Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of		Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians wh practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed
	physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		physicians. Graduate medical educat group of physicians brings to medica inclusive and psychologically safe le
	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused		Fellows who have completed resider in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional in serve as role models of excellence, of professionalism, and scholarship. The knowledge, patient care skills, and ex-
Int.A.	area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	area of practice. Fellowship is an inte clinical and didactic education that fo of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not ex- physicians, the fellowship experience pursue hypothesis-driven scientific i the medical literature and patient car expertise achieved, fellows develop i infrastructure that promotes collabor
Int.B.	Definition of Subspecialty Neonatal-perinatal medicine programs provide fellows with an understanding of the physiology and altered structure and function of the fetus and the neonate, as well as the necessary cognitive and technical skills to prepare them to serve as skilled clinicians, competent educators, and scholars who contribute to	[None]	Definition of Subspecialty Neonatal-perinatal medicine programs p the physiology and altered structure and as well as the necessary cognitive and as skilled clinicians, competent educato scientific advances in the field.

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 itensive 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

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

s provide fellows with an understanding of nd function of the fetus and the neonate, d technical skills to prepare them to serve tors, and scholars who contribute to

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	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
I.	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		Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp
I.A.	when the Sponsoring Institution is not a rotation site for the program is the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	medical education consistent with th When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by o Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organizatior or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spe primary clinical site. (Core)
I.B.1.a)	An accredited neonatal-perinatal medicine program must be an integral part of a core pediatric residency program, and should be sponsored by the same ACGME-accredited Sponsoring Institution. (Core)	1.2.a.	An accredited neonatal-perinatal medici core pediatric residency program, and s ACGME-accredited Sponsoring Institution
I.B.1.a).(1)	The neonatal-perinatal medicine program should be geographically proximate to the core pediatric residency program. (Detail)		The neonatal-perinatal medicine programe the core pediatric residency program. (D
I.B.1.a).(2)	The Sponsoring Institution or participating sites must also sponsor an ACGME- accredited residency program in obstetrics and gynecology that has board- certified maternal-fetal medicine specialists. (Core)	1.2.a.2.	The Sponsoring Institution or participatir accredited residency program in obstetr certified maternal-fetal medicine special
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of age and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is acco site, in collaboration with the prograr

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

one ACGME-accredited Sponsoring

ion providing educational experiences ons for fellows.

Sponsoring Institution, must designate a

licine program must be an integral part of a d should be sponsored by the same ution. (Core)

ram should be geographically proximate to (Detail)

ating sites must also sponsor an ACGMEetrics and gynecology that has boardialists. (Core)

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

every 10 years. (Core)

designated institutional official (DIO).

ical learning and working environment

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

			1
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retentior The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	The program must be based in a neonatal intensive care unit (NICU) at the primary clinical site. (Core)	1.8.a.	The program must be based in a neonat primary clinical site. (Core)
I.D.1.a).(1)	Facilities and equipment in that unit must be those of an up-to-date NICU, available 24 hours a day, and appropriately staffed and equipped to meet the needs of the program. (Core)	1.8.a.1.	Facilities and equipment in that unit mus available 24 hours a day, and appropriat needs of the program. (Core)
I.D.1.b)	The perinatal service must have facilities and equipment that are appropriate for high-risk newborn resuscitation. (Core)	1.8.b.	The perinatal service must have facilities high-risk newborn resuscitation. (Core)
I.D.1.c)	Facilities and services, including a comprehensive laboratory, pathology, and imaging, must be available. (Core)	1.8.c.	Facilities and services, including a comp imaging, must be available. (Core)
I.D.1.d)	The primary clinical site must include: (Core)	[None]	
I.D.1.d).(1)	laboratories that provide complete and prompt evaluation and support; and, (Core)	1.8.d.	The primary clinical site must include lat prompt evaluation and support. (Core)
I.D.1.d).(2)	bedside pediatric imaging and electroencephalogram (EEG) services for patients, available at all times. (Core)	1.8.e.	The primary clinical site must include be electroencephalogram (EEG) services for
I.D.1.e)	An adequate number and variety of neonatal patients must be available to provide fellows with sufficient education and experience in the management of such patients. (Core)	1.8.f.	An adequate number and variety of neor provide fellows with sufficient education such patients. (Core)
I.D.1.e).(1)	There must be a sufficient number and variety of high-risk obstetrical patients to provide sufficient education and experience in identifying high-risk pregnancies and evaluating fetal well-being and maturation. (Core)	1.8.f.1.	There must be a sufficient number and we provide sufficient education and experies and evaluating fetal well-being and mature the sufficient fetal well-being and sufficient fetal well-being a
I.D.1.f)	A sufficient number of discharged infants must be available in a NICU follow-up clinic to ensure an appropriate longitudinal outpatient experience for each fellow. (Core)	1.8.g.	A sufficient number of discharged infants clinic to ensure an appropriate longitudir fellow. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:

any additions or deletions of ng an educational experience, required e 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)

atal intensive care unit (NICU) at the

ust be those of an up-to-date NICU, iately staffed and equipped to meet the

ies and equipment that are appropriate for

nprehensive laboratory, pathology, and

aboratories that provide complete and

bedside pediatric imaging and for patients, available at all times. (Core)

eonatal patients must be available to on and experience in the management of

d variety of high-risk obstetrical patients to ience in identifying high-risk pregnancies aturation. (Core)

nts must be available in a NICU follow-up dinal outpatient experience for each

Sponsoring Institution, must ensure ng environments that promote fellow

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe and advanced practice providers, mu appointed fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduat (GMEC) must approve a change in pro program director's licensure and clin
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicat must be provided with support adequ based upon its size and configuration

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

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

opriate to the participating site; and,

isabilities consistent with the re)

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

rsonnel

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

appointed as program director with overall program, including compliance 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)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
II.A.2.a)	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core) Number of Approved Fellow Positions < 7 Minimum Support Required (FTE) 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) 0.5 Number of Approved Fellow Positions > 15 Minimum Support Required (FTE) 0.6	2.3.a.	Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direct director and one or more associate (or a Number of Approved Fellow Positions < 0.2 Number of Approved Fellow Positions 7 0.4 Number of Approved Fellow Positions 1 (FTE) 0.5 Number of Approved Fellow Positions > 0.6
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Pediatrics or by the American Osteopathic Board of Pediatrics, or subspecialty qualifications that are acceptable to the Review Committee. (Core)	2.4.a.	The program director must possess subspecialty for which they are the p Board of Pediatrics or by the America subspecialty qualifications that are a (Core)
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 selec 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
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 ar 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)

ust be provided with support equal to a low for administration of the program. This rector only or divided between the program or 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

s subspecialty expertise and view Committee. (Core)

s current certification in the program director by the American can Osteopathic Board of Pediatrics, or acceptable to the Review Committee.

cord of ongoing involvement in scholarly

sponsibility, authority, and and 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 ommunity, the mission(s) of the ssion(s) of the program. (Core)

ster and maintain a learning ng the fellows in each of the ACGME

Roman Numeral Requirement Number	Requirement Language	Reformatted 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)	2.5.d.	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 ev (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 th 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 th Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,

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 nd 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-

In a non-competition guarantee or

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	Faculty		
	Faculty members are a foundational element of graduate medical		Faculty 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 quality of care. They are role models for future generations of physicians		and become practice ready, ensuring quality of care. They are role models
	by demonstrating compassion, commitment to excellence in teaching and		by demonstrating compassion, com
	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 scholarly approach to patient care, faculty members, through the graduate		the opportunity to teach and model e scholarly approach to patient care, fa
	medical education system, improve the health of the individual and the		graduate medical education system,
	population.		and the 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 the patients, fellows, community, and institution. Faculty members		from a specialist in the field. They rea 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		professional manner and attending to
II.B.	themselves.	[None]	themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of
II.B.2	Faculty members must:	[None]	instruct and supervise all fellows. (Co
11.0.2		[none]	Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty members must be role model
	demonstrate commitment to the delivery of safe, equitable, high-quality,		Faculty members must demonstrate
II.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
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
п.в.2.0)	regularly participate in organized clinical discussions, rounds, journal	2.7.0.	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		
	annually. (Core)		Faculty members must pursue facult
II.B.2.f)		2.7.e.	their skills at least annually. (Core)
	mentor fellows in the application of scientific principles, epidemiology,		Faculty members must mentor fellows in
	biostatistics, and evidence-based medicine to the clinical care of patients.		epidemiology, biostatistics, and evidence
II.B.2.g)	(Core)	2.7.f.	patients. (Core)

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

nts receive the level of care expected recognize and respond to the needs of and institution. Faculty members rvision 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)

dels of professionalism. (Core)

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

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

and maintain an educational ng fellows. (Core)

articipate in organized clinical , and conferences. (Core)

ulty development designed to enhance

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
		•	Faculty Qualifications
			Faculty members must have appropri
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appoint
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropri
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa Osteopathic Board of Pediatrics, or po acceptable to the Review Committee.
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 b Association (AOA) certifying board, o acceptable to the Review Committee.
	In addition to the neonatal-perinatal medicine faculty members, ABP- or AOBP-		In addition to the neonatal-perinatal med
	certified faculty members and consultants in the following subspecialties must		certified faculty members and consultant
II.B.3.c).(1)	be available:	2.9.b.	be available:
II.B.3.c).(1).(a)	pediatric cardiology; (Core)	2.9.b.1.	pediatric cardiology; (Core)
II.B.3.c).(1).(b)	pediatric critical care medicine; (Core)	2.9.b.2.	pediatric critical care medicine; (Core)
II.B.3.c).(1).(c)	pediatric endocrinology; (Core)	2.9.b.3.	pediatric endocrinology; (Core)
II.B.3.c).(1).(d)	pediatric gastroenterology; (Core)	2.9.b.4.	pediatric gastroenterology; (Core)
II.B.3.c).(1).(e)	pediatric hematology-oncology; (Core)	2.9.b.5.	pediatric hematology-oncology; (Core)
II.B.3.c).(1).(f)	pediatric infectious diseases; (Core)	2.9.b.6.	pediatric infectious diseases; (Core)
II.B.3.c).(1).(g)	pediatric nephrology; and, (Core)	2.9.b.7.	pediatric nephrology; and, (Core)
II.B.3.c).(1).(h)	pediatric pulmonology. (Core)	2.9.b.8.	pediatric pulmonology. (Core)
II.B.3.c).(2)	The faculty should also include the following specialists with substantial	2.9.c.	The faculty should also include the follow experience with pediatric problems:
II.B.3.c).(2).(a)	experience with pediatric problems: anesthesiologist(s); (Detail)	2.9.c.1.	anesthesiologist(s); (Detail)
	pathologist(s); (Detail)	2.9.c.2.	pathologist(s); (Detail)
II.B.3.c).(2).(b)	radiologist(s); (Core)	2.9.c.3.	radiologist(s); (Core)
II.B.3.c).(2).(c)	cardiothoracic surgeon(s); (Detail)	2.9.c.4.	cardiothoracic surgeon(s); (Detail)
II.B.3.c).(2).(d)	child neurologist(s); (Detail)	2.9.c.4. 2.9.c.5.	child neurologist(s); (Detail)
II.B.3.c).(2).(e)	medical geneticist(s); (Detail)		
II.B.3.c).(2).(f)	neurodevelopmentalist(s); (Detail)	2.9.c.6. 2.9.c.7.	medical geneticist(s); (Detail)
II.B.3.c).(2).(g)			neurodevelopmentalist(s); (Detail)
II.B.3.c).(2).(h)	neurological surgeon(s); (Detail)	2.9.c.8. 2.9.c.9.	neurological surgeon(s); (Detail)
II.B.3.c).(2).(i)	neuroradiologist(s); (Detail)		neuroradiologist(s); (Detail)
II.B.3.c).(2).(j)	obstetrician(s) and gynecologist(s); (Core)	2.9.c.10. 2.9.c.11.	obstetrician(s) and gynecologist(s); (Cor
II.B.3.c).(2).(j)	ophthalmologist(s); (Core)		ophthalmologist(s); (Core)
II.B.3.c).(2).(I)	orthopaedic surgeon(s); (Detail)	2.9.c.12.	orthopaedic surgeon(s); (Detail)
II.B.3.c).(2).(m)	otolaryngologist(s); (Detail)	2.9.c.13.	otolaryngologist(s); (Detail)
II.B.3.c).(2).(n)	pediatric surgeon(s); and, (Core)	2.9.c.14.	pediatric surgeon(s); and, (Core)

priate qualifications in their field and intments. (Core)

oriate qualifications in their field and intments. (Core)

nbers

nbers must have current certification in Board of Pediatrics or the American possess qualifications judged re. (Core)

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

edicine faculty members, ABP- or AOBPants in the following subspecialties must

lowing specialists with substantial

ore)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.3.c).(2).(o)	urologist(s). (Detail)	2.9.c.15.	urologist(s). (Detail)
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or adm component of their activities, teach, of feedback to fellows. (Core)
	Faculty members must complete the annual ACGME Faculty Survey.	0.40 -	Faculty members must complete the
II.B.4.a)	(Core)	2.10.a.	(Core)
II.B.4.b)	To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least four core faculty members, inclusive of the program director, who are certified in neonatal- perinatal medicine by the ABP or AOBP, or who have other qualifications acceptable to the Review Committee. (Core)	2.10.b.	To ensure the quality of the educational and to provide adequate supervision of faculty members, inclusive of the progra perinatal medicine by the ABP or AOBP acceptable to the Review Committee. (C
			Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration 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 time and support specified below for add
II.C.2.a)	Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.3 Number of Approved Fellow Positions: 4-6 Minimum FTE: 0.5 Number of Approved Fellow Positions: 7-9 Minimum FTE: 0.68 Number of Approved Fellow Positions: 10-12 Minimum FTE: 0.74 Number of Approved Fellow Positions: 13-15 Minimum FTE: 0.8 Number of Approved Fellow Positions: 16-18 Minimum FTE: 0.86 Number of Approved Fellow Positions: 19-21 Minimum FTE: 0.92 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: 28-30 Minimum FTE: 1.1		Number of Approved Fellow Positions: 1 Number of Approved Fellow Positions: 4 Number of Approved Fellow Positions: 7 Number of Approved Fellow Positions: 1 Number of Approved Fellow Positions: 1 Number of Approved Fellow Positions: 1 Number of Approved Fellow Positions: 2 Number of Approved Fellow Positions: 2 Number of Approved Fellow Positions: 2
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
	In order to enhance fellows' understanding of the multidisciplinary nature of neonatal-perinatal medicine, the following personnel with pediatric focus and	2.12.0	In order to enhance fellows' understand neonatal-perinatal medicine, the followir
II.D.1. II.D.1.a)	experience should be available: audiologist(s); (Detail)	2.12.a. 2.12.a.1.	experience should be available: audiologist(s); (Detail)

significant role in the education and evote a significant portion of their entire lministration, and must, as a n, evaluate, and provide formative

ne annual ACGME Faculty Survey.

nal and scholarly activity of the program, of fellows, there must be at least four core gram director, who are certified in neonatal-3P, or who have other qualifications (Core)

tor. (Core)

tor. (Core)

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

or must be provided with the dedicated administration of the program: (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

s Sponsoring Institution, must jointly personnel for the effective

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nding of the multidisciplinary nature of wing personnel with pediatric focus and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
II.D.1.c)	hospice and palliative medicine professional(s); (Detail)	2.12.a.3.	hospice and palliative medicine profess
II.D.1.d)	neonatal intensive care nurse(s); (Detail)	2.12.a.4.	neonatal intensive care nurse(s); (Deta
II.D.1.e)	respiratory therapist(s); (Detail)	2.12.a.5.	respiratory therapist(s); (Detail)
II.D.1.f)	pharmacist(s); (Detail)	2.12.a.6.	pharmacist(s); (Detail)
II.D.1.g)	physical and occupational therapist(s); (Detail)	2.12.a.7.	physical and occupational therapist(s);
II.D.1.h)	social worker(s); and, (Detail)	2.12.a.8.	social worker(s); and, (Detail)
II.D.1.i)	speech and language therapist(s). (Detail)	2.12.a.9.	speech and language therapist(s). (Detail)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1. III.A.1.a)	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core) 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) Prerequisite education for entry into a neonatal-perinatal medicine program must include the satisfactory completion of pediatrics or combined internal	3.2.	Eligibility Requirements – Fellowship All required clinical education for en- programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced S College of Physicians and Surgeons College of Family Physicians of Cana program located in Canada. (Core) Fellowship programs must receive v level of competence in the required f CanMEDS Milestones evaluations fro Prerequisite education for entry into a n must include the satisfactory completion
III.A.1.b)	medicine-pediatrics residency program that satisfies the requirements listed in III.A.1. (Core)	3.2.a.1.	medicine-pediatrics residency program 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 requirement
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate appli eligibility requirements listed in 3.2, additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director a 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 Commiss (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 exe their performance by the Clinical Cou of matriculation. (Core)

ssional(s); (Detail)

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); (Detail)

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nip Programs

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

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

neonatal-perinatal medicine program ion of pediatrics or combined internal m that satisfies the requirements listed in

cs will allow the following exception to nts:

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

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

nt's exceptional qualifications by the

ssion for Foreign Medical Graduates

exception must have an evaluation of ompetency Committee within 12 weeks

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Fellow Complement		· · ·
III.B.	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)
	Fellow Transfers		
III.C.	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 a 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 w
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may p leadership, public health, etc. It is ex reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components 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 mem
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objecti designed to promote progress on a t their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities responsibility for patient managemer subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that protools, and techniques. (Core)

oint more fellows than approved by the

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

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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

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

yond direct patient care; and, (Core)

tected time to participate in core

romote patient safety-related goals,

Bemen Numeral			
Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requireme
		Requirement Number	Requirement
			ACGME Competencies The Competencies provide a concep
			required domains for a trusted physi
			These Competencies are core to the
			the specifics are further defined by e
			trajectories in each of the Competen
			Milestones for each subspecialty. Th
			subspecialty-specific patient care an
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACG
	Professionalism		
			ACGME Competencies – Professiona
IV.B.1.a)	Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	Fellows must demonstrate a commit adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	4.3. [None]	adherence to ethical principles. (Cold
14.0.1.5)			ACGME Competencies – Patient Care
	Fellows must be able to provide patient care that is patient- and family-		Fellows must be able to provide patie
	centered, compassionate, equitable, appropriate, and effective for the		centered, compassionate, equitable,
IV.B.1.b).(1)	treatment of health problems and the promotion of health. (Core)	4.4.	treatment of health problems and the
	Fellows must develop competence in the clinical skills needed in neonatal-		Fellows must develop competence in th
IV.B.1.b).(1).(a)	perinatal medicine. (Core)	4.4.a.	perinatal medicine. (Core)
	Fellows must demonstrate the ability to provide consultation, perform a history		Fellows must demonstrate the ability to
	and physical examination, make informed diagnostic and therapeutic decisions		and physical examination, make informe
	that result in optimal clinical judgement, and develop and carry out management		that result in optimal clinical judgement,
IV.B.1.b).(1).(b)	plans. (Core)	4.4.b.	plans. (Core)
1 (D 4 b) (4) (c)	Fellows must demonstrate the ability to provide transfer of care that ensures	4.4.0	Fellows must demonstrate the ability to
IV.B.1.b).(1).(c)	seamless transitions. (Core)	4.4.c.	seamless transitions. (Core)
			In order to promote emotional resilience
			provide care that is sensitive to the deve common behavioral and mental health i
IV.B.1.b).(1).(d)	In order to promote emotional resilience in patients' families, fellows must:	4.4.e.	patient and family. (Core)
/ / / / ~ /	demonstrate an understanding of the emotional impact on the family of having a		Fellows must demonstrate an understar
	child born prematurely or born with a life-threatening and/or chronic condition,		family of having a child born premature
	and must demonstrate the communication skills necessary for encouraging		chronic condition, and must demonstrat
IV.B.1.b).(1).(d).(i)	dialogue; (Core)	4.4.d.	encouraging dialogue. (Core)
			In order to promote emotional resilience
	must provide care that is sensitive to the developmental stage of the patient with		provide care that is sensitive to the deve
	common behavioral and mental health issues, and the cultural context of the		common behavioral and mental health i
IV.B.1.b).(1).(d).(ii)	patient and family; and, (Core)	4.4.e.	patient and family. (Core)
	demonstrate the ability to refer and/or co-manage patients with common		Fellows must demonstrate the ability to
IV B 1 b) (1) (4) (iii)	behavioral and mental health issues along with appropriate specialists when	4.4.f.	common behavioral and mental health i
IV.B.1.b).(1).(d).(iii)	indicated. (Core)	4.4.I.	when indicated. (Core)

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

GME Competencies into the curriculum.

nalism nitment to professionalism and an pre)

are and Procedural Skills (Part A)

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

the clinical skills needed in neonatal-

to provide consultation, perform a history med diagnostic and therapeutic decisions nt, and develop and carry out management

to provide transfer of care that ensures

ce in patients' families, fellows must evelopmental stage of the patient with h issues, and the cultural context of the

tanding of the emotional impact on the rely or born with a life-threatening and/or rate the communication skills necessary for

ce in patients' families, fellows must evelopmental stage of the patient with n issues, and the cultural context of the

to refer and/or co-manage patients with h issues along with appropriate specialists

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
(1) / D (1) (1) (2)	Fellows must demonstrate competence in providing or coordinating care with a	-	Fellows must demonstrate competence
IV.B.1.b).(1).(e) IV.B.1.b).(1).(f)	 medical home for patients with complex and chronic diseases. (Core) Fellows must competently use and interpret laboratory tests, imaging, and other diagnostic procedures. (Core) 	4.4.g. 4.4.h.	Fellows must competently use and inter diagnostic procedures. (Core)
IV.B.1.b).(1).(g)	Fellows must demonstrate competence in managing patients with acute, common, single-system diseases in an inpatient setting. (Core)	4.4.i.	Fellows must demonstrate competence common, single-system diseases in an i
IV.B.1.b).(1).(h)	Fellows must demonstrate competence in managing patients with complex, multisystem diseases in the NICU. (Core)	4.4.j.	Fellows must demonstrate competence multisystem diseases in the NICU. (Core
IV.B.1.b).(1).(i)	Fellows must have the skills to provide resuscitation and stabilization of neonates and infants that aligns care with severity of illness. (Core)	4.4.k.	Fellows must have the skills to provide r neonates and infants that aligns care wi
IV.B.1.b).(1).(j)	Fellows must demonstrate competence and effective participation in team- based care of critically-ill patients whose primary problem is surgical. (Core)	4.4.1.	Fellows must demonstrate competence based care of critically-ill patients whose
IV.B.1.b).(1).(j).(i)	To meet these objectives, there must be coordination of care and collegial relationships between pediatric surgeons, neonatologists, and critical care intensivists concerning the management of medical problems in these complex critically ill patients. (Detail)	4.4.1.1.	To meet these objectives, there must be relationships between pediatric surgeon intensivists concerning the management critically ill patients. (Detail)
IV.B.1.b).(1).(k)	Fellows must demonstrate an understanding of the emotional impact on the family of having a child born prematurely or born with a life-threatening and/or chronic condition, and must demonstrate the communication skills necessary for encouraging dialogue. (Core)	4.4.m.	Fellows must demonstrate an understan family of having a child born prematurely chronic condition, and must demonstrate encouraging dialogue. (Core)
IV.B.1.b).(1).(I)	Fellows must 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. (Core)	4.4.n.	Fellows must provide care that is sensiti patient with common behavioral and me context of the patient and family. (Core)
IV.B.1.b).(1).(m)	Fellows must 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.o.	Fellows must demonstrate the ability to common behavioral and mental health is when indicated. (Core)
IV.B.1.b).(1).(n)	Fellows must have an understanding of the psychosocial implications of disorders of the fetus, neonate, and young infant, as well as in the family dynamics surrounding the birth and care of a sick neonate. (Core)	4.4.p.	Fellows must have an understanding of disorders of the fetus, neonate, and you dynamics surrounding the birth and care
IV.B.1.b).(1).(o)	Fellows must have the skills to identify the high-risk pregnancy, and must become familiar with the methods used to evaluate fetal well-being and maturation. (Core)	4.4.q.	Fellows must have the skills to identify the become familiar with the methods used maturation. (Core)
IV.B.1.b).(1).(p)	Fellows must be competent to recognize the factors that may compromise the fetus during the intrapartum period, and recognize the signs of fetal distress. (Core)	4.4.r.	Fellows must be competent to recognize fetus during the intrapartum period, and (Core)
IV.B.1.b).(1).(q)	Fellows must be skilled in the preparation of neonates for transport, ventilatory support, and nutritional support. (Core)	4.4.s.	Fellows must be skilled in the preparatic support, and nutritional support. (Core)
IV.B.1.b).(1).(r)	Fellows must be skilled in the management of neonates who require ventilatory assistance. (Core)	4.4.t.	Fellows must be skilled in the managem assistance. (Core)
IV.B.1.b).(1).(r).(i)	Fellows must acquire knowledge of, and should participate in, the care of neonates requiring cardiac surgical procedures, and their post-operative complications. (Core)	4.4.t.1.	Fellows must acquire knowledge of, and neonates requiring cardiac surgical proc complications. (Core)
IV.B.1.b).(1).(s)	Fellows must demonstrate leadership skills to enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients. (Core)	4.4.u.	Fellows must demonstrate leadership sk learning environment, and/or the health the ultimate intent of improving care of p

e in providing or coordinating care with a ex and chronic diseases. (Core)

erpret laboratory tests, imaging, and other

ce in managing patients with acute, n inpatient setting. (Core)

e in managing patients with complex, ore)

e resuscitation and stabilization of with severity of illness. (Core)

e and effective participation in teamse primary problem is surgical. (Core)

be coordination of care and collegial ons, neonatologists, and critical care ent of medical problems in these complex

anding of the emotional impact on the ely or born with a life-threatening and/or ate the communication skills necessary for

sitive to the developmental stage of the nental health issues, and the cultural e)

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

of the psychosocial implications of oung infant, as well as in the family are of a sick neonate. (Core)

/ the high-risk pregnancy, and must d to evaluate fetal well-being and

ize the factors that may compromise the nd recognize the signs of fetal distress.

tion of neonates for transport, ventilatory

ment of neonates who require ventilatory

nd should participate in, the care of ocedures, and their post-operative

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate the necessary procedural skills and develop an understanding of the indications, risks, and limitations. (Core)	4.5.a.	Fellows must demonstrate the necessary understanding of the indications, risks, a
IV.B.1.b).(2).(a).(i)	This must include, at a minimum: techniques of neonatal resuscitation, venous and arterial access, evacuation of air leaks, endotracheal intubation, and umbilical catheterization. (Core)	4.5.a.1.	This must include, at a minimum: technic and arterial access, evacuation of air lea umbilical catheterization. (Core)
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and teaching methods. (Core)	4.6.a.	Fellows must demonstrate knowledge of research methodology, study design, pre and/or approval of clinical research proto of evidence-based medicine, ethical prin teaching methods. (Core)
IV.B.1.c).(2)	Fellows should be able to utilize institutional, regional, or national databases to inform their practice. (Core)	4.6.b.	Fellows should be able to utilize institution inform their practice. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of info patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he

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

ary procedural skills and develop an , and limitations. (Core)

niques of neonatal resuscitation, venous eaks, endotracheal intubation, and

nowledge

ge of established and evolving II, and social-behavioral sciences, as the application of this knowledge to

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

itional, regional, or national databases to

ased 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)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Curriculum Organization and Fellow
			4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experi These educational experiences inclu patient care responsibilities, clinical events. (Core)
			4.11. Didactic and Clinical Experience Fellows must be provided with protection didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences		4.12. Pain Management The program must provide instructio management if applicable for the sub the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences inclu patient care responsibilities, clinical events. (Core)
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 mus quality educational experience, defined supervision, longitudinal relationships w assessment and feedback. (Core)
IV.C.1.b)	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 improvement. (Core)	4.10.b.	Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with share improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instructio management if applicable for the sub the signs of substance use disorder.
IV.C.3.	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.	The program must provide the patient care experiences necessary for fellows to acquire skill in delivery room stabilization and resuscitation of critically ill neonates. (Core)	4.11.b.	The program must provide the patient c acquire skill in delivery room stabilizatio neonates. (Core)
IV.C.5.	Fellows must participate in follow-up for high-risk neonates. (Core)	4.11.c.	Fellows must participate in follow-up for
IV.C.6.	Fellows must have a formally structured educational program in the clinical and basic sciences related to neonatal-perinatal medicine. (Core)	4.11.d.	Fellows must have a formally structured basic sciences related to neonatal-perin

w Experiences

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

nces

tected time to participate in core

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

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

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

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

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

months of clinical experience. (Core)

t care experiences necessary for fellows to tion and resuscitation of critically ill

for high-risk neonates. (Core)

ed educational program in the clinical and rinatal medicine. (Core)

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IV.C.7.	Fellow education must include experience in serving as a role model and providing supervision to residents and/or medical students. (Core)	4.11.e.	Fellow education must include experien providing supervision to residents and/c
IV.C.8.	The program must utilize didactic and clinical experience for fellow education. (Core)	4.11.f.	The program must utilize didactic and c (Core)
IV.C.9.	A neonatal database of all patient admissions, diagnoses, and outcomes must be used for fellow education. (Core)	4.11.g.	A neonatal database of all patient admis be used for fellow education. (Core)
IV.C.9a)	Fellows should have access to a regional or national fetal and neonatal morbidity and mortality database to inform their practice. (Detail)	4.11.g.1.	Fellows should have access to a regional morbidity and mortality database to inform
IV.C.10.	Neonatal-perinatal medicine conferences must occur regularly, and must involve active fellow participation in planning and implementation. (Core)	4.11.h.	Neonatal-perinatal medicine conference active fellow participation in planning an
IV.C.11.	Fellows must participate in regularly scheduled multidisciplinary conferences, such as case conferences and perinatal morbidity and mortality conferences. (Core)	4.11.i.	Fellows must participate in regularly sch such as case conferences and perinatal (Core)
IV.C.12.	Fellow education must include instruction in:	[None]	
IV.C.12.a)	basic and fundamental disciplines, as appropriate to neonatal-perinatal medicine, such as anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism; (Core)	4.11.j.	Fellow education must include instruction as appropriate to neonatal-perinatal mer biochemistry, embryology, pathology, m genetics, and nutrition/metabolism. (Cor
IV.C.12.a).(1)	Seminars, conferences, and courses must be provided in the basic disciplines related to pregnancy, the fetus, and the neonate. (Core)	4.11.j.1.	Seminars, conferences, and courses murelated to pregnancy, the fetus, and the
IV.C.12.a).(1).(a)	This should include maternal physiological, biochemical, and pharmacological influences on the fetus; fetal physiology; fetal development; placental function (placental circulation, gas exchange, growth); physiological and biochemical adaptation to birth; cellular, molecular, and developmental biology and pathology relevant to diseases of the neonate; psychology of pregnancy and maternal-infant interaction; breast feeding and lactation; growth and nutrition; and genetics. (Detail)	4.11.j.1.a.	This should include maternal physiologic influences on the fetus; fetal physiology; (placental circulation, gas exchange, gro adaptation to birth; cellular, molecular, a pathology relevant to diseases of the ne maternal-infant interaction; breast feedin and genetics. (Detail)
IV.C.12.b)	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; (Core)	4.11.k.	Fellow education must include instruction reviews of recent advances in clinical m conferences dealing with complications ethical, and legal implications of confide
IV.C.12.c)	bioethics; and, (Core)	4.11.l.	Fellow education must include instructio
IV.C.12.c).(1)	This should include attention to physician-patient, physician-family, physician- physician/allied health professional, and physician-society relationships. (Detail)	4.11.1.1.	This should include attention to physicia physician/allied health professional, and
IV.C.12.d)	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.m.	Fellow education must include instruction current health care management issues practice management, preventive care, resource allocation, and clinical outcome
IV.C.13.	Fellows should also receive instruction about and participate in the education of physicians and other health care professionals regarding emerging issues and factors impacting regional perinatal morbidity and mortality. (Detail)	4.11.n.	Fellows should also receive instruction a physicians and other health care profest factors impacting regional perinatal more

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

clinical experience for fellow education.

issions, diagnoses, and outcomes must

onal or national fetal and neonatal form their practice. (Detail)

ces must occur regularly, and must involve and implementation. (Core)

cheduled multidisciplinary conferences, al morbidity and mortality conferences.

tion in basic and fundamental disciplines, nedicine, such as anatomy, physiology, microbiology, pharmacology, immunology, fore)

nust be provided in the basic disciplines e neonate. (Core)

gical, biochemical, and pharmacological gy; fetal development; placental function growth); physiological and biochemical , and developmental biology and neonate; psychology of pregnancy and ding and lactation; growth and nutrition;

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

sian-patient, physician-family, physiciannd physician-society relationships. (Detail)

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

n about and participate in the education of essionals regarding emerging issues and orbidity and mortality. (Detail)

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	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.		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 acquisi participation in scholarly activities a Program Requirements. Scholarly ac integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a v scientists, and educators. It is expect will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop other programs might choose to util
IV.D.	Program Responsibilities	[None] 4.13.	research as the focus for scholarshi Program Responsibilities The program must demonstrate evid consistent with its mission(s) and ai
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core) The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in	4.13.	Program Responsibilities The program must demonstrate evid consistent with its mission(s) and ai The program in partnership with its s adequate resources to facilitate fello
IV.D.1.b)	Scholarly activities. (Core)	4.13.a.	scholarly activities. (Core) Faculty Scholarly Activity Among their scholarly activity, prograccomplishments in at least three of •Research in basic science, education 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 commi editorial boards •Innovations in education

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

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

idence of scholarly activities, aims. (Core)

idence of scholarly activities, aims. (Core)

s Sponsoring Institution, must allocate low and faculty involvement in

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

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

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	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of
	 Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants 		•Research in basic science, education or population health •Peer-reviewed grants
	•Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports		•Quality improvement and/or patient s •Systematic reviews, meta-analyses,
	 Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards 		textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.a)	 Innovations in education 	4.14.	 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	4.14.a.1.a.	Scholarly activity must be in a field such services, health policy, quality improven neonatal-perinatal medicine. (Core)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome
IV.D.3.		4.15.	Fellow Scholarly Activity Where appropriate, the core curriculum collaborative effort involving all of the pe 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 pe 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 n
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 establic committees should be a collaborative ef subspecialty programs or other experts.

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

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 nal editorial board member, or editor;

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

ne)

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 dimentor. (Core)

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

blishing fellow scholarship oversight effort involving other pediatric s. (Detail)

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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 mo scholarly activity, including the developm completion, and presentation of results t (Core) 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 th
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as con clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perforunsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet v documented semi-annual evaluation along the subspecialty-specific Miles
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)

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

nonths dedicated to research and pment of requisite skills, project s to the scholarship oversight committee.

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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)

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

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designer Competency Committee, must develop progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sur that includes their readiness to progr applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's perform by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors nec (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared v program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical 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)

nee, with input from the Clinical elop 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 just be used as tools to ensure fellows practice upon completion of the

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

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

l with the fellow upon completion of the

must be appointed by the program

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

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V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to thei performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
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)
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 responsion on going program improvement, inclubased upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ide opportunities, and threats as related t (Core)
	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 Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other
V.C.1.c)	the program. (Core)	5.5.e.	the program. (Core)

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

o evaluate each faculty member's cational program at least annually.

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

n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

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 Id progress toward meeting them.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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)
V.C.3.	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 take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima 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)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g

ent Language e 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 is rate of those taking the examination in the bottom fifth percentile of come)

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	 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 •Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice •Excellence in professionalism •Appreciation for the privilege of providing care for patients •Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team 	Section 6	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 •Excellence in the safety and quality today's fellows in their future practic •Excellence in professionalism •Appreciation for the privilege of prov •Commitment to the well-being of the members, and all members of the heat
VI. VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	Section 6	
VI.A. VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None] [None]	
VI.A.1.a).(1) VI.A.1.a).(1).(a)	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. The program, its faculty, residents, and fellows must actively participate in	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently de organization has formal mechanisms attitudes of its personnel toward safe improvement. The program, its faculty, residents, an patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities. Residents, fellows, faculty members, and other clinical staff members	[None]	Patient Safety Events Reporting, investigation, and follow- unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety

ng Environment

Iment In the context of a learning and working following principles:

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he students, residents, fellows, faculty nealth care team

yous identification of vulnerabilities deal with them. An effective ns to assess the knowledge, skills, and afety in order to identify areas for

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary info safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team me interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementati
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioriti and evaluating success of improvem
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient p
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the in partnership with their Sponsoring communicate, and monitor a structur accountability as it relates to the sup Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	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 accountability for their efforts in the in partnership with their Sponsoring communicate, and monitor a structur accountability as it relates to the sup
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 requ practice of medicine; and establishes professional growth.

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

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

nembers in real and/or simulated afety and quality improvement activities, her 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 e provision of care. Effective programs, g Institutions, define, widely tured chain of responsibility and upervision of all patient care.

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

s ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely tured chain of responsibility and upervision of all patient care.

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

Requirement Language	Reformatted Requirement Number	Requiremer
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.
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 provinformation must be available to fello of the health care team, and patients.
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 place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as app
Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow super authority and responsibility, the prog classification of supervision.
		Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic
Direct Supervision:	6.7.	patient care through appropriate tele Direct Supervision The supervising physician is physica key portions of the patient interaction
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 par the fellow and the supervising physic patient care through appropriate tele
		Direct Supervision The supervising physician is physica key portions of the patient interaction
	6.7.	The supervising physician and/or par the fellow and the supervising physic patient care through appropriate tele
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
	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core) This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core) 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) Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: Direct Supervision: Direct Supervision ghysician is physically present with the fellow during the key portions of the patient interaction; or, the supervising physician and/or patient is not physically present with the fellow and the supervising physica is concurrently monitoring the patient care through appropriate telecommunication technology. Indirect Supervision: Indirect Supervision is not providing physical or concurrent visual appropriate telecommunication technology.	Requirement Language Requirement Number 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. This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core) 6.5. 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. Levels of Supervision 6.6. To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: 6.7. Direct Supervision 6.7. 6.7. 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 patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. 6.7. Indirect Supervision: the supervision 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

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

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

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

ervision while providing for graded ogram must use the following

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patient is not physically present with sician is concurrently monitoring the elecommunication technology.

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roviding physical or concurrent visual iately available to the fellow for le appropriate direct supervision.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)

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

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

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

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

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

rcumstances and events in which supervising faculty member(s). (Core)

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

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

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

Sponsoring Institutions, must educate rning the professional and ethical 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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
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 progra the meaning that each fellow finds in including protecting time with patien promoting progressive independenc professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must d personal role in the safety and welfar including the ability to report unsafe
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their S a professional, equitable, respectful, psychologically safe and that is free 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 addressing such concerns. (Core)
	 Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout 		Well-Being Psychological, emotional, and physic development of the competent, carin proactive attention to life inside and requires that physicians retain the jo own real-life stresses. Self-care and i members of the health care team are professionalism; they are also skills nurtured in the context of other aspe Fellows and faculty members are at r Programs, in partnership with their S same responsibility to address well-k competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models 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:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)

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

ip with the Sponsoring Institution, must m 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

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

t 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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or poten assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-s
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fel including but not limited to fatigue, il medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure
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 c 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 training 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 patient safety, fellow ability, severity illness/condition, and available supp

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

embers in:

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

hemselves and how to seek

-screening. (Core)

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

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

nd procedures in place to ensure re continuity of patient care. (Core)

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 each fellow to develop expertise as a neonatal-perinatal medicine consultant. (Core)	6.17.a.1.	This must include progressive clinical, to that will enable each fellow to develop e medicine 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 assigr patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical 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
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal 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)

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

technical, and consultative experiences expertise as a neonatal-perinatal

nust be clearly defined. (Core)

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)

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

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

ork and Education f between scheduled clinical work and

ork and Education f between scheduled clinical work and

s free of clinical work and education re)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 min clinical work and required education home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education 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 m patient safety, such as providing effe fellow education. Additional patient c assigned to a fellow during this time.
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail)
VI.F.4.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 on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a sour
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 w to the 80-hour limit to the fellows' work w
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 educatior with the fellow's fitness for work nor

inimum of one day in seven free of on (when averaged over four weeks). Athese free days. (Core)

tion Period Length

ods for fellows must not exceed 24 nical assignments. (Core)

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may be used for activities related to ffective transitions of care, and/or t care responsibilities must not be ne. (Core)

⁻ Exceptions

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

[•] Exceptions

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

ducation must be counted toward the

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

will not consider requests for exceptions < week.

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

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour		Time spent by fellows in internal and the ACGME Glossary of Terms) must
VI.F.5.b)	maximum weekly limit. (Core)	6.25.a.	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)	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).(1)	At-home call must not be so frequent or taxing as to preclude rest or	6.28.a.	At-home call must not be so frequent reasonable personal time for each fel

nd external moonlighting (as defined in state in the sour

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)