspecialty, including recognition of r. (Core)

oted to clinical experience. (Core)

rience must occur in the outpatient

e month of clinical experience in w transplantation. (Core)

fficient duration to permit continuing care their hospitalization. (Detail)

linary case management or tumor board Core)

/ Patients

ory clinic experience for the duration of the adth and depth of the subspecialty. (Core)

/ Patients

bry clinic experience for the duration of the adth and depth of the subspecialty. (Core)

alf-day each week. (Detail)

sponsible for four to eight patients during

should not be interrupted by more than on. (Detail)

e fellows with individualized educational te in opportunities relevant to their future development in the foundational ecialty. (Core)

rmed by each fellow must occur until cumented by the program director. (Core)

ervise the fellows in the performance and ust be documented in each fellow's record, oses, and supervisor(s). (Core)

e didactic instruction based upon the core area. (Core)

didactic instruction based upon the core area. (Core)

have an opportunity to review all content attend. (Core)

r of didactic sessions to ensure fellow-Core)

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IV.C.11.	Fellows must be provided a patient- or case-based approach to clinical teaching that includes interactions between fellows and the teaching faculty member, bedside teaching, discussion of pathophysiology, and the application of current evidence in diagnostic and therapeutic decisions. (Core)	4.11.i.	Fellows must be provided a patient- or or that includes interactions between fellow bedside teaching, discussion of pathop evidence in diagnostic and therapeutic
IV.C.11.a)	with a frequency and duration to ensure a meaningful teaching relationship between the assigned teaching faculty member and the fellow, and; (Core)	4.11.i.1.	The teaching must occur with a frequen teaching relationship between the assig fellow. (Core)
IV.C.11.b)	on all inpatient, telemedicine, and consultative services. (Core)	4.11.i.2.	The teaching must occur on all inpatien services. (Core)
IV.C.12.	Fellows must receive instruction in practice management relevant to the subspecialty. (Detail)	4.11.j.	Fellows must receive instruction in prac subspecialty. (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 practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, pop other programs might choose to utilit research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and 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 evid consistent with its mission(s) and air
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)

or case-based approach to clinical teaching lows and the teaching faculty member, ophysiology, and the application of current c decisions. (Core)

ency and duration to ensure a meaningful signed teaching faculty member and the

ent, telemedicine, and consultative

actice management relevant to the

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

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

idence of scholarly activities, aims. (Core)

idence of scholarly activities, aims. (Core)

Sponsoring Institution, must allocate low and faculty involvement in

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Requirement Numbe	r Requirement Language	Requirement Number	Requiremen
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, educatio or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation too electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.		4.14.	
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, educatio or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation too 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
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor. (Outcome)	4.14.a.1.	faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(1).(a)	At least 50 percent of the core faculty members who are certified in medical oncology by the ABIM or AOBIM (See Program Requirements II.B.4.b)-c)) must annually engage in a variety of scholarly activities, as listed in Program Requirement IV.D.2.b).(1). (Core)	4.14.a.1.a.	At least 50 percent of the core faculty m oncology by the ABIM or AOBIM (see P annually engage in a variety of scholarly Requirement 4.14.a.1. (Core)

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

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:

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

members who are certified in medical Program Requirements 2.10.b.-c.) must arly activities, as listed in Program

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity While in the program all fellows must en scholarly activities: participation in grand improvement presentations; podium pre- reviewed print/electronic resources; artic textbooks; webinars; service on professi reviewer, journal editorial board member
IV.D.3.a)	While in the program all fellows must engage in at least one of the following scholarly activities: participation in grand rounds; posters; workshops; quality improvement presentations; podium presentations; grant leadership; non-peer- reviewed print/electronic resources; articles or publications; book chapters; textbooks; webinars; service on professional committees; or serving as a journal reviewer, journal editorial board member, or editor. (Outcome)	4.15.	Fellow Scholarly Activity While in the program all fellows must en- scholarly activities: participation in grand improvement presentations; podium pre- reviewed print/electronic resources; artic textbooks; webinars; service on professi reviewer, journal editorial board member
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser- feedback on fellow performance durir educational assignment. (Core) Fellow Evaluation: Feedback and Eva Faculty members must directly obser-
V.A.1.	Feedback and Evaluation	5.1.	feedback on fellow performance durir educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser- feedback on fellow performance durir educational assignment. (Core)
V.A.1.a).(1)	Assessment of procedural competence should include a formal evaluation process and not be based solely on a minimum number of procedures performed. (Detail)	5.1.h.	Assessment of procedural competence s process and not be based solely on a mi performed. (Detail)
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 thr must be documented at least every th
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 cor clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	

engage in at least one of the following nd rounds; posters; workshops; quality resentations; grant leadership; non-peerticles or publications; book chapters; ssional committees; or serving as a journal per, or editor. (Outcome)

engage in at least one of the following nd rounds; posters; workshops; quality resentations; grant leadership; non-peerticles or publications; book chapters; ssional committees; or serving as a journal per, or editor. (Outcome)

valuation

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

valuation

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

valuation

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

e should include a formal evaluation minimum number of procedures

the completion of the assignment.

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

ontinuity clinic in the context of other luated at least every three months and

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

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

cal Competency Committee for its formance and improvement toward

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremen
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 designed Competency Committee, must meet v documented semi-annual evaluation along the subspecialty-specific Miles
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their s growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sur that includes their readiness to progr applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's perform by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones subspecialty-specific Case Logs, mu are able to engage in autonomous pr 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 pa maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors nec (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 v program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee m 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 Competend members, at least one of whom is a c be faculty members from the same pu 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)

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

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

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

summative evaluation of each fellow ogress to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

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

with the fellow upon completion of the

must be appointed by the program

ency Committee must include three a core faculty member. Members must program or other programs, or other ensive contact and experience with the

e must review all fellow evaluations at

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	determine each fellow's progress on achievement of the subspecialty-		The Clinical Competency Committee must determine each fellow's
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.c.	progress on achievement of the subspecialty-specific Milestones. (Core)
			The Clinical Competency Committee must meet prior to the fellows' semi-
V A 2 b) (2)	meet prior to the fellows' semi-annual evaluations and advise the program	5.3.d.	annual evaluations and advise the program director regarding each
V.A.3.b).(3)	director regarding each fellow's progress. (Core)	5.3.0.	fellow's progress. (Core)
			Faculty Evaluation The program must have a process to evaluate each faculty member's
			performance as it relates to the educational program at least annually.
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to evaluate each faculty member's
	performance as it relates to the educational program at least annually.		performance as it relates to the educational program at least annually.
V.B.1.	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review of the faculty member's clinical
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with the educational program, participation
V.B.1.a)	in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)
v.b.i.a)	This evaluation must include written, confidential evaluations by the	J.4.a.	This evaluation must include written, confidential evaluations by the
V.B.1.b)		5.4.b.	fellows. (Core)
	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedback on their evaluations at least
V.B.2.	-	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational evaluations should be incorporated into
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development plans. (Core)
			Program Evaluation and Improvement
			The program director must appoint the Program Evaluation Committee to
V.C.	Program Evaluation and Improvement	5.5.	conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.		5.5.	
	The program director must appoint the Program Evaluation Committee to		Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to
	conduct and document the Annual Program Evaluation as part of the		conduct and document the Annual Program Evaluation as part of the
V.C.1	•	5.5.	program's continuous improvement process. (Core)
	The Program Evaluation Committee must be composed of at least two		The Program Evaluation Committee must be composed of at least two
	program faculty members, at least one of whom is a core faculty member,		program faculty members, at least one of whom is a core faculty member,
V.C.1.a)		5.5.a.	and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
			Program Evaluation Committee responsibilities must include review of the
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 progress toward meeting them. (Core)
•.0.1.0).(1)		v.v.v.	Program Evaluation Committee responsibilities must include guiding
	guiding ongoing program improvement, including development of new		ongoing program improvement, including development of new goals,
V.C.1.b).(2)		5.5.c.	based upon outcomes. (Core)
			Program Evaluation Committee responsibilities must include review of the
	review of the current operating environment to identify strengths,		current operating environment to identify strengths, challenges,
	challenges, opportunities, and threats as related to the program's mission		opportunities, and threats as related to the program's mission and aims.
V.C.1.b).(3)	and aims. (Core)	5.5.d.	(Core)

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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), evaluations of the program, and othe 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 r 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, includistributed 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. The program director should encourage all eligible program graduates to		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima The program director should encoura
V.C.3.	take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	take the certifying examination offere of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual 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
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual or the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in a graduates over the time period speci an 80 percent pass rate will have met percentile rank of the program for pa (Outcome)

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

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

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

Self-Study and submit it to the DIO.

ucation is to educate physicians who n. One measure of the effectiveness of mate pass rate.

urage all eligible program graduates to ered by the applicable American Board ober board or American Osteopathic

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

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

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

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

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V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environm Fellowship education must occur in a environment that emphasizes the fol
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality today's fellows in their future practic
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of pro
. <i>a</i>	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team		•Commitment to the well-being of the members, and all members of the heat
VI. VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	Section 6 [None]	
VI.A. VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
		[]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuo a willingness to transparently deal w has formal mechanisms to assess th its personnel toward safety in order t
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, a 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- unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
·	Residents, fellows, faculty members, and other clinical staff members		onanges to amenorate patient safety
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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

ng Environment

nment in the context of a learning and working following principles:

ty of care rendered to patients by

ty of care rendered to patients by tice

roviding care for patients

he students, residents, fellows, faculty nealth care team

uous identification of vulnerabilities and with them. An effective organization the knowledge, skills, and attitudes of r to identify areas for improvement. and fellows must actively participate in ute to a culture of safety. (Core)

w-up of safety events, near misses, and nanisms for improving patient safety, of any patient safety program. Feedback ntial to developing true competence in natitute sustainable systems-based ty vulnerabilities.

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

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

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

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

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

a 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 cent care.

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

a ultimately responsible for the care of in the responsibility and accountability care. Effective programs, in partnership define, widely communicate, and posibility and accountability as it cent care.

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

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

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

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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 the place for all fellows is based on each as well as patient complexity and action through a variety of methods, as applying the program of the program
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 super- authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate telev
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 physica key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate televi
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate television
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milester

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

ervision while providing for graded ogram must use the following

cally present with the fellow during the one content of the fellow during the formation of the fellow during the fellow

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

ble to provide review of ack provided after care is delivered. vsical 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)

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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 super 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 author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includi 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 Sp fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe o
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)

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

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

supervising faculty member(s). (Core) their scope of authority, and the

ow is permitted to act with conditional

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

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

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

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

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

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

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

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

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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)	-	Programs, in partnership with their S process for education of fellows and behavior and a confidential process addressing such concerns. (Core)
	Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident		Well-Being Psychological, emotional, and physic development of the competent, carin proactive attention to life inside and requires that physicians retain the jo own real-life stresses. Self-care and i members of the health care team are professionalism; they are also skills nurtured in the context of other aspe 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. (4

[·] Sponsoring Institutions, should have a nd faculty regarding unprofessional s for reporting, investigating, and

sical well-being are critical in the ing, and resilient physician and require d outside of medicine. Well-being joy in medicine while managing their d responsibility to support other re important components of 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 fell care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of the second
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o 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, ir the subspecialty and larger health sys
VI.E.2.a)	The program must provide educational experiences that allow fellows to interact with and learn from other health care professionals, such as physicians in other specialties, advanced practice providers, nurses, social workers, physical therapists, case managers, language interpreters, and dieticians, to achieve effective, interdisciplinary, and interprofessional team-based care. (Core)	6.18.a.	The program must provide educational e with and learn from other health care pro specialties, advanced practice providers therapists, case managers, language int effective, interdisciplinary, and interprofe
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured han continuity of care and patient safety.

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

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

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

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

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

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

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

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

Il experiences that allow fellows to interact professionals, such as physicians in other ers, nurses, social workers, physical interpreters, and dieticians, to achieve ofessional team-based care. (Core)

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

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

Sponsoring Institutions, must ensure and-off processes to facilitate both /. (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 an team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience o opportunities for rest and personal a
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educ Clinical and educational work hours i hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)		Up to four hours of additional time mapatient safety, such as providing effe 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 conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail)

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are competent in communicating with ess. (Outcome)
Sponsoring Institutions, must design is configured to provide fellows with opportunities, as well as reasonable activities.
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s must be limited to no more than 80
ur-week period, inclusive of all in-
vities, clinical work done from home,
rk and Education
f between scheduled clinical work and
ork and Education
f between scheduled clinical work and
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may be used for activities related to fective transitions of care, and/or fellow
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Exceptions
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ntinue to provide care to a single
ive humanistic attention to the needs attend unique educational events.

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VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee for Internal Medicine will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Internal Med exceptions to the 80-hour limit to the fell
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the con seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every- the requirement for one day in seven when averaged over four weeks. (Cor

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

ducation must be counted toward the

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

edicine will not consider requests for ellows' work week.

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

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

d external moonlighting (as defined in state of the second state o

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

ncy 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 on free of clinical work and education, ore)

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

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

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