**ACGME Program Requirements for Graduate Medical Education**
**in Hematology**

**Common Program Requirements are in BOLD**
Proposed general requirements for all Pathology fellowships are in ITALICS
[for tracking during the revision process]

Effective: July ~~2004~~

**Introduction**

**Int.A.** **Residency and fellowship programs are essential dimensions of the transformation of the medical student to the independent practitioner along the continuum of medical education. They are physically, emotionally, and intellectually demanding, and require longitudinally-concentrated effort on the part of the resident or fellow.**

**The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident and fellow physician to assume personal responsibility for the care of individual patients. For the resident and fellow, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents and fellows gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s and fellow’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.**

~~Int.A. Definition and Scope of the Subspecialty~~

Int.B. Hematology is the practice of pathology concerned with the study and diagnosis of human diseases involving the hematopoietic tissues~~. and cells. Hematology requires a strong foundation in pathology.~~

~~Int.B. Duration and Scope of Education~~

~~Int.B.1. Graduate medical education programs in hematology must provide an organized educational program for qualified physicians seeking to acquire additional competence in hematology, and should be associated with an active program in both adult and pediatric hematology.~~

~~Int.B.2. Programs will be accredited to offer one year of organized training in all current aspects of hematology, including laboratory procedures,~~

~~laboratory management, database management, quality assurance, self-assessment, clinical consultation, and the scientific basis of hematology.~~

Int.C. *The educational program in hematology must be 12 months in length.*

**I. Institutions**

**I.A. Sponsoring Institution**

**One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating sites.**

**The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.**

~~A hematology program should be administratively attached to an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency in anatomic and clinical pathology or anatomic pathology.~~

**I.B. Participating Sites**

**I.B.1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.**

**The PLA should:**

**I.B.1.a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;**

**I.B.1.b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;**

**I.B.1.c) specify the duration and content of the educational experience; and,**

**I.B.1.d) state the policies and procedures that will govern fellow education during the assignment.**

**I.B.2. 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 Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS).**

**II. Program Personnel and Resources**

**II.A. Program Director**

**II.A.1.** **There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director. After approval, the program director must submit this change to the ACGME via the ADS.**

**II.A.2.** **Qualifications of the program director must include:**

**II.A.2.a)** **requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;**

**II.A.2.b)** **current certification in the subspecialty by the American Board of** Pathology (ABP)**, or subspecialty qualifications that are acceptable to the Review Committee;**

II.A.2.b).(1) *If the program director is not certified in the subspecialty by the ABP, at least one full-time faculty member must be certified in the subspecialty.*

**II.A.2.c)** **current medical licensure and appropriate medical staff appointment; and,**

~~II.A.2.c).(1) appointment in good standing; the program director must be based at the primary teaching site;~~

*II.A.2.d) at least three years of active participation as a specialist in hematology following completion of the most recent graduate medical education program.*

~~II.A.2.d).(1) licensure to practice medicine in the state where the sponsoring institution is located.~~

**II.A.3.** **The program director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas. The program director must:**

**II.A.3.a)** **prepare and submit all information required and requested by the ACGME;**

**II.A.3.b)** **be familiar with and oversee compliance with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;**

**II.A.3.c)** **obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information or requests for the following:**

152
153 **II.A.3.c).(1)** **all applications for ACGME accreditation of new**
154 **programs;**
155
156 **II.A.3.c).(2)** **changes in fellow complement;**
157
158 **II.A.3.c).(3)** **major changes in program structure or length of**
159 **training;**
160
161 **II.A.3.c).(4)** **progress reports requested by the Review Committee;**
162
163 **II.A.3.c).(5)** **responses to all proposed adverse actions;**
164
165 **II.A.3.c).(6)** **requests for increases or any change to fellow duty**
166 **hours;**
167
168 **II.A.3.c).(7)** **voluntary withdrawals of ACGME-accredited**
169 **programs;**
170
171 **II.A.3.c).(8)** **requests for appeal of an adverse action; and,**
172
173 **II.A.3.c).(9)** **appeal presentations to a Board of Appeal or the**
174 **ACGME.**
175
176 **II.A.3.d)** **obtain DIO review and co-signature on all program**
177 **information forms, as well as any correspondence or**
178 **document submitted to the ACGME that addresses:**
179
180 **II.A.3.d).(1)** **program citations, and/or**
181
182 **II.A.3.d).(2)** **request for changes in the program that would have**
183 **significant impact, including financial, on the program**
184 **or institution.**
185
186 *II.A.3.e)* *prepare and implement a supervision policy that specifies fellow*
187 *and faculty lines of responsibility; and,*
188
189 *II.A.3.f)* *devote at least 35% of his or her time to clinical work with fellows,*
190 *teaching, and fellowship-related administration.*
191
192 **II.B.** **Faculty**
193
194 **II.B.1.** **There must be a sufficient number of faculty with documented**
195 **qualifications to instruct and supervise all fellows.**
196
197 **II.B.2.** **The faculty must devote sufficient time to the educational program**
198 **to fulfill their supervisory and teaching responsibilities and**
199 **demonstrate a strong interest in the education of fellows.**
200
201 *II.B.2.a)* *The faculty must, in aggregate, devote at least 20 hours per week*

*to fellowship-related clinical work and teaching.*

**II.B.3. The physician faculty must have current certification in the subspecialty by the American Board of** Pathology, **or possess qualifications acceptable to the Review Committee.**

II.B.3.a) Physician faculty members who are not currently certified in hematology, must have either completed a fellowship or have three years of practice experience in the subspecialty.

**II.B.4. The physician faculty must possess current medical licensure and appropriate medical staff appointment.**

**II.C. Other Program Personnel**

**The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.**

*II.C.1. There must be secretarial and laboratory technical personnel to support the clinical, teaching, educational, and research activities of the fellowship.*

~~II.C.2. The laboratories involved in the program must be directed by qualified physicians who are licensed to practice medicine and are members in good standing of the institution's medical staff.~~

**II.D. Resources**

**The institution and the program must jointly ensure the availability of adequate resources for fellow education, as defined in the specialty program requirements.**

*II.D.1. There must be office space, meeting rooms, and laboratory space to support teaching, educational, and research activities.*

*II.D.2. Clinical material related to the subspecialty area of the fellowship must be provided.*

*II.D.2.a) Clinical material must be indexed so as to permit retrieval of archived records by specified organ and/or diagnosis in a timely manner.*

II.D.2.b) The clinical material must include a wide variety of hematology laboratory specimens and anatomic pathologic materials from both adult and pediatric patients.

II.D.2.b).(1) This must include neoplastic, non-neoplastic, and inherited disorders of lymph node, bone marrow, blood, and body fluids.

*II.D.3.* *Laboratories should be equipped to perform all tests required for the education of fellows.*

II.D.3.a) This must include microscopes, including multi-headed microscopes, and computers with access to hospital and laboratory information systems and the Internet.

~~II.D.4. The program must have access to the number and variety of patients needed to provide education in hematology. The material and files must be indexed to permit appropriate retrieval. There must be mechanisms to facilitate correlation with anatomical material.~~

~~II.D.5. The institutions and laboratories participating in the program must be appropriately accredited and/or licensed.~~

**II.E. Medical Information Access**

**Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.**

**III. Fellow Appointments**

**III.A. Eligibility Criteria**

**Each fellow must successfully complete an ACGME-accredited specialty program and/or meet other eligibility criteria as specified by the Review Committee. The program must document that each fellow has met the eligibility criteria.**

*III.A.1.* ~~Fellows should have completed at least two years of training in an ACGME-accredited pathology residency, or be certified in another specialty by a member board of the American Board of Medical Specialties.~~ *Prior to appointment in the program, fellows should have completed two years of a pathology residency accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC), or have certification in anatomic pathology and clinical pathology, in anatomic pathology, or in clinical pathology, or be certified by a member board of the American Board of Medical Specialties (ABMS) in internal medicine or pediatrics with subspecialty certification in hematology.*

**III.B. Number of Fellows**

**The program director may not appoint more fellows than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of fellows appointed to the program.**

III.B.1. The education of other learners must not dilute the educational

experience of the program's fellows.

**IV. Educational Program**

**IV.A. The curriculum must contain the following educational components:**

**IV.A.1. Skills and competencies the fellow will be able to demonstrate at the conclusion of the program. The program must distribute these skills and competencies to fellows and faculty annually, in either written or electronic form. These skills and competencies should be reviewed by the fellow at the start of each rotation;**

**IV.A.2. ACGME Competencies**

**The program must integrate the following ACGME competencies into the curriculum:**

**IV.A.2.a) Patient Care**

**Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:**

IV.A.2.a).(1) must demonstrate competence in performing procedures, including ~~develop knowledge and skills in the techniques of~~ bone marrow aspiration/biopsy; and,

~~IV.A.2.a).(1).(a) and interpretation, lymph node interpretation,~~

IV.A.2.a).(1).(b) Fellows must document all bone marrow aspirations/biopsies they perform using the ACGME Case Log System.

~~IV.A.2.a).(1).(c) and the applications of advanced technology, including in situ hybridization, immunocytochemistry, cytogenetics, and molecular studies (including FISH, Southern Blot, PCR, etc.), to hematologic problems. Adult and pediatric diagnostic material must be available. Fellows must maintain a log of their procedures;~~

IV.A.2.a).(2) must demonstrate diagnostic competence, including: ~~focus on diagnosis, pathogenesis, clinical correlation, and prognostic significance of hematologic disease throughout the program;~~

IV.A.2.a).(2).(a) interpreting lymph nodes and related tissue pathology;

IV.A.2.a).(2).(b) interpreting bone marrow aspirates and biopsy

specimens; and,

IV.A.2.a).(2).(c) analyzing laboratory results, including immunohistocytochemistry, cytogenetics, molecular studies, including Fluorescence In Situ Hybridization (FISH), and Polymerase Chain Reaction (PCR); coagulation testing; automated hematology analyzers; and flow cytometry.

~~IV.A.2.a).(3) must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.~~

**IV.A.2.b) Medical Knowledge**

**Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows:**

IV.A.2.b).(1) must demonstrate competence in their knowledge of:

IV.A.2.b).(1).(a) pathogenesis, including clinical correlation and prognostic significance, of hematologic disease;

IV.A.2.b).(1).(b) bone marrow pathology, lymph node pathology, peripheral blood and body fluid examination, red cell disorders, hemoglobinopathies, and coagulation;

IV.A.2.b).(1).(c) techniques, including flow cytometry, molecular techniques, and automated hematology procedures;

IV.A.2.b).(1).(d) specimen collection and preparation for routine hematologic testing; and,

IV.A.2.b).(1).(e) methods of correlating data from cytological, histopathological, and clinical pathology assessments of hematologic disease.

IV.A.2.b).(2) should demonstrate knowledge of the operation and management of hematology and relevant specialty laboratories, including quality control procedures, assay development, quality improvement activities, and laboratory regulations.

~~IV.A.2.b).(3) must have regularly scheduled and held lectures, tutorials, seminars, rounds, and conferences with clinical services;~~

~~IV.A.2.b).(4) should have instruction which includes using study sets of~~

~~usual and unusual cases, performance of tests under supervision, and interpretation of results with generation of narrative reports;~~

~~IV.A.2.b).(5) must be instructed in methods of correlating data from cytological, histopathological, and clinical pathology assessments of hematologic disease~~

**IV.A.2.c) Practice-based Learning and Improvement**

**Fellows are expected to develop skills and habits to be able to meet the following goals:**

**IV.A.2.c).(1) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;**

**IV.A.2.c).(2) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;**

IV.A.2.c).(3) incorporate formative evaluation feedback into daily practice;

IV.A.2.c).(4) use information technology to optimize learning and improve patient care; and,

IV.A.2.c).(5) participate in quality improvement projects.

**IV.A.2.d) Interpersonal and Communication Skills**

**Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.**

*IV.A.2.d).(1) Fellows must demonstrate competence in providing appropriate and effective consultations to other physicians and health professionals, both intra- and inter-departmental.*

*IV.A.2.d).(1).(a)* Consultation should include providing medical advice on the diagnosis and management of hematologic disorders.

IV.A.2.d).(2) Fellows must demonstrate competence in effective verbal and written communication.

IV.A.2.d).(3) Fellows must maintain comprehensive, timely, and legible medical records.

**IV.A.2.e) Professionalism**

**Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.**

**IV.A.2.f) Systems-based Practice**

**Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.**

IV.A.2.f).(1) Fellows must demonstrate the ability to:

IV.A.2.f).(1).(a) work effectively in a variety of health care delivery settings and systems relevant to hematology;

IV.A.2.f).(1).(b) incorporate cost considerations and risk-benefit analysis in patient and population-based care;

IV.A.2.f).(1).(c) participate in identifying system errors and implementing potential systems solutions; and,

IV.A.2.f).(1).(d) advocate for quality patient care and optimal patient care systems.

IV.A.3. Curriculum Organization and Fellow Experiences

IV.A.3.a) ~~Fellows must be given increasing responsibilities for services to patients and other as they progress through the program. Fellows must be provided with clearly defined graduated responsibilities and delegated authority;~~

IV.A.3.b) The didactic curriculum must include teaching conferences in hematology, journal clubs, and joint conferences with the Pathology Department, as well as with clinical services involved in the diagnosis and management of patient care utilizing hematology.

IV.A.3.b).(1) Fellows should participate in conferences, on average, at least once per month, and should give a minimum of two presentations per year.

IV.A.3.b).(2) Didactic instruction should include the use of study sets of common and unusual cases, and interpretation of results with generation of narrative reports.

IV.A.3.b).(3) Fellows must have instruction and experience in quality assurance.

**IV.B. Fellows' Scholarly Activities**

*IV.B.1.* *Each fellow should participate in scholarly activity, including at least one of the following:*

*IV.B.1.a)* *research;*

*IV.B.1.b)* *evidence-based presentations at journal club or meetings (local, regional or national); or,*

*IV.B.1.c)* *preparation/submission of articles for peer-reviewed publications.*

## V. Evaluation

### V.A. Fellow Evaluation

**V.A.1. Formative Evaluation**

**V.A.1.a) The faculty must evaluate fellow performance in a timely manner.**

**V.A.1.b) The program must:**

**V.A.1.b).(1) provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;**

**V.A.1.b).(2) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff); and,**

**V.A.1.b).(3) provide each fellow with documented semiannual evaluation of performance with feedback.**

**V.A.1.c) The evaluations of fellow performance must be accessible for review by the fellow, in accordance with institutional policy.**

**V.A.2. Summative Evaluation**

**The program director must provide a summative evaluation for each fellow upon completion of the program. This evaluation must become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy. This evaluation must:**

**V.A.2.a) document the fellow's performance during their education, and**

554 **V.A.2.b)** **verify that the fellow has demonstrated sufficient competence**
555 **to enter practice without direct supervision.**
556
557 **V.B. Faculty Evaluation**
558
559 **V.B.1. At least annually, the program must evaluate faculty performance as**
560 **it relates to the educational program.**
561
562 **V.B.2. These evaluations should include a review of the faculty's clinical**
563 **teaching abilities, commitment to the educational program, clinical**
564 **knowledge, professionalism, and scholarly activities.**
565
566 **V.C. Program Evaluation and Improvement**
567
568 **V.C.1. The program must document formal, systematic evaluation of the**
569 **curriculum at least annually. The program must monitor and track**
570 **each of the following areas:**
571
572 **V.C.1.a)** **fellow performance, and**
573
574 **V.C.1.b)** **faculty development**
575
576 **V.C.2. If deficiencies are found, the program should prepare a written plan**
577 **of action to document initiatives to improve performance in the**
578 **areas listed in section V.C.1. The action plan should be reviewed**
579 **and approved by the teaching faculty and documented in meeting**
580 **minutes.**
581
582 V.C.3. <u>*60 percent of the program's graduates from the preceding five years*</u>
583 <u>*taking the ABP certifying examination for hematology for the first time*</u>
584 <u>*must pass.*</u>
585
586 **VI. Fellow Duty Hours in the Learning and Working Environment**
587
588 **VI.A. Professionalism, Personal Responsibility, and Patient Safety**
589
590 **VI.A.1. Programs and sponsoring institutions must educate fellows and**
591 **faculty members concerning the professional responsibilities of**
592 **physicians to appear for duty appropriately rested and fit to provide**
593 **the services required by their patients.**
594
595 **VI.A.2. The program must be committed to and responsible for promoting**
596 **patient safety and fellow well-being in a supportive educational**
597 **environment.**
598
599 **VI.A.3. The program director must ensure that fellows are integrated and**
600 **actively participate in interdisciplinary clinical quality improvement**
601 **and patient safety programs.**
602
603 **VI.A.4. The learning objectives of the program must:**

604
605 **VI.A.4.a)** **be accomplished through an appropriate blend of supervised**
606 **patient care responsibilities, clinical teaching, and didactic**
607 **educational events; and,**
608
609 **VI.A.4.b)** **not be compromised by excessive reliance on fellows to fulfill**
610 **non-physician service obligations.**
611
612 **VI.A.5.** **The program director and sponsoring institution must ensure a**
613 **culture of professionalism that supports patient safety and personal**
614 **responsibility. Fellows and faculty members must demonstrate an**
615 **understanding and acceptance of their personal role in the**
616 **following:**
617
618 **VI.A.5.a)** **assurance of the safety and welfare of patients entrusted to**
619 **their care;**
620
621 **VI.A.5.b)** **provision of patient- and family-centered care;**
622
623 **VI.A.5.c)** **assurance of their fitness for duty;**
624
625 **VI.A.5.d)** **management of their time before, during, and after clinical**
626 **assignments;**
627
628 **VI.A.5.e)** **recognition of impairment, including illness and fatigue, in**
629 **themselves and in their peers;**
630
631 **VI.A.5.f)** **attention to lifelong learning;**
632
633 **VI.A.5.g)** **the monitoring of their patient care performance improvement**
634 **indicators; and,**
635
636 **VI.A.5.h)** **honest and accurate reporting of duty hours, patient**
637 **outcomes, and clinical experience data.**
638
639 **VI.A.6.** **All fellows and faculty members must demonstrate responsiveness**
640 **to patient needs that supersedes self-interest. Physicians must**
641 **recognize that under certain circumstances, the best interests of the**
642 **patient may be served by transitioning that patient's care to another**
643 **qualified and rested provider.**
644
645 **VI.B.** Transitions of Care
646
647 **VI.B.1.** **Programs must design clinical assignments to minimize the number**
648 **of transitions in patient care.**
649
650 **VI.B.2.** **Sponsoring institutions and programs must ensure and monitor**
651 **effective, structured hand-over processes to facilitate both**
652 **continuity of care and patient safety.**
653

654 **VI.B.3.** **Programs must ensure that fellows are competent in communicating**
655 **with team members in the hand-over process.**
656
657 **VI.B.4.** **The sponsoring institution must ensure the availability of schedules**
658 **that inform all members of the health care team of attending**
659 **physicians and fellows currently responsible for each patient's care.**
660
661 **VI.C.** **Alertness Management/Fatigue Mitigation**
662
663 **VI.C.1.** **The program must:**
664
665 **VI.C.1.a)** **educate all faculty members and fellows to recognize the**
666 **signs of fatigue and sleep deprivation;**
667
668 **VI.C.1.b)** **educate all faculty members and fellows in alertness**
669 **management and fatigue mitigation processes; and,**
670
671 **VI.C.1.c)** **adopt fatigue mitigation processes to manage the potential**
672 **negative effects of fatigue on patient care and learning, such**
673 **as naps or back-up call schedules.**
674
675 **VI.C.2.** **Each program must have a process to ensure continuity of patient**
676 **care in the event that a fellow may be unable to perform his/her**
677 **patient care duties.**
678
679 **VI.C.3.** **The sponsoring institution must provide adequate sleep facilities**
680 **and/or safe transportation options for fellows who may be too**
681 **fatigued to safely return home.**
682
683 **VI.D.** **Supervision of Fellows**
684
685 **VI.D.1.** **In the clinical learning environment, each patient must have an**
686 **identifiable, appropriately-credentialed and privileged attending**
687 **physician (or licensed independent practitioner as approved by each**
688 **Review Committee) who is ultimately responsible for that patient's**
689 **care.**
690
691 **VI.D.1.a)** **This information should be available to fellows, faculty**
692 **members, and patients.**
693
694 **VI.D.1.b)** **Fellows and faculty members should inform patients of their**
695 **respective roles in each patient's care.**
696
697 **VI.D.2.** **The program must demonstrate that the appropriate level of**
698 **supervision is in place for all fellows who care for patients.**
699
700 **Supervision may be exercised through a variety of methods. Some**
701 **activities require the physical presence of the supervising faculty**
702 **member. For many aspects of patient care, the supervising**
703 **physician may be a more advanced fellow. Other portions of care**

704 **provided by the fellow can be adequately supervised by the**
705 **immediate availability of the supervising faculty member or fellow**
706 **physician, either in the institution, or by means of telephonic and/or**
707 **electronic modalities. In some circumstances, supervision may**
708 **include post-hoc review of fellow-delivered care with feedback as to**
709 **the appropriateness of that care.**
710
711 **VI.D.3.** **Levels of Supervision**
712
713 **To ensure oversight of fellow supervision and graded authority and**
714 **responsibility, the program must use the following classification of**
715 **supervision:**
716
717 **VI.D.3.a)** **Direct Supervision – the supervising physician is physically**
718 **present with the fellow and patient.**
719
720 **VI.D.3.b)** **Indirect Supervision:**
721
722 **VI.D.3.b).(1)** **with direct supervision immediately available – the**
723 **supervising physician is physically within the hospital**
724 **or other site of patient care, and is immediately**
725 **available to provide Direct Supervision.**
726
727 **VI.D.3.b).(2)** **with direct supervision available – the supervising**
728 **physician is not physically present within the hospital**
729 **or other site of patient care, but is immediately**
730 **available by means of telephonic and/or electronic**
731 **modalities, and is available to provide Direct**
732 **Supervision.**
733
734 **VI.D.3.c)** **Oversight – the supervising physician is available to provide**
735 **review of procedures/encounters with feedback provided**
736 **after care is delivered.**
737
738 **VI.D.4.** **The privilege of progressive authority and responsibility, conditional**
739 **independence, and a supervisory role in patient care delegated to**
740 **each fellow must be assigned by the program director and faculty**
741 **members.**
742
743 **VI.D.4.a)** **The program director must evaluate each fellow's abilities**
744 **based on specific criteria. When available, evaluation should**
745 **be guided by specific national standards-based criteria.**
746
747 **VI.D.4.b)** **Faculty members functioning as supervising physicians**
748 **should delegate portions of care to fellows, based on the**
749 **needs of the patient and the skills of the fellows.**
750
751 **VI.D.4.c)** **Fellows should serve in a supervisory role of residents or**
752 **junior fellows in recognition of their progress toward**
753 **independence, based on the needs of each patient and the**

754 **skills of the individual fellow.**
755
756 **VI.D.5. Programs must set guidelines for circumstances and events in**
757 **which fellows must communicate with appropriate supervising**
758 **faculty members, such as the transfer of a patient to an intensive**
759 **care unit, or end-of-life decisions.**
760
761 **VI.D.5.a) Each fellow must know the limits of his/her scope of**
762 **authority, and the circumstances under which he/she is**
763 **permitted to act with conditional independence.**
764
765 **VI.D.6. Faculty supervision assignments should be of sufficient duration to**
766 **assess the knowledge and skills of each fellow and delegate to**
767 **him/her the appropriate level of patient care authority and**
768 **responsibility.**
769
770 **VI.E. Clinical Responsibilities**
771
772 **The clinical responsibilities for each fellow must be based on PGY-level,**
773 **patient safety, fellow education, severity and complexity of patient**
774 **illness/condition and available support services.**
775
776 *[Optimal clinical workload will be further specified by each Review Committee.]*
777
778 **VI.F. Teamwork**
779
780 **Fellows must care for patients in an environment that maximizes effective**
781 **communication. This must include the opportunity to work as a member of**
782 **effective interprofessional teams that are appropriate to the delivery of care**
783 **in the specialty.**
784
785 *[Each Review Committee will define the elements that must be present in each*
786 *specialty.]*
787
788 **VI.G. Fellow Duty Hours**
789
790 **VI.G.1. Maximum Hours of Work per Week**
791
792 **Duty hours must be limited to 80 hours per week, averaged over a**
793 **four-week period, inclusive of all in-house call activities and all**
794 **moonlighting.**
795
796 **VI.G.1.a) Duty Hour Exceptions**
797
798 **A Review Committee may grant exceptions for up to 10% or a**
799 **maximum of 88 hours to individual programs based on a**
800 **sound educational rationale.**
801
802 **VI.G.1.a).(1) In preparing a request for an exception the program**
803 **director must follow the duty hour exception policy**

804 from the ACGME Manual on Policies and Procedures.
805
806 **VI.G.1.a).(2)** Prior to submitting the request to the Review
807 Committee, the program director must obtain approval
808 of the institution's GMEC and DIO.
809
810 **VI.G.2.** **Moonlighting**
811
812 **VI.G.2.a)** Moonlighting must not interfere with the ability of the fellow
813 to achieve the goals and objectives of the educational
814 program.
815
816 **VI.G.2.b)** Time spent by fellows in Internal and External Moonlighting
817 (as defined in the ACGME Glossary of Terms) must be
818 counted towards the 80-hour Maximum Weekly Hour Limit.
819
820 **VI.G.3.** **Mandatory Time Free of Duty**
821
822 Fellows must be scheduled for a minimum of one day free of duty
823 every week (when averaged over four weeks). At-home call cannot
824 be assigned on these free days.
825
826 **VI.G.4.** **Maximum Duty Period Length**
827
828 Duty periods of fellows may be scheduled to a maximum of 24 hours
829 of continuous duty in the hospital. Programs must encourage
830 fellows to use alertness management strategies in the context of
831 patient care responsibilities. Strategic napping, especially after 16
832 hours of continuous duty and between the hours of 10:00 p.m. and
833 8:00 a.m., is strongly suggested.
834
835 **VI.G.4.a)** It is essential for patient safety and fellow education that
836 effective transitions in care occur. Fellows may be allowed to
837 remain on-site in order to accomplish these tasks; however,
838 this period of time must be no longer than an additional four
839 hours.
840
841 **VI.G.4.b)** Fellows must not be assigned additional clinical
842 responsibilities after 24 hours of continuous in-house duty.
843
844 **VI.G.4.c)** In unusual circumstances, fellows, on their own initiative,
845 may remain beyond their scheduled period of duty to
846 continue to provide care to a single patient. Justifications for
847 such extensions of duty are limited to reasons of required
848 continuity for a severely ill or unstable patient, academic
849 importance of the events transpiring, or humanistic attention
850 to the needs of a patient or family.
851
852 **VI.G.4.c).(1)** Under those circumstances, the fellow must:
853

854 **VI.G.4.c).(1).(a)** **appropriately hand over the care of all other**
855 **patients to the team responsible for their**
856 **continuing care; and,**
857
858 **VI.G.4.c).(1).(b)** **document the reasons for remaining to care for**
859 **the patient in question and submit that**
860 **documentation in every circumstance to the**
861 **program director.**
862
863 **VI.G.4.c).(2)** **The program director must review each submission of**
864 **additional service, and track both individual fellow and**
865 **program-wide episodes of additional duty.**
866
867 **VI.G.5.** **Minimum Time Off between Scheduled Duty Periods**
868
869 **VI.G.5.a)** **Fellows in the final years of education** *[as defined by the*
870 *Review Committee]* **must be prepared to enter the**
871 **unsupervised practice of medicine and care for patients over**
872 **irregular or extended periods.**
873
874 **VI.G.5.a).(1)** **This preparation must occur within the context of the**
875 **80-hour, maximum duty period length, and one-day-**
876 **off-in-seven standards. While it is desirable that**
877 **fellows in their final years of education have eight**
878 **hours free of duty between scheduled duty periods,**
879 **there may be circumstances** *[as defined by the Review*
880 *Committee]* **when these fellows must stay on duty to**
881 **care for their patients or return to the hospital with**
882 **fewer than eight hours free of duty.**
883
884 **VI.G.5.a).(1).(a)** **Circumstances of return-to-hospital activities**
885 **with fewer than eight hours away from the**
886 **hospital by fellows in their final years of**
887 **education must be monitored by the program**
888 **director.**
889
890 **VI.G.6.** **Maximum Frequency of In-House Night Float**
891
892 **Fellows must not be scheduled for more than six consecutive nights**
893 **of night float.**
894
895 *[The maximum number of consecutive weeks of night float, and maximum*
896 *number of months of night float per year may be further specified by the*
897 *Review Committee.]*
898
899 **VI.G.7.** **Maximum In-House On-Call Frequency**
900
901 **Fellows must be scheduled for in-house call no more frequently than**
902 **every-third-night (when averaged over a four-week period).**
903

904 **VI.G.8. At-Home Call**
905
906 **VI.G.8.a) Time spent in the hospital by fellows on at-home call must**
907 **count towards the 80-hour maximum weekly hour limit. The**
908 **frequency of at-home call is not subject to the every-third-**
909 **night limitation, but must satisfy the requirement for one-day-**
910 **in-seven free of duty, when averaged over four weeks.**
911
912 **VI.G.8.a).(1) At-home call must not be so frequent or taxing as to**
913 **preclude rest or reasonable personal time for each**
914 **fellow.**
915
916 **VI.G.8.b) Fellows are permitted to return to the hospital while on at-**
917 **home call to care for new or established patients. Each**
918 **episode of this type of care, while it must be included in the**
919 **80-hour weekly maximum, will not initiate a new "off-duty**
920 **period".**
921
922 ***