

International Advanced Specialty Program Requirements Summary of Requirements for a Newly Accredited Subspecialty ACGME-I

Advanced Specialty Requirements for: **Medical Toxicology**
Proposed Effective Date: **15 September 2026**

Comments are currently being solicited on Program Requirements for a newly accredited subspecialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new Program Requirements.

The Review Committee-International will use the comments provided to determine final Program Requirements, which will be posted on the ACGME-I website.

Requirement	Line Number	Rationale
I.A.1. The fellowship in medical toxicology must function as an integral part of an ACGME-I-accredited residency in emergency medicine or preventive medicine.	32-33	The intent of the requirement is that there is a working, synergistic relationship between the residency and fellowship leadership that enhances each program. The program directors of the residency and fellowship programs should seek interactions that will enhance understanding of the requirements, implement the competency-based educational program in a coordinated manner across the programs, and ensure that consideration is given to the potential impact of changes in one program on the other.
II.B.3. Consultants from appropriate medical specialties must be available for consultation and didactic sessions, to include special expertise in the following areas a) cardiovascular disease; b) dermatology; c) gastroenterology; d) immunology; e) nephrology; f) ophthalmology; g) pathology; h) pulmonary disease; and, i) surgical subspecialties	75-94	These medical specialists will provide fellows with a breadth of education in medical toxicology. Consultants can be located at the primary clinical site or at a participating site that provides a required rotation.
II.C.1. Consultants from appropriate non-medical specialties must be available for consultation and didactic sessions, to include the following areas: a) biostatistics; b) botany; c) disaster and mass casualty incident	98-127	These non-medical personnel will provide fellows with a breadth of education in medical toxicology. If a program is unable to secure local consultations from various specialists, it is acceptable to establish a relationship with non-local resources, as

management; d) epidemiology; e) environmental toxicology; f) forensic toxicology; g) hazardous materials; H) herpetology; i) industrial hygiene; j) laboratory toxicology; k) mycology; l) occupational toxicology; m) public health; and n) zoology.		long as they are accessible and available to the fellows. For example, if a local herpetologist is not available, it would be acceptable to work with one in another country or jurisdiction and communicate by phone or electronically.
II.D.4. There should be an affiliation with a school of pharmacy or department of pharmacology. a) In the absence of an affiliation with a school of pharmacy or department of pharmacy, a Doctor of Pharmacy or PhD pharmacologist should be appointed to the teaching faculty.	153-158	The purpose of the affiliation with a school of pharmacy or a department of pharmacology is so that the fellows are provided with regular didactic experience and consultation by faculty members from the affiliated school or department. If an affiliation with a school of pharmacy or a department of pharmacology is not possible, then the program needs to identify and appoint at least one PharmD or PhD pharmacologist non-physician faculty member to provide the required didactics and consultation as needed for the fellowship.
IV.A.1.c).(1).(h) Fellows must demonstrate knowledge of analytic and forensic toxicology, including: assay methods and interpretation.	282-283	Fellows do not have to perform these tests. However, they must be able to competently interpret their results, which may include knowing how the performance of the test may impact the results.
IV.A.1.c).(1).(t) Fellows must demonstrate knowledge of administrative aspects of the practice of medical toxicology.	328-329	Administrative responsibilities for fellows could include administrative training that would lead to opportunities as a medical director of a poison center or toxicology service, and that includes management, quality, and financial aspects.
IV.B.5. Fellows must have instruction in the principles of hyperbaric medicine.	372	If hyperbaric oxygen therapy is not available in the program's country or jurisdiction, education can be provided as didactic lectures, case presentations, or journal club sessions, or as virtual education or consultations.
IV.C.12. Fellows should be provided with education in hyperbaric oxygen therapy as available in the country or jurisdiction.	467-468	
VI.D.1. The program must have clear guidelines that delineate which competencies must be met to determine when a fellow can progress to be supervised indirectly.	538-540	When delineating the competencies necessary for fellow progression to be supervised indirectly, it is recommended to use the Milestones in Medical Toxicology or other program-derived assessments.