Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
	Definition of Graduate Medical Education		Definition of Graduate Medical Educa
	Fellowship is advanced graduate medical education beyond a core		Fellowship is advanced graduate med
	residency program for physicians who desire to enter more specialized		residency program for physicians wh
	practice. Fellowship-trained physicians serve the public by providing		practice. Fellowship-trained physician
	subspecialty care, which may also include core medical care, acting as a		subspecialty care, which may also ind
	community resource for expertise in their field, creating and integrating		community resource for expertise in a
	new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse		new knowledge into practice, and edu 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 lea
	Fellows who have completed residency are able to practice autonomously		Fellows who have completed resident
	<i>in their core specialty. The prior medical experience and expertise of</i>		in their core specialty. The prior medi
	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 subspecial
	faculty supervision and conditional independence. Faculty members serve		faculty supervision and conditional in
	as role models of excellence, compassion, cultural sensitivity,		serve as role models of excellence, co
	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 ex
	area of practice. Fellowship is an intensive program of subspecialty		area of practice. Fellowship is an inte clinical and didactic education that fo
	clinical and didactic education that focuses on the multidisciplinary care 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		intellectually demanding, and occurs
	environments committed to graduate medical education and the well-		environments committed to graduate
	being of patients, residents, fellows, faculty members, students, and all		being of patients, residents, fellows, f
Int.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, many
	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 exc
	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 in
	the medical literature and patient care. Beyond the clinical subspecialty		the medical literature and patient care
Int A (Continued)	expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	expertise achieved, fellows develop n infrastructure that promotes collabor
Int.A (Continued)		[None] - (Continued)	

cation

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Definition of Subspecialty <i>Developmental-behavioral pediatrics is t</i> <i>on:</i>
			•the complex developmental processes of young adults in the context of their famili
			•understanding the biological, psycholog development in emotional, social, motor,
Int.B.	Definition of Subspecialty	[None]	 identification and treatment of disorders throughout childhood and adolescence.
			Definition of Subspecialty Developmental-behavioral pediatrics is t on:
			•the complex developmental processes young adults in the context of their famil
			•understanding the biological, psycholog development in emotional, social, motor,
Int.B.1.	Developmental-behavioral pediatrics is the pediatric subspecialty that focuses on:	[None]	 identification and treatment of disorders throughout childhood and adolescence.
			Definition of Subspecialty <i>Developmental-behavioral pediatrics is t</i> <i>on:</i>
			•the complex developmental processes (young adults in the context of their famili
			•understanding the biological, psycholog development in emotional, social, motor,
Int.B.1.a)	the complex developmental processes of infants, children, adolescents, and young adults in the context of their families and communities;	[None]	 identification and treatment of disorders throughout childhood and adolescence.

s the pediatric subspecialty that focuses

- es of infants, children, adolescents, and nilies and communities;
- logical, and social influences on or, language, and cognitive domains; and,
- ers of behavior and development e.
- s the pediatric subspecialty that focuses
- es of infants, children, adolescents, and nilies and communities;
- logical, and social influences on or, language, and cognitive domains; and,
- ers of behavior and development e.
- s the pediatric subspecialty that focuses
- es of infants, children, adolescents, and nilies and communities;
- logical, and social influences on for, language, and cognitive domains; and,
- ers of behavior and development e.

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremer
			Definition of Subspecialty <i>Developmental-behavioral pediatrics is</i> <i>on:</i>
			•the complex developmental processes young adults in the context of their famil
			•understanding the biological, psycholog development in emotional, social, motor
Int.B.1.b)	understanding the biological, psychological, and social influences on development in emotional, social, motor, language, and cognitive domains; and,	[None]	•identification and treatment of disorders throughout childhood and adolescence.
			Definition of Subspecialty Developmental-behavioral pediatrics is on:
			•the complex developmental processes young adults in the context of their famil
			•understanding the biological, psycholog development in emotional, social, motor
Int.B.1.d)	identification and treatment of disorders of behavior and development throughout childhood and adolescence.	[None]	 identification and treatment of disorders throughout childhood and adolescence.
	Length of Educational Program		
Int.C.	The educational program must be 36 months in length. (Core)	4.1.	Length of Program The educational program must be 36 m
III.0.	Oversight	Section 1	Section 1: Oversight
•			
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		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)
	Participating Sites		
I.B.	A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)		The program, with approval of its Spo primary clinical site. (Core)

is the pediatric subspecialty that focuses

es of infants, children, adolescents, and milies and communities;

ological, and social influences on tor, language, and cognitive domains; and,

lers of behavior and development ce.

is the pediatric subspecialty that focuses

es of infants, children, adolescents, and milies and communities;

ological, and social influences on tor, language, and cognitive domains; and,

lers of behavior and development ce.

months in length. (Core)

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

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

y one ACGME-accredited Sponsoring

ion providing educational experiences ons for fellows.

Sponsoring Institution, must designate a

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	An accredited developmental-behavioral pediatrics program must be an integral		An accredited developmental-behavioral
	part of a core pediatric residency program, and should be sponsored by the		part of a core pediatric residency progra
I.B.1.a)	same ACGME-accredited Sponsoring Institution. (Core)	1.2.a.	same ACGME-accredited Sponsoring In
	The developmental-behavioral pediatrics program should be geographically		The developmental-behavioral pediatrics
I.B.1.a).(1)	proximate to the core pediatric residency program. (Detail)	1.2.a.1.	proximate to the core pediatric residency
	There must be a program letter of agreement (PLA) between the program		There must be a program letter of agr
	and each participating site that governs the relationship between the		and each participating site that gover
I.B.2.	program and the participating site providing a required assignment. (Core)		program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least even
			The PLA must be approved by the des
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
	The program must monitor the clinical learning and working environment		The program must monitor the clinica
I.B.3.	at all participating sites. (Core)	1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated		At each participating site there must
	by the program director, who is accountable for fellow education for that		by the program director, who is accou
I.B.3.a)	site, in collaboration with the program director. (Core)	1.5.	site, in collaboration with the program
	The program director must submit any additions or deletions of		
	participating sites routinely providing an educational experience, required		The program director must submit an
	for all fellows, of one month full time equivalent (FTE) or more through the		participating sites routinely providing
	ACGME's Accreditation Data System (ADS). (Core)		for all fellows, of one month full time
I.B.4.		1.6.	ACGME's Accreditation Data System
	Workforce Beerwitment and Betention		
	Workforce Recruitment and Retention		Workforce Recruitment and Retentior
	The program, in partnership with its Sponsoring Institution, must engage		The program, in partnership with its S
	in practices that focus on mission-driven, ongoing, systematic recruitment		in practices that focus on mission-dri
	and retention of a diverse and inclusive workforce of residents (if present),		and retention of a diverse and inclusi
	fellows, faculty members, senior administrative GME staff members, and		fellows, faculty members, senior adm
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ
	other relevant members of its academic community. (oore)	1.7.	
			Resources
I.D.	Resources	1.8.	The program, in partnership with its S the availability of adequate resources
I.D.		1.0.	
	The number is not combined in the Company structure in the stitution structure of the state of t		Resources
	The program, in partnership with its Sponsoring Institution, must ensure	4.0	The program, in partnership with its S
I.D.1.	the availability of adequate resources for fellow education. (Core)	1.8.	the availability of adequate resources
	There must be established linkages with community-based resources that serve		There must be established linkages with
	children and families, such as child care programs, early intervention programs,		children and families, such as child care
	schools, child welfare/protective agencies, and community agencies that serve		schools, child welfare/protective agencie
	children with visual impairments, hearing impairments, mental health conditions,		children with visual impairments, hearing
I.D.1.a)	or serious developmental, physical, and/or emotional disabilities. (Core)	1.8.a.	or serious developmental, physical, and
	Facilities and services, including a comprehensive laboratory, pathology, and		Facilities and services, including a comp
I.D.1.b)	imaging, must be available. (Core)	1.8.b.	imaging, must be available. (Core)
	The program must have access to laboratories in order to perform testing		The program must have access to labor
I.D.1.c)	specific to developmental-behavioral pediatrics. (Core)	1.8.c.	specific to developmental-behavioral peo
	An adequate number of developmental-behavioral pediatrics patients, ranging in		An adequate number of developmental-l
	age from newborn through young adulthood must be available to provide a		age from newborn through young adulth
I.D.1.d)	broad experience for the fellows. (Core)	1.8.d.	broad experience for the fellows. (Core)

ral pediatrics program must be an integral ram, and should be sponsored by the Institution. (Core)

ics program should be geographically icy program. (Detail)

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

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

cal learning and working environment

t be one faculty member, designated ountable for fellow education for that am director. (Core)

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

on

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

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

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

th community-based resources that serve re programs, early intervention programs, cies, and community agencies that serve ng impairments, mental health conditions, id/or emotional disabilities. (Core)

nprehensive laboratory, pathology, and

oratories in order to perform testing bediatrics. (Core)

al-behavioral pediatrics patients, ranging in thood must be available to provide a e)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
·	A sufficient number of patients must be available in community-based, inpatient		A sufficient number of patients must be
I.D.1.e)	and outpatient settings to meet the educational needs of the program. (Core)	1.8.e.	and outpatient settings to meet the educ
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its \$
	healthy and safe learning and working environments that promote fellow		healthy and safe learning and workin
I.D.2.	well-being and provide for:	1.9.	well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
	safe, quiet, clean, and private sleep/rest facilities available and accessible	1.9.b.	safe, quiet, clean, and private sleep/re
I.D.2.b)	for fellows with proximity appropriate for safe patient care; (Core)	1.9.0.	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 lactatic with proximity appropriate for safe pa
1.D.Z.C)	security and safety measures appropriate to the participating site; and,	1.3.6.	security and safety measures approp
I.D.2.d)	(Core)	1.9.d.	(Core)
	accommodations for fellows with disabilities consistent with the	1.0.0.	accommodations for fellows with dis
I.D.2.e)	Sponsoring Institution's policy. (Core)	1.9.e.	Sponsoring Institution's policy. (Core
	Fellows must have ready access to subspecialty-specific and other		Fellows must have ready access to s
	appropriate reference material in print or electronic format. This must		appropriate reference material in prin
	include access to electronic medical literature databases with full text		include access to electronic medical
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Pers
	The presence of other leaves and other health are personnel including		The processo of other learners and a
	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and		The presence of other learners and o but not limited to residents from othe
	advanced practice providers, must not negatively impact the appointed		and advanced practice providers, mu
I.E.	fellows' education. (Core)	1.11.	appointed fellows' education. (Core)
<u></u> II.	Personnel	Section 2	Section 2: Personnel
			Program Director
			There must be one faculty member a
			authority and accountability for the o
II.A.	Program Director	2.1.	with all applicable program requireme
			Program Director
	There must be one faculty member appointed as program director with		There must be one faculty member a
	authority and accountability for the overall program, including compliance		authority and accountability for the o
II.A.1.	with all applicable program requirements. (Core)	2.1.	with all applicable program requirement
	The Sponsoring Institution's Graduate Medical Education Committee		The Sponsoring Institution's Graduat
	(GMEC) must approve a change in program director and must verify the		(GMEC) must approve a change in pr
II.A.1.a)	program director's licensure and clinical appointment. (Core)	2.2.	program director's licensure and clin
	Final approval of the program director resides with the Review Committee.		
	(Core)		Final approval of the program directo
II.A.1.a).(1)		2.2.a.	(Core)
	The program director and, as applicable, the program's leadership team,		
	must be provided with support adequate for administration of the program		The program director and, as applica
	based upon its size and configuration. (Core)		must be provided with support adequ
II.A.2.		2.3.	based upon its size and configuration

e available in community-based, inpatient ucational needs of the program. (Core)

s Sponsoring Institution, must ensure ing environments that promote fellow

)

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

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

opriate to the participating site; and,

isabilities consistent with the pre)

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

rsonnel

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

appointed as program director with overall program, including compliance ments. (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.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)		Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direc director and one or more associate (or a
	Number of Approved Fellow Positions < 7 Minimum Support Required (FTE) 0.2		Number of Approved Fellow Positions < 0.2
	Number of Approved Fellow Positions 7-10 Minimum Support Required (FTE) 0.4 Number of Approved Fellow Positions 11-15 Minimum Support Required (FTE)		Number of Approved Fellow Positions 7- 0.4 Number of Approved Fellow Positions 1
II.A.2.a)	0.5 Number of Approved Fellow Positions > 15 Minimum Support Required (FTE) 0.6	2.3.a.	(FTE) 0.5 Number of Approved Fellow Positions > 0.6
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Directo 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
	must include current certification in the subspecialty for which they are the program director by the American Board of Pediatrics or subspecialty qualifications that are acceptable to the Review Committee; and, (Core)		The program director must possess of subspecialty for which they are the pr Board of Pediatrics, or subspecialty qu the Review Committee. (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.A.3.c)	must include a record of ongoing involvement in scholarly activities. (Core)	2.4.b.	The program director must have a recor activities. (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)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role i
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the missi
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)

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

< 7 | Minimum Support Required (FTE)

7-10 | Minimum Support Required (FTE)

11-15 | Minimum Support Required

> 15 | Minimum Support Required (FTE)

tor:

s subspecialty expertise and view Committee. (Core)

tor

subspecialty expertise and view Committee. (Core)

s current certification in the program director by the American qualifications that are acceptable to

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

ord of ongoing involvement in scholarly

sponsibility, authority, and nd operations; teaching and scholarly ection, 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

Roman Numeral		Reformatted	
Requirement Number	r Requirement Language	Requirement Number	Requiremen
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)		The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learn the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when act not to promote, or renew the appoint
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide vertice of the program director must provide vertice of the second s

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

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

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

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

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

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

n a non-competition guarantee or

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

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
	Faculty		
			Faculty
	Faculty members are a foundational element of graduate medical		Faculty members are a foundational
	education – faculty members teach fellows how to care for patients.		education – faculty members teach fe
	Faculty members provide an important bridge allowing fellows to grow		Faculty members provide an importa
	and become practice ready, ensuring that patients receive the highest		and become practice ready, ensuring
	quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and		quality of care. They are role models by demonstrating compassion, comm
	patient care, professionalism, and a dedication to lifelong learning.		patient care, professionalism, and a
	Faculty members experience the pride and joy of fostering the growth and		Faculty members experience the price
	development of future colleagues. The care they provide is enhanced by		development of future colleagues. Th
	the opportunity to teach and model exemplary behavior. By employing a		the opportunity to teach and model e
	scholarly approach to patient care, faculty members, through the graduate		scholarly approach to patient care, fa
	medical education system, improve the health of the individual and the		medical education system, improve t
	population.		population.
	Faculty members ensure that patients receive the level of care expected		Faculty members ensure that patient
	from a specialist in the field. They recognize and respond to the needs of		from a specialist in the field. They red
	the patients, fellows, community, and institution. Faculty members		the patients, fellows, community, and
	provide appropriate levels of supervision to promote patient safety.		provide appropriate levels of supervi
	Faculty members create an effective learning environment by acting in a		Faculty members create an effective
	professional manner and attending to the well-being of the fellows and	[Nono]	professional manner and attending to themselves.
II.B.	<i>themselves.</i> There must be a sufficient number of faculty members with competence to	[None]	There must be a sufficient number of
II.B.1.	instruct and supervise all fellows. (Core)	2.6.	instruct and supervise all fellows. (Co
II.B.2	Faculty members must:	[None]	
			Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty members must be role mode
	demonstrate commitment to the delivery of safe, equitable, high-quality,		Faculty members must demonstrate
ll.B.2.b)	cost-effective, patient-centered care; (Core)	2.7.a.	equitable, high-quality, cost-effective
	demonstrate a strong interest in the education of fellows, including		Faculty members must demonstrate
	devoting sufficient time to the educational program to fulfill their		fellows, including devoting sufficient
II.B.2.c)	supervisory and teaching responsibilities; (Core)	2.7.b.	fulfill their supervisory and teaching
	administer and maintain an educational environment conducive to		Faculty members must administer an
II.B.2.d)	educating fellows; (Core)	2.7.c.	environment conducive to educating
	regularly participate in organized clinical discussions, rounds, journal		Faculty members must regularly part
II.B.2.e)	clubs, and conferences; and, (Core)	2.7.d.	discussions, rounds, journal clubs, a
	pursue faculty development designed to enhance their skills at least		
II.B.2.f)	annually. (Core)	2.7.e.	Faculty members must pursue facult their skills at least annually. (Core)
		<u>∠.1.</u> .	
	mentor fellows in the application of scientific principles, epidemiology,		Faculty members must mentor fellows in epidemiology, biostatistics, and evidence
II.B.2.g)	biostatistics, and evidence-based medicine to the clinical care of patients. (Core)	2.7.f.	patients. (Core)
<u></u>			Faculty Qualifications
			Faculty members must have appropr
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appoint

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

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

of faculty members with competence to Core)

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

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

and maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

in the application of scientific principles, nce-based medicine to the clinical care of

priate qualifications in their field and ntments. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropr hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Mem Subspecialty physician faculty memb the subspecialty by the American Bo qualifications judged acceptable to th
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this specialty]	2.9.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.B.3.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.
	In addition to the developmental-behavioral pediatrics faculty members, ABP- or		In addition to the developmental-behavio
	AOBP-certified faculty members and consultants in the following subspecialties		AOBP-certified faculty members and co
II.B.3.c).(1)	must be available:	2.9.b.	must be available:
II.B.3.c).(1).(a)	adolescent medicine; (Core)	2.9.b.1.	adolescent medicine; (Core)
II.B.3.c).(1).(b)	child neurology; (Core)	2.9.b.2.	child neurology; (Core)
II.B.3.c).(1).(c)	child and adolescent psychiatry; and, (Core)	2.9.b.3.	child and adolescent psychiatry; and, (C
II.B.3.c).(1).(d)	medical genetics. (Core)	2.9.b.4.	medical genetics. (Core)
	The faculty should also include the following specialists with substantial		The faculty should also include the follo
II.B.3.c).(2)	experience with pediatric problems:	2.9.c.	experience with pediatric problems:
II.B.3.c).(2).(a)	allergist and immunologist(s); (Detail)	2.9.c.1.	allergist and immunologist(s); (Detail)
II.B.3.c).(2).(b)	child abuse pediatrics specialist(s); (Detail)	2.9.c.2.	child abuse pediatrics specialist(s); (Det
II.B.3.c).(2).(c)	dermatologist(s); (Detail)	2.9.c.3.	dermatologist(s); (Detail)
II.B.3.c).(2).(d)	neonatologist(s); (Detail)	2.9.c.4.	neonatologist(s); (Detail)
II.B.3.c).(2).(e)	neurological surgeon(s); (Detail)	2.9.c.5.	neurological surgeon(s); (Detail)
II.B.3.c).(2).(f)	ophthalmologist(s); (Detail)	2.9.c.6.	ophthalmologist(s); (Detail)
II.B.3.c).(2).(g)	orthopaedic surgeon(s); (Detail)	2.9.c.7.	orthopaedic surgeon(s); (Detail)
II.B.3.c).(2).(h)	otolaryngologist(s); (Detail)	2.9.c.8.	otolaryngologist(s); (Detail)
II.B.3.c).(2).(i)	pediatric cardiologist(s); (Detail)	2.9.c.9.	pediatric cardiologist(s); (Detail)
II.B.3.c).(2).(j)	pediatric endocrinologist(s); (Detail)	2.9.c.10.	pediatric endocrinologist(s); (Detail)
II.B.3.c).(2).(j)	pediatric gastroenterologist(s); (Detail)	2.9.c.11.	pediatric gastroenterologist(s); (Detail)
II.B.3.c).(2).(I)	pediatric hematologist-oncologist(s); (Detail)	2.9.c.12.	pediatric hematologist-oncologist(s); (De
II.B.3.c).(2).(m)	pediatric infectious diseases specialist(s); (Detail)	2.9.c.13.	pediatric infectious diseases specialist(s
II.B.3.c).(2).(n)	pediatric rheumatologist(s); (Detail)	2.9.c.14.	pediatric rheumatologist(s); (Detail)
II.B.3.c).(2).(o)	pediatric surgeon(s); (Detail)	2.9.c.15.	pediatric surgeon(s); (Detail)
II.B.3.c).(2).(p)	physiatrist(s); (Core)	2.9.c.16.	physiatrist(s); (Core)
II.B.3.c).(2).(q)	radiologist(s); and, (Detail)	2.9.c.17.	radiologist(s); and, (Detail)
II.B.3.c).(2).(r)	urologist(s). (Detail)	2.9.c.18.	urologist(s). (Detail)
II.B.3.c).(3)	Consultants should be available for transition care of young adults. (Detail)	2.9.d.	Consultants should be available for tran

oriate qualifications in their field and ntments. (Core)

mbers

nbers must have current certification in Board of Pediatrics or possess the Review Committee. (Core)

n Requirements deem certification by a opathic Association (AOA) acceptable, ification in this specialty]

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

vioral pediatrics faculty members, ABP- or consultants in the following subspecialties

(Core)

lowing specialists with substantial

etail)

Detail) t(s); (Detail)

ansition care of young adults. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Core Faculty		Core Faculty
	Core faculty members must have a significant role in the education and		Core faculty members must have a sig
	supervision of fellows and must devote a significant portion of their entire		supervision of fellows and must devo
	effort to fellow education and/or administration, and must, as a component		effort to fellow education and/or admi
	of their activities, teach, evaluate, and provide formative feedback to		of their activities, teach, evaluate, and
	fellows. (Core)		fellows. (Core)
II.B.4.		2.10.	
			Faculty members must complete the a
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	(Core)
	To ensure the quality of the educational and scholarly activity of the program,		To ensure the quality of the educational
	and to provide adequate supervision of fellows, there must be at least two core		and to provide adequate supervision of f
	faculty members, inclusive of the program director, who are certified in		faculty members, inclusive of the program
	developmental-behavioral pediatrics by the ABP, or who have other		developmental-behavioral pediatrics by t
II.B.4.b)	qualifications acceptable to the Review Committee. (Core)	2.10.b.	qualifications acceptable to the Review (
		0.44	Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinator
	There must be a pressure accordinator (Cara)	0.44	Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	There must be a program coordinator
	The program coordinator must be provided with dedicated time and		The program coordinator must be pro
II.C.2.	support adequate for administration of the program based upon its size	2.11.a.	support adequate for administration of
11.0.2.	and configuration. (Core)	2.11.d.	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: (Core)		At a minimum, the program coordinator r time and support specified below for adm
	Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.3		Number of Approved Fellow Positions: 1
	Number of Approved Fellow Positions: 4-6 Minimum FTE: 0.5		Number of Approved Fellow Positions: 4
	Number of Approved Fellow Positions: 7-9 Minimum FTE: 0.68		Number of Approved Fellow Positions: 7
	Number of Approved Fellow Positions: 10-12 Minimum FTE: 0.74		Number of Approved Fellow Positions: 1
	Number of Approved Fellow Positions: 13-15 Minimum FTE: 0.8		Number of Approved Fellow Positions: 1
	Number of Approved Fellow Positions: 16-18 Minimum FTE: 0.86		Number of Approved Fellow Positions: 1
	Number of Approved Fellow Positions: 19-21 Minimum FTE: 0.92		Number of Approved Fellow Positions: 1
	Number of Approved Fellow Positions: 22-24 Minimum FTE: 0.98 Number of Approved Fellow Positions: 25-27 Minimum FTE: 1.04		Number of Approved Fellow Positions: 2
II.C.2.a)	Number of Approved Fellow Positions: 25-27 Minimum FTE: 1.04	2.11.b.	Number of Approved Fellow Positions: 2 Number of Approved Fellow Positions: 2
11.0.2.a)		2.11.0.	
	Other Program Personnel		Other Program Personnel
	The program, in partnership with its Sponsoring Institution, must jointly		The program, in partnership with its S
	ensure the availability of necessary personnel for the effective		ensure the availability of necessary p
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core)
	In order to enhance fellows' understanding of the multidisciplinary nature of		In order to enhance fellows' understandi
	developmental-behavioral pediatrics, the following personnel with pediatric focus		developmental-behavioral pediatrics, the
II.D.1.	and experience should be available:	2.12.a.	focus and experience should be availabl
II.D.1.a)	audiologist(s); (Core)	2.12.a.1.	audiologist(s); (Core)
/ II.D.1.b)	child life therapist(s); (Core)	2.12.a.2.	child life therapist(s); (Core)
/ II.D.1.c)	child psychologist(s); (Core)	2.12.a.3.	child psychologist(s); (Core)
II.D.1.d)	dietician(s); (Core)	2.12.a.4.	dietician(s); (Core)
II.D.1.e)	nurses; (Detail)	2.12.a.5.	nurses; (Detail)

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

e annual ACGME Faculty Survey.

al and scholarly activity of the program, of fellows, there must be at least two core ram director, who are certified in y the ABP, or who have other v Committee. (Core)

or. (Core)

or. (Core)

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

or must be provided with the dedicated dministration of the program: (Core)

: 1-3 | Minimum FTE: 0.3
: 4-6 | Minimum FTE: 0.5
: 7-9 | Minimum FTE: 0.68
: 10-12 | Minimum FTE: 0.74
: 13-15 | Minimum FTE: 0.8
: 16-18 | Minimum FTE: 0.86
: 19-21 | Minimum FTE: 0.92
: 22-24 | Minimum FTE: 0.98
: 25-27 | Minimum FTE: 1.04
: 28-30 | Minimum FTE: 1.1

Sponsoring Institution, must jointly personnel for the effective e)

iding of the multidisciplinary nature of he following personnel with pediatric able:

Roman Numeral		Reformatted	
Requirement Number		Requirement Number	•
II.D.1.f)	pharmacist(s); (Detail)	2.12.a.6.	pharmacist(s); (Detail)
II.D.1.g)	physical and occupational therapist(s); (Core)	2.12.a.7.	physical and occupational therapist(s); (
II.D.1.h)	public health liaison(s); (Detail)	2.12.a.8.	public health liaison(s); (Detail)
II.D.1.i)	school and special education contacts; (Core)	2.12.a.9.	school and special education contacts; (
II.D.1.j)	social worker(s); and, (Detail)	2.12.a.10.	social worker(s); and, (Detail)
II.D.1.k)	speech and language therapist(s). (Core)	2.12.a.11.	speech and language therapist(s). (Core
<u>III.</u>	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria Eligibility Requirements – Fellowship Programs	[None]	
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.	Eligibility Requirements – Fellowship All required clinical education for ent programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced Sp 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 ve level of competence in the required fi CanMEDS Milestones evaluations fro
III.A.1.b)	Prerequisite training for entry into a developmental-behavioral pediatrics program must include the satisfactory completion of pediatrics or combined internal medicine-pediatrics residency program that satisfies the requirements listed in III.A.1. (Core)	3.2.a.1.	Prerequisite training for entry into a deve program must include the satisfactory co internal medicine-pediatrics residency p listed in 3.2. (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Pediatrics will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Pediatrics the fellowship eligibility requirements
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, b additional qualifications and conditio
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant' 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 exc their performance by the Clinical Con 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)

ent Language (Core) ; (Core) ore) ip Programs ntry into ACGME-accredited fellowship ACGME-accredited residency program, am, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency verification of each entering fellow's field using ACGME, ACGME-I, or rom the core residency program. (Core) evelopmental-behavioral pediatrics completion of pediatrics or combined program that satisfies the requirements s will allow the following exception to nts: rogram may accept an exceptionally licant who does not satisfy the but who does meet all of the following ions: (Core) and fellowship selection committee of ne program, based on prior training and is of training in the core specialty; and, nt's exceptional qualifications by the sion for Foreign Medical Graduates xception must have an evaluation of ompetency Committee within 12 weeks oint more fellows than approved by the

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Requirement Number	Requirement Language	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		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is of and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
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 pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr 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 t responsibility for patient managemen 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 proi tools, and techniques. (Core)

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

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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

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

yond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

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Requirement Number	Requirement Language	Requirement Number	Requiremen
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acquired
	The program must integrate the following ACGME Competencies into the	[None]	
IV.B.1.	curriculum: Professionalism	[None]	The program must integrate all ACGN
IV.B.1.a)	Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitr 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, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate the ability to provide consultation, perform a history and physical examination, make informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and develop and carry out management plans. (Core)	4.4.a.	Fellows must demonstrate the ability to and physical examination, make informe that result in optimal clinical judgement, plans. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate the ability to provide transfer of care that ensures seamless transitions. (Core)	4.4.b.	Fellows must demonstrate the ability to seamless transitions. (Core)
IV.B.1.b).(1).(c)	In order to promote emotional resilience in children, adolescents and their families, fellows must:	[None]	
IV.B.1.b).(1).(c).(i)	provide care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family; and, (Core)	4.4.c.	In order to promote emotional resilience families, fellows must provide care that i of the patient with common behavioral a context of the patient and family. (Core)
IV.B.1.b).(1).(c).(ii)	demonstrate the ability to refer and/or co-manage patients with common behavioral and mental health issues along with appropriate specialists when indicated. (Core)	4.4.d.	Fellows must demonstrate the ability to common behavioral and mental health is when indicated. (Core)
IV.B.1.b).(1).(d)	Fellows must demonstrate competence in performance of comprehensive histories, physical examinations, and neurodevelopmental assessments to make accurate diagnoses for patients presenting with developmental-behavioral concerns from infancy through young adulthood. (Core)		Fellows must demonstrate competence histories, physical examinations, and ne accurate diagnoses for patients presenti concerns from infancy through young ac
IV.B.1.b).(1).(e)	Fellows must demonstrate competence in their ability to identify and longitudinally manage behavioral variations, problems, and disorders in typically developing children and children with developmental disorders. (Core)	4.4.f.	Fellows must demonstrate competence longitudinally manage behavioral variation developing children and children with de
IV.B.1.b).(1).(f)	Fellows must demonstrate competence in recommending the appropriate medical laboratory work-up and evidence-based medical, therapeutic, educational, and behavioral interventions for children with developmental-behavioral disorders. (Core)	4.4.g.	Fellows must demonstrate competence medical laboratory work-up and evidenc educational, and behavioral intervention behavioral disorders. (Core)

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

SME Competencies into the curriculum.

nalism

itment to professionalism and an re)

re and Procedural Skills (Part A) tient care that is patient- and familye, appropriate, and effective for the ne promotion of health. (Core)

o provide consultation, perform a history ned diagnostic and therapeutic decisions nt, and develop and carry out management

o provide transfer of care that ensures

ce in children, adolescents and their t is sensitive to the developmental stage and mental health issues, and the cultural e)

o refer and/or co-manage patients with i issues along with appropriate specialists

e in performance of comprehensive neurodevelopmental assessments to make nting with developmental-behavioral adulthood. (Core)

e in their ability to identify and ations, problems, and disorders in typically developmental disorders. (Core)

e in recommending the appropriate nce-based medical, therapeutic, ons for children with developmental-

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
•	Fellows must demonstrate competence in their ability to interpret and advise		Fellows must demonstrate competence
	families of the early intervention, educational, and child welfare/protection		families of the early intervention, educat
IV.B.1.b).(1).(g)	systems. (Core)	4.4.h.	systems. (Core)
	Fellows must demonstrate competence in their ability to interpret and advise		Fellows must demonstrate competence
IV.B.1.b).(1).(h)	families of complementary and alternative approaches. (Core)	4.4.i.	families of complementary and alternativ
	Fellows must demonstrate competence in providing appropriate genetic		Fellows must demonstrate competence
IV.B.1.b).(1).(i)	counseling. (Core)	4.4.j.	counseling. (Core)
	Fellows must demonstrate competence in providing or coordinating care with a		Fellows must demonstrate competence
IV.B.1.b).(1).(j)	medical home for patients with complex and chronic diseases. (Core)	4.4.k.	medical home for patients with complex
I(1 D 1 b) (1) (k)	Fellows must competently use and interpret laboratory tests, imaging, and other		Fellows must competently use and inter
IV.B.1.b).(1).(k)	diagnostic procedures. (Core)	4.4.l.	diagnostic procedures. (Core)
	Fellows must demonstrate leadership skills to enhance team function, the learning environment, and/or the health care delivery system/environment with		Fellows must demonstrate leadership sk learning environment, and/or the health
IV.B.1.b).(1).(I)	the ultimate intent of improving care of patients. (Core)	4.4.m.	the ultimate intent of improving care of p
14.8.1.8).(1).(1)		1.1.111.	ACGME Competencies – Patient Care
	Fellows must be able to perform all medical, diagnostic, and surgical		Fellows must be able to perform all m
IV.B.1.b).(2)	procedures considered essential for the area of practice. (Core)	4.5.	procedures considered essential for
, ()	Medical Knowledge		
			ACGME Competencies – Medical Kno
	Fellows must demonstrate knowledge of established and evolving		Fellows must demonstrate knowledge
	biomedical, clinical, epidemiological, and social-behavioral sciences,		biomedical, clinical, epidemiological,
	including scientific inquiry, as well as the application of this knowledge to		including scientific inquiry, as well as
IV.B.1.c)	patient care. (Core)	4.6.	patient care. (Core)
	Fellows must demonstrate knowledge of biostatistics, clinical and laboratory		Fellows must demonstrate knowledge of
	research methodology, study design, preparation of applications for funding		research methodology, study design, pro
	and/or approval of clinical research protocols, critical literature review, principles		and/or approval of clinical research prote
	of evidence-based medicine, ethical principles involving clinical research, and		of evidence-based medicine, ethical prin
IV.B.1.c).(1)	teaching methods. (Core)	4.6.a.	teaching methods. (Core)
	Fellows must demonstrate an understanding of the process of normal and		Fellows must demonstrate an understan
	abnormal development from infancy through young adulthood, including		abnormal development from infancy thro
$\mathbb{N}(\mathbb{D} \land \mathbb{A})(0)$	biological mechanisms and social/cultural determinants of health and disease.	4.0.1	biological mechanisms and social/cultur
IV.B.1.c).(2)	(Core)	4.6.b.	(Core)
	Fellows must demonstrate an understanding of the major diagnostic		Fellows must demonstrate an understan
	classification schemas in the current versions of The Diagnostic Classification of		classification schemas in the current ver
	Mental Health and Developmental Disorders of Infancy and Early Childhood		Mental Health and Developmental Disor
IV.B.1.c).(3)	(DC;0-3), The Diagnostic and Statistical Manual of Mental Disorders, and The Diagnostic and Statistical Manual for Primary Care. (Core)	4.6.c.	(DC;0-3), The Diagnostic and Statistical Diagnostic and Statistical Manual for Pri
10.0.1.0).(0)		4.0.0.	
	Practice-based Learning and Improvement		ACCME Competencies - Dractice De
	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)
,	Interpersonal and Communication Skills		
			ACGME Competencies – Interpersona
l	Fellows must demonstrate interpersonal and communication skills that		Fellows must demonstrate interperson
l	result in the effective exchange of information and collaboration with		result in the effective exchange of inf
IV.B.1.e)	patients, their families, and health professionals. (Core)	4.8.	patients, their families, and health pro

e in their ability to interpret and advise ational, and child welfare/protection

e in their ability to interpret and advise tive approaches. (Core) is in providing appropriate genetic

e in providing or coordinating care with a ex and chronic diseases. (Core) erpret laboratory tests, imaging, and other

skills to enhance team function, the h care delivery system/environment with f patients. (Core)

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

nowledge

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

of biostatistics, clinical and laboratory preparation of applications for funding ptocols, critical literature review, principles rinciples involving clinical research, and

anding of the process of normal and nough young adulthood, including ural determinants of health and disease.

anding of the major diagnostic versions of The Diagnostic Classification of orders of Infancy and Early Childhood al Manual of Mental Disorders, and The Primary Care. (Core)

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

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

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	Systems-based Practice		ACGME Competencies – Systems-Ba
	Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and		Fellows must demonstrate an awaren larger context and system of health c
	social determinants of health, as well as the ability to call effectively on		social determinants of health, as well
IV.B.1.f)	other resources to provide optimal health care. (Core)	4.9.	other resources to provide optimal he
			Curriculum Organization and Fellow I
			4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
			4.11. Didactic and Clinical Experience Fellows must be provided with protec didactic activities. (Core)
			4.12. Pain Management The program must provide instruction management if applicable for the sub
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	the signs of substance use disorder.
N/ C 4	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 include patient care responsibilities, clinical to experte (Core)
IV.C.1.		4.10.	events. (Core)
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)	4.10.a.	Assignment of rotations must be structur rotational transitions, and rotations must quality educational experience, defined l supervision, longitudinal relationships wi assessment and feedback. (Core)
	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality		Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with shared
IV.C.1.b)	improvement. (Core)	4.10.b.	improvement. (Core)
	The program must provide instruction and experience in pain management		Pain Management The program must provide instruction
	if applicable for the subspecialty, including recognition of the signs of	4 4 2	management if applicable for the sub
IV.C.2. IV.C.3.	substance use disorder. (Core) Fellows must have a minimum of 12 months of clinical experience. (Core)	4.12. 4.11.a.	the signs of substance use disorder. Fellows must have a minimum of 12 more
14.0.3.	Fellows must have a minimum of 12 months of clinical experience. (Core)	4.11.a.	Fellows must have a minimum of 12 mo
IV.C.4.	providing longitudinal outpatient care that is supervised by one or more members of the developmental-behavioral faculty. (Core)	4.11.b.	providing longitudinal outpatient care the members of the developmental-behavior
-	Fellows must have a formally structured educational program in the clinical and		Fellows must have a formally structured
IV.C.5.	basic sciences related to developmental-behavioral pediatrics. (Core)	4.11.c.	basic sciences related to developmental

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

v Experiences

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

ces

ected time to participate in core

ion and experience in pain ubspecialty, including recognition of r. (Core)

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

tured to minimize the frequency of ust be of sufficient length to provide a d by continuity of patient care, ongoing with faculty members, and meaningful

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

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

nonths of clinical experience. (Core)

ighout their educational program for that is supervised by one or more ioral faculty. (Core)

ed educational program in the clinical and tal-behavioral pediatrics. (Core)

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	Fellow education must include experience in serving as a role model and		Fellow education must include experien
IV.C.6.	providing supervision to residents and/or medical students. (Core) The program must utilize didactic and clinical experience for fellow education.	4.11.d.	providing supervision to residents and/o The program must utilize didactic and cl
IV.C.6.a)	(Core)	4.11.d.1.	(Core)
IV.C.6.b)	Developmental-behavioral pediatrics conferences must occur regularly, and must involve active fellow participation in planning and implementation. (Core)	4.11.d.2.	Developmental-behavioral pediatrics con must involve active fellow participation in
IV.C.6.c)	Fellow education must include instruction in:		
IV.C.6.c).(1)	basic and fundamental disciplines, as appropriate to developmental-behavioral pediatrics, such as anatomy, physiology, biochemistry, embryology, pathology, pharmacology, immunology, genetics, and nutrition/metabolism; (Core)	4.11.d.3.	Fellow education must include instructio as appropriate to developmental-behavi- physiology, biochemistry, embryology, p genetics, and nutrition/metabolism. (Cor
IV.C.6.c).(2)	pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, conferences dealing with complications and death, as well as the scientific, ethical, and legal implications of confidentiality and informed consent; and, (Core)	4.11.d.4.	Fellow education must include instructio reviews of recent advances in clinical m conferences dealing with complications ethical, and legal implications of confide
IV.C.6.c).(3)	the economics of health care and current health care management issues, such as cost-effective patient care, practice management, preventive care, population health, quality improvement, resource allocation, and clinical outcomes. (Core)	4.11.d.5.	Fellow education must include instructio current health care management issues practice management, preventive care, resource allocation, and clinical outcome
IV.C.7.	Fellow education must include instruction and experience in providing consultation. (Core)	4.11.e.	Fellow education must include instructio consultation. (Core)
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly acti- integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va- scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, pope other programs might choose to utiliz- research as the focus for scholarship
IV.D.1.	Program Posponsibilitios	4.13.	Program Responsibilities The program must demonstrate evide
IV.D.1.a)	Program Responsibilities The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)		consistent with its mission(s) and ain Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain

nce in serving as a role model and /or medical students. (Core)

clinical experience for fellow education.

conferences must occur regularly, and n in planning and implementation. (Core)

ion in basic and fundamental disciplines, vioral pediatrics, such as anatomy, pathology, pharmacology, immunology, ore)

tion in pathophysiology of disease, medicine and biomedical research, is and death, as well as the scientific, dentiality and informed consent. (Core)

tion in the economics of health care and es, such as cost-effective patient care, e, population health, quality improvement, mes. (Core)

ion and experience in providing

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

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

dence of scholarly activities, ims. (Core)

dence of scholarly activities, ims. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Requirement Number	The program in partnership with its Sponsoring Institution, must allocate	Requirement Number	The program in partnership with its S
	adequate resources to facilitate fellow and faculty involvement in scholarly		adequate resources to facilitate fellow
IV.D.1.b)		4.13.a.	scholarly activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progr 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
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education
IV.D.2.a)		4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fo
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)	Scholarly activity must be in a field such as basic science, clinical care, health services, health policy, quality improvement, or education, as it relates to developmental-behavioral pediatrics. (Core)	4.14.a.1.a.	Scholarly activity must be in a field such services, health policy, quality improven developmental-behavioral pediatrics. (C
	peer-reviewed publication. (Outcome)		
IV.D.2.b).(2)		4.14.a.2.	peer-reviewed publication. (Outcome

Sponsoring Institution, must allocate ow and faculty involvement in

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

t safety initiatives s, review articles, chapters in medical

ols, didactic educational activities, or

nittees, educational organizations, or

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

it safety initiatives s, review articles, chapters in medical

ols, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

ls, posters, workshops, quality m presentations, grant leadership, nonurces, articles or publications, book vice on professional committees, or al editorial board member, or editor;

ch as basic science, clinical care, health ement, or education, as it relates to (Core)

ıe)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Where appropriate, the core curriculum collaborative effort involving all of the per institution. (Detail)
IV.D.3.a)	Where appropriate, the core curriculum in scholarly activity should be a collaborative effort involving all of the pediatric subspecialty programs at the institution. (Detail)	4.15.	Fellow Scholarly Activity Where appropriate, the core curriculum collaborative effort involving all of the per institution. (Detail)
IV.D.3.b)	Each fellow must design and conduct a scholarly project under the guidance of the program director and a designated mentor. (Core)	4.15.a.	Each fellow must design and conduct a the program director and a designated r
IV.D.3.c)	The program must provide a scholarship oversight committee for each fellow to oversee and evaluate their progress as related to the scholarly project. (Core)	4.15.b.	The program must provide a scholarship oversee and evaluate their progress as
IV.D.3.c).(1)	Where applicable, the process of establishing fellow scholarship oversight committees should be a collaborative effort involving other pediatric subspecialty programs or other experts. (Detail)	4.15.b.1.	Where applicable, the process of establi committees should be a collaborative eff programs or other experts. (Detail)
IV.D.3.d)	The scholarly experience must begin in the first year and continue throughout the duration of the educational program. (Core)	4.15.c.	The scholarly experience must begin in the duration of the educational program.
IV.D.3.d).(1) V.	Fellows must have a minimum of 12 months dedicated to research and scholarly activity, including the development of requisite skills, project completion, and presentation of results to the scholarship oversight committee. (Core) Evaluation	4.15.c.1. Section 5	Fellows must have a minimum of 12 mon activity, including the development of rec presentation of results to the scholarship Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at 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 the must be documented at least every the
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as conclinical responsibilities must be evaluat 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 objecti the Competencies and the subspecia (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 i other professional staff members); ar

m in scholarly activity should be a pediatric subspecialty programs at the

m in scholarly activity should be a pediatric subspecialty programs at the

a scholarly project under the guidance of I mentor. (Core)

hip oversight committee for each fellow to s related to the scholarly project. (Core)

blishing fellow scholarship oversight effort involving other pediatric subspecialty

n the first year and continue throughout m. (Core)

nonths dedicated to research and scholarly requisite skills, project completion, and hip oversight committee. (Core)

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

the completion of the assignment.

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

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

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

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

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Requirement Number	Requirement Language	Requirement Number	Requirement
	provide that information to the Clinical Competency Committee for its		provide that information to the Clinica
	synthesis of progressive fellow performance and improvement toward		synthesis of progressive fellow perform
V.A.1.c).(2)	unsupervised practice. (Core)	5.1.b.2.	unsupervised practice. (Core)
	The program director or their designee, with input from the Clinical		
V.A.1.d)	Competency Committee, must:	[None]	
			The program director or their designe
	meet with and review with each fellow their documented semi-annual		Competency Committee, must meet w
	evaluation of performance, including progress along the subspecialty-		documented semi-annual evaluation of
V.A.1.d).(1)	specific Milestones; (Core)	5.1.c.	along the subspecialty-specific Milest
			The program director or their designe
			Competency Committee, must assist
	assist fellows in developing individualized learning plans to capitalize on		learning plans to capitalize on their st
V.A.1.d).(2)	their strengths and identify areas for growth; and, (Core)	5.1.d.	growth. (Core)
			The program director or their designe
	develop plans for fellows failing to progress, following institutional		Competency Committee, must develo
V.A.1.d).(3)	policies and procedures. (Core)	5.1.e.	progress, following institutional polic
	At least annually, there must be a summative evaluation of each fellow that		At least annually, there must be a sun
	includes their readiness to progress to the next year of the program, if		that includes their readiness to progr
V.A.1.e)	applicable. (Core)	5.1.f.	applicable. (Core)
	The evaluations of a fellow's performance must be accessible for review		The evaluations of a fellow's performation
V.A.1.f)	by the fellow. (Core)	5.1.g.	by the fellow. (Core)
			Fellow Evaluation: Final Evaluation
			The program director must provide a
V.A.2.	Final Evaluation	5.2.	completion of the program. (Core)
			Fellow Evaluation: Final Evaluation
	The program director must provide a final evaluation for each fellow upon		The program director must provide a
V.A.2.a)	completion of the program. (Core)	5.2.	completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones,
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, mus
	are able to engage in autonomous practice upon completion of the		are able to engage in autonomous pra
V.A.2.a).(1)	program. (Core)	5.2.a.	program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
	become part of the fellow's permanent record maintained by the		The final evaluation must become par
	institution, and must be accessible for review by the fellow in accordance		maintained by the institution, and mu
V.A.2.a).(2).(a)	with institutional policy; (Core)	5.2.b.	fellow in accordance with institutiona
			The final evaluation must verify that t
	verify that the fellow has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors nece
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
			The final evaluation must be shared w
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	program. (Core)
			Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program		A Clinical Competency Committee mu
V.A.3.	director. (Core)	5.3.	director. (Core)

ent Language ical Competency Committee for its formance and improvement toward

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 strengths and identify areas for

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

ummative evaluation of each fellow gress 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

art 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.

l with the fellow upon completion of the

nust be appointed by the program

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

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

e must review all fellow evaluations at

e must determine each fellow's bspecialty-specific Milestones. (Core) e must meet prior to the fellows' semiprogram director regarding each

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

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

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

Iback on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

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

ent

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

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

ponsibilities must include review of the nd progress toward meeting them.

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V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee response ongoing program improvement, inclu- based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee response current operating environment to ide opportunities, and threats as related (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and 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 n and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, 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
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]	The program director should encoura 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 ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)

ponsibilities must include guiding luding development of new goals,

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

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

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

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

Self-Study and submit it to the DIO.

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Boguiromor
Requirement Number	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years,		For subspecialties in which the ABMS certifying board offer(s) a biennial or
V.C.3.d)	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.	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 specin an 80 percent pass rate will have met percentile rank of the program for par (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles: •Excellence in the safety and quality of care rendered to patients by fellows today		Section 6: The Learning and Working The Learning and Working Environm Fellowship education must occur in t environment that emphasizes the foll •Excellence in the safety and quality fellows today
	 today's fellows in their future practice Excellence in professionalism Appreciation for the privilege of providing care for patients 		today's fellows in their future practice •Excellence in professionalism •Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuo a willingness to transparently deal wi 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

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 let this requirement, no matter the bass rate in that subspecialty.

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

ng Environment

ment

n the context of a learning and working ollowing principles:

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roviding care for patients

he students, residents, fellows, faculty ealth care team

ous 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)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	Patient Safety Events		
	Denerging investigation and follow up of actaty events near misses and		Patient Safety Events
	Reporting, investigation, and follow-up of safety events, near misses, and		Reporting, investigation, and follow-u
	unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback		unsafe conditions are pivotal mechan and are essential for the success of a
	and experiential learning are essential to developing true competence in		and experiential learning are essentia
	the ability to identify causes and institute sustainable systems-based		the ability to identify causes and insti
	changes to ameliorate patient safety vulnerabilities.	[None]	changes to ameliorate patient safety
	Residents, fellows, faculty members, and other clinical staff members		
	must:	[None]	
			Posidente fellowe feeulty membere
	know their responsibilities in reporting patient safety events and unsafe		Residents, fellows, faculty members, must know their responsibilities in re
	conditions at the clinical site, including how to report such events; and,		unsafe conditions at the clinical site,
	(Core)	6.2.	(Core)
• 1.A. 1.a		0.2.	Residents, fellows, faculty members,
	be provided with summary information of their institution's patient safety		must be provided with summary infor
	reports. (Core)	6.2.a.	safety reports. (Core)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fellows must participate as team members in real and/or simulated		Fellows must participate as team mer
	interprofessional clinical patient safety and quality improvement activities,		interprofessional clinical patient safe
	such as root cause analyses or other activities that include analysis, as		such as root cause analyses or other
	well as formulation and implementation of actions. (Core)	6.3.	well as formulation and implementation
	Quality Metrics		
			Quality Metrics
	Access to data is essential to prioritizing activities for care improvement		Access to data is essential to prioritiz
VI.A.1.a).(3)	and evaluating success of improvement efforts.	[None]	and evaluating success of improveme
	Fellows and faculty members must receive data on quality metrics and		Fellows and faculty members must re
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4.	benchmarks related to their patient pe
			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

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

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

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

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

itizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

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

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

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of can with their Sponsoring Institutions, de monitor a structured chain of respon- relates to the supervision of all patien
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as app
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
			Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat
VI.A.2.b).(1)	Direct Supervision:	6.7.	the fellow and the supervising physic patient care through appropriate tele
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate tele

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 fent 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)

It 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 on.

atient is not physically present with sician is concurrently monitoring the lecommunication technology.

cally present with the fellow during the on.

atient is not physically present with sician is concurrently monitoring the lecommunication technology.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Direct Supervision The supervising physician is physica key portions of the patient interaction
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.	The supervising physician and/or par the fellow and the supervising physic patient care through appropriate tele
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 pro or audio supervision but is immediat guidance and is available to provide
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 feedbac
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 phys 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 of specific criteria, guided by the Milest
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 the of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisor in recognition of their progress towa of each patient and the skills of the ir
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 cire 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 t 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 mu the knowledge and skills of each fello appropriate level of patient care auth
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includ to be appropriately rested and fit to p patients. (Core)

cally present with the fellow during the ion.

atient is not physically present with sician is concurrently monitoring the lecommunication technology.

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

ble to provide review of teck provided after care is delivered. vsical presence of a supervising

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

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

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

ory role to junior fellows and residents vard independence, based on the needs individual resident or fellow. (Detail) ircumstances and events in which e supervising faculty member(s). (Core)

f their scope of authority, and the ow is permitted to act with conditional

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

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

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VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concerr responsibilities of physicians, includ 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 fulfil
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 do personal role in the safety and welfar including the ability to report unsafe of the safety and welfar the safety and welfar the safety to report unsafe of the safety and welfar the sa
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)

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

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

ram must include efforts to enhance in the experience of being a physician, ents, providing administrative support, ace 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 I, and civil environment that is e from discrimination, sexual and other , abuse, or coercion of students,

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

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	Well-Being		
			Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, caring
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the jo
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and i
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		professionalism; they are also skills a nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at r
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		same responsibility to address well-b
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and		clinical learning environment models
	prepares fellows with the skills and attitudes needed to thrive throughout		prepares fellows with the skills and a
VI.C.	their careers.	[None]	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:
1.0.1.	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourage
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunit
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek appropriate		recognition of these symptoms in the
VI.C.1.d).(2)	care; and, (Core)	6.13.d.2.	care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fell
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)
	The program must have policies and procedures in place to ensure		The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure of

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

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

ge optimal fellow and faculty member

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

mbers in:

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

nemselves and how to seek appropriate

screening. (Core)

fordable mental health assessment, g access to urgent and emergent care (Core)

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

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

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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 ar 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 ar 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 trai 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 to patient safety, fellow ability, severity illness/condition, and available suppo
VI.E.1.a)	The program director must have the authority and responsibility to set and adjust the clinical responsibilities and ensure that fellows have appropriate clinical responsibilities and an appropriate patient load. (Core)	6.17.a.	The program director must have the aut adjust the clinical responsibilities and er clinical responsibilities and an appropria
VI.E.1.a).(1)	This must include progressive clinical, technical, and consultative experiences that will enable the fellows to develop expertise as a developmental-behavioral pediatrics consultant. (Core)	6.17.a.1.	This must include progressive clinical, te that will enable the fellows to develop ex pediatrics consultant. (Core)
VI.E.1.a).(2)	Lines of responsibility for the fellows must be clearly defined. (Core)	6.17.a.2.	Lines of responsibility for the fellows mu
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.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fro
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 assigr patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.
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

ent Language ed without fear of negative s or was unable to provide the clinical

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

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

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

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

uthority and responsibility to set and ensure that fellows have appropriate riate patient load. (Core)

technical, and consultative experiences expertise as a developmental-behavioral

nust be clearly defined. (Core)

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

are competent in communicating with ess. (Outcome)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
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 ad
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours r 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 t 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 thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled 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 effecteducation. Additional patient care rest 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 give of a patient or patient's family; or to a (Detail)
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 give of a patient or patient's family; or to a (Detail)

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

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

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

s free of clinical work and education e)

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

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

ion Period Length

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

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

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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.

Exceptions

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 Pediatrics will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Pediatrics wi to the 80-hour limit to the fellows' work v
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 ove
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum v home call is not subject to the every- 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)		At-Home Call Time spent on patient care activities I count toward the 80-hour maximum v home call is not subject to the every- the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fel

ducation must be counted toward the

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

will not consider requests for exceptions week.

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

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

nd external moonlighting (as defined in state states and states at the sounted toward the so-hour

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

ncy

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

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

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

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