| Roman Numeral<br>Requirement Number | Requirement Language  | Reformatted<br>Requirement Number | - Requiremen   |
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|                                     | Definition of Graduate Medical Education<br>Fellowship is advanced graduate medical education beyond a core<br>residency program for physicians who desire to enter more specialized<br>practice. Fellowship-trained physicians serve the public by providing<br>subspecialty care, which may also include core medical care, acting as a<br>community resource for expertise in their field, creating and integrating<br>new knowledge into practice, and educating future generations of<br>physicians. Graduate medical education values the strength that a diverse<br>group of physicians brings to medical care, and the importance of<br>inclusive and psychologically safe learning environments.<br>Fellows who have completed residency are able to practice autonomously<br>in their core specialty. The prior medical experience and expertise of<br>fellows distinguish them from physicians entering residency. The fellow's<br>care of patients within the subspecialty is undertaken with appropriate<br>faculty supervision and conditional independence. Faculty members serve<br>as role models of excellence, compassion, cultural sensitivity,<br>professionalism, and scholarship. The fellow develops deep medical<br>knowledge, patient care skills, and expertise applicable to their focused<br>area of practice. Fellowship is an intensive program of subspecialty<br>clinical and didactic education that focuses on the multidisciplinary care<br>of patients. Fellowship education is often physically, emotionally, and<br>intellectually demanding, and occurs in a variety of clinical learning |                                   | Definition of Graduate Medical Educa<br>Fellowship is advanced graduate med<br>residency program for physicians wh<br>practice. Fellowship-trained physician<br>subspecialty care, which may also ind<br>community resource for expertise in a<br>new knowledge into practice, and edu<br>physicians. Graduate medical educat<br>group of physicians brings to medica<br>inclusive and psychologically safe lea<br>Fellows who have completed resident<br>in their core specialty. The prior medi<br>fellows distinguish them from physic<br>care of patients within the subspecial<br>faculty supervision and conditional in<br>as role models of excellence, compas<br>professionalism, and scholarship. Th<br>knowledge, patient care skills, and ex<br>area of practice. Fellowship is an inte<br>clinical and didactic education that for<br>of patients. Fellowship education is o<br>intellectually demanding, and occurs |
| Int.A.                              | environments committed to graduate medical education and the well-<br>being of patients, residents, fellows, faculty members, students, and all<br>members of the health care team.   | [None]                            | environments committed to graduate<br>being of patients, residents, fellows, a<br>members of the health care team.   |
| Int.A (Continued)                   | In addition to clinical education, many fellowship programs advance<br>fellows' skills as physician-scientists. While the ability to create new<br>knowledge within medicine is not exclusive to fellowship-educated<br>physicians, the fellowship experience expands a physician's abilities to<br>pursue hypothesis-driven scientific inquiry that results in contributions to<br>the medical literature and patient care. Beyond the clinical subspecialty<br>expertise achieved, fellows develop mentored relationships built on an<br>infrastructure that promotes collaborative research.   | [None] - (Continued)              | In addition to clinical education, many<br>fellows' skills as physician-scientists<br>knowledge within medicine is not exc<br>physicians, the fellowship experience<br>pursue hypothesis-driven scientific in<br>the medical literature and patient care<br>expertise achieved, fellows develop n<br>infrastructure that promotes collabora  |

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edical education beyond a core who desire to enter more specialized ians serve the public by providing include core medical care, acting as a n their field, creating and integrating ducating 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 serve assion, 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.

| Roman Numeral<br>Requirement Number | Requirement Language   | Reformatted<br>Requirement Number | Requiremen   |
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| Int.B.                              | Definition of Subspecialty<br>Fellowship education in pediatric urology consists of the diagnosis,<br>management, and treatment of fetal, perinatal, childhood, pre-adolescent, and<br>adolescent genitourinary and adrenal abnormalities and diseases, and the<br>promotion of health with prevention of disease. This education includes<br>experience with fetal and genetic evaluation; pediatric endocrinology; issues of<br>renal disease, such as chronic renal insufficiency, and transplantation;<br>congenital and acquired neurological diseases affecting the urinary tract, such<br>as spina bifida and neurogenic bladder; treatment and management of<br>congenital genitourinary abnormalities and reconstructive urology across all<br>ages. Fellowship education in pediatric urology also includes scholarly activity to<br>advance education, improve quality of care, and further the basic understanding<br>of pediatric urologic disease through clinical outcome, health services, and<br>laboratory-based research. | [None]                            | <b>Definition of Subspecialty</b><br>Fellowship education in pediatric urology<br>management, and treatment of fetal, per<br>adolescent genitourinary and adrenal at<br>promotion of health with prevention of de<br>experience with fetal and genetic evaluat<br>renal disease, such as chronic renal inst<br>congenital and acquired neurological dis<br>as spina bifida and neurogenic bladder;<br>congenital genitourinary abnormalities a<br>ages. Fellowship education in pediatric to<br>advance education, improve quality of ca<br>of pediatric urologic disease through clir<br>laboratory-based research. |
| Int.C.                              | Length of Educational Program<br>The educational program in pediatric urology must be 24 months in length.<br>(Core)   | 4.1.                              | Length of Program<br>The educational program in pediatric uro<br>(Core)  |
| l.                                  | Oversight  | Section 1                         | Section 1: Oversight   |
| I.A.                                | Sponsoring Institution<br>The Sponsoring Institution is the organization or entity that assumes the<br>ultimate financial and academic responsibility for a program of graduate<br>medical education consistent with the ACGME Institutional Requirements.<br>When the Sponsoring Institution is not a rotation site for the program, the<br>most commonly utilized site of clinical activity for the program is the<br>primary clinical site.   | [None]                            | Sponsoring Institution<br>The Sponsoring Institution is the orga<br>ultimate financial and academic respo<br>medical education consistent with the<br>When the Sponsoring Institution is no<br>most commonly utilized site of clinica<br>primary clinical site.  |
| I.A.1.                              | The program must be sponsored by one ACGME-accredited Sponsoring Institution. <sup>(Core)</sup>  | 1.1.                              | The program must be sponsored by c   |
| I.A. I.                             | Participating Sites<br>A participating site is an organization providing educational experiences<br>or educational assignments/rotations for fellows.  | [None]                            | Institution. (Core)<br>Participating Sites<br>A participating site is an organization<br>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 Spo<br>primary clinical site. (Core)   |
| I.B.1.a)                            | The program must be centered at a children's hospital or a medical center with pediatric medical, surgical, and imaging capabilities, and must be affiliated with an ACGME-accredited urology program. (Core)  | 1.2.a.                            | The program must be centered at a child<br>pediatric medical, surgical, and imaging<br>an ACGME-accredited urology program.  |
| I.B.2.                              | There must be a program letter of agreement (PLA) between the program<br>and each participating site that governs the relationship between the<br>program and the participating site providing a required assignment. (Core)   | 1.3.                              | There must be a program letter of agr<br>and each participating site that gover<br>program and the participating site pro  |

begy consists of the diagnosis, berinatal, childhood, pre-adolescent, and abnormalities and diseases, and the disease. This education includes uation; pediatric endocrinology; issues of nsufficiency, and transplantation; diseases affecting the urinary tract, such er; treatment and management of and reconstructive urology across all c urology also includes scholarly activity to f care, and further the basic understanding clinical outcome, health services, and

urology must be 24 months in length.

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

nildren's hospital or a medical center with ng capabilities, and must be affiliated with m. (Core)

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

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| Requirement Number | Requirement Language   | Requirement Number | Requiremer   |
| 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  |
|                    |  |                    | The PLA must be approved by the de   |
| I.B.2.a).(2)       | be approved by the designated institutional official (DIO). (Core)   | 1.3.b.             | (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<br>at all participating sites. (Core)   |
| 1.D.3.             |  | 1.4.               | At each participating sites (Core)   |
|                    | At each participating site there must be one faculty member, designated<br>by the program director, who is accountable for fellow education for that   |                    | the program director, who is account   |
| I.B.3.a)           | site, in collaboration with the program director. (Core)   | 1.5.               | in collaboration with the program dire   |
| ,                  | The program director must submit any additions or deletions of   |                    | The program director must submit ar  |
|                    | participating sites routinely providing an educational experience, required  |                    | participating sites routinely providing  |
|                    | for all fellows, of one month full time equivalent (FTE) or more through the   |                    | for all fellows, of one month full time  |
| I.B.4.             | ACGME's Accreditation Data System (ADS). (Core)  | 1.6.               | ACGME's Accreditation Data System  |
|                    | The program director must be meaningfully involved in all associated core  |                    | The program director must be meaningf  |
| I.B.5.             | urology residency programs. (Core)   | 1.6.a.             | urology residency programs. (Core)   |
|                    | Workforce Recruitment and Retention<br>The program, in partnership with its Sponsoring Institution, must engage<br>in practices that focus on mission-driven, ongoing, systematic recruitment<br>and retention of a diverse and inclusive workforce of residents (if present),<br>fellows, faculty members, senior administrative GME staff members, and |                    | Workforce Recruitment and Retention<br>The program, in partnership with its s<br>in practices that focus on mission-dr<br>and retention of a diverse and inclusi<br>fellows, faculty members, senior adm |
| I.C.               | other relevant members of its academic community. (Core)   | 1.7.               | other relevant members of its acaden   |
| I.D.               | Resources  | 1.8.               | Resources<br>The program, in partnership with its s<br>the availability of adequate resources<br>Resources   |
|                    | The program, in partnership with its Sponsoring Institution, must ensure   |                    | The program, in partnership with its \$  |
| I.D.1.             | the availability of adequate resources for fellow education. (Core)  | 1.8.               | the availability of adequate resources   |
| I.D.1.a)           | The program should have technologically-current and pediatric-specific<br>diagnostic and treatment facilities, including body-imaging and urodynamics<br>equipment, interventional radiology, and anesthesia and pain management<br>suitable for the care of pediatric patients. (Core)  | 1.8.a.             | The program should have technological<br>diagnostic and treatment facilities, inclue<br>equipment, interventional radiology, and<br>suitable for the care of pediatric patients                          |
|                    | The program must ensure adequate space and equipment for the educational   |                    | The program must ensure adequate spa   |
|                    | program, such as meeting rooms and classrooms, educational aides, and  |                    | program, such as meeting rooms and cl  |
| I.D.1.b)           | sufficient office space for fellows and staff members. (Core)  | 1.8.b.             | sufficient office space for fellows and sta  |
| I.D.1.c)           | The program must have access to adequate research resources to support faculty members' and fellows' scholarly activities. (Core)  | 1.8.c.             | The program must have access to adeq faculty members' and fellows' scholarly   |
| I.D.1.d)           | The Sponsoring Institution must provide a sufficient volume and variety of pediatric urology experience to meet the needs of the fellows' education without compromising the quality of resident education in the core urology program. (Core)   | 1.8.d.             | The Sponsoring Institution must provide<br>pediatric urology experience to meet the<br>compromising the quality of resident edu<br>(Core)  |
|                    |  |                    | (00.0)   |

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

ical learning and working environment

st be one faculty member, designated by ntable for fellow education for that site, lirector. (Core)

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

ngfully involved in all associated core

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

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

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

cally-current and pediatric-specific cluding body-imaging and urodynamics and anesthesia and pain management nts. (Core)

space and equipment for the educational classrooms, educational aides, and staff members. (Core)

equate research resources to support ly activities. (Core)

de a sufficient volume and variety of the needs of the fellows' education without education in the core urology program.

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| Requirement Number                  |  |                                   | Г Р  |
|                                     | The program must have the following resources available for fellow education: a broad spectrum of urologic diseases; and a sufficient volume and broad variety |                                   | The program must have the following re-<br>broad spectrum of urologic diseases; an |
|                                     | of pediatric urology surgical procedures consisting of a minimum of 500  |                                   | of pediatric urology surgical procedures   |
|                                     | procedures per year and 2000 pediatric urologic outpatient visits per year,  |                                   | procedures per year and 2000 pediatric   |
| I.D.1.e)                            | including urology subspecialty clinics. (Core)   | 1.8.e.                            | including urology subspecialty clinics. (C   |
|                                     | The program, in partnership with its Sponsoring Institution, must ensure   |                                   | The program, in partnership with its S   |
|                                     | healthy and safe learning and working environments that promote fellow   |                                   | healthy and safe learning and working  |
| I.D.2.                              | well-being and provide for:  | 1.9.                              | well-being and provide for:  |
| I.D.2.a)                            | access to food while on duty; (Core)   | 1.9.a.                            | access to food while on duty; (Core)   |
|                                     | safe, quiet, clean, and private sleep/rest facilities available and accessible   |                                   | safe, quiet, clean, and private sleep/re   |
| I.D.2.b)                            |  | 1.9.b.                            | for fellows with proximity appropriate   |
|                                     | clean and private facilities for lactation that have refrigeration capabilities,   |                                   | clean and private facilities for lactatio  |
| I.D.2.c)                            |  | 1.9.c.                            | with proximity appropriate for safe pa   |
|                                     | security and safety measures appropriate to the participating site; and,   |                                   | security and safety measures appropriate   |
| I.D.2.d)                            | (Core)   | 1.9.d.                            | (Core)   |
|                                     | accommodations for fellows with disabilities consistent with the   | 1.0.0.                            | accommodations for fellows with disa   |
| I.D.2.e)                            | Sponsoring Institution's policy. (Core)  | 1.9.e.                            | Sponsoring Institution's policy. (Core   |
|                                     |  | 1.0.0.                            |  |
|                                     | Fellows must have ready access to subspecialty-specific and other  |                                   | Fellows must have ready access to su   |
|                                     | appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text               |                                   | appropriate reference material in prin<br>include access to electronic medical     |
| I.D.3.                              | capabilities. (Core)   | 1.10.                             | capabilities. (Core)   |
| 1.0.3.                              | Other Learners and Health Care Personnel   | 1.10.                             | Other Learners and Health Care Perso   |
|                                     |  |                                   | other Learners and health oare rerst   |
|                                     | The presence of other learners and other health care personnel, including  |                                   | The presence of other learners and of  |
|                                     | but not limited to residents from other programs, subspecialty fellows, and  |                                   | but not limited to residents from othe   |
|                                     | advanced practice providers, must not negatively impact the appointed  |                                   | advanced practice providers, must no   |
| I.E.                                |  | 1.11.                             | fellows' education. (Core)   |
| II.                                 |  | Section 2                         | Section 2: Personnel   |
|                                     |  |                                   |  |
|                                     |  |                                   | Program Director<br>There must be one faculty member ap                            |
|                                     |  |                                   | authority and accountability for the or  |
| II.A.                               | Program Director   | 2.1.                              | with all applicable program requirement  |
|                                     |  | 2.1.                              |  |
|                                     | There must be one fearly member appointed as pressent director with  |                                   | Program Director   |
|                                     | There must be one faculty member appointed as program director with  |                                   | There must be one faculty member ap  |
| II.A.1.                             | authority and accountability for the overall program, including compliance<br>with all applicable program requirements. (Core)                                 | 2.1.                              | authority and accountability for the ov<br>with all applicable program requirement |
| II.A. I.                            |  | 2.1.                              |  |
|                                     | The Sponsoring Institution's Graduate Medical Education Committee  |                                   | The Sponsoring Institution's Graduat   |
|                                     | (GMEC) must approve a change in program director and must verify the   | 2.2                               | (GMEC) must approve a change in pro  |
| II.A.1.a)                           |  | 2.2.                              | program director's licensure and clini   |
|                                     | Final approval of the program director resides with the Review Committee.  | • •                               | Final approval of the program directo  |
| II.A.1.a).(1)                       |  | 2.2.a.                            | (Core)   |
|                                     | The program director and, as applicable, the program's leadership team,  |                                   | The program director and, as applical  |
|                                     | must be provided with support adequate for administration of the program   |                                   | must be provided with support adequ  |
| II.A.2.                             | • • •  | 2.3.                              | based upon its size and configuration  |
|                                     | At a minimum, the program director must be provided with support equal to a  |                                   | At a minimum, the program director mus   |
| II.A.2.a)                           | dedicated minimum of 0.1 FTE for administration of the program. (Core)   | 2.3.a.                            | dedicated minimum of 0.1 FTE for admir   |

resources available for fellow education: a and a sufficient volume and broad variety es consisting of a minimum of 500 ic urologic outpatient visits per year, (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

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

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

priate to the participating site; and,

isabilities consistent with the re)

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

rsonnel

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

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

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

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

tor resides with the Review Committee.

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

ust be provided with support equal to a ninistration of the program. (Core)

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| II.A.3.                             | Qualifications of the program director:   | 2.4.                              | Qualifications of the Program Director<br>The program director must possess<br>qualifications acceptable to the Revi   |
| II.A.3.a)                           | must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)  | 2.4.                              | Qualifications of the Program Director<br>The program director must possess<br>qualifications acceptable to the Revi   |
|                                     | must include current certification in the subspecialty for which they are<br>the program director by the American Board of Urology or subspecialty<br>qualifications that are acceptable to the Review Committee. (Core)  |                                   | The program director must possess of<br>subspecialty for which they are the p<br>Board of Urology or subspecialty qua<br>Review Committee. (Core)  |
| II.A.3.b)                           | [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]   | 2.4.a.                            | [Note that while the Common Program I<br>certifying board of the American Osteop<br>there is no AOA board that offers certifie   |
| II.A.4.                             | Program Director Responsibilities<br>The program director must have responsibility, authority, and<br>accountability for: administration and operations; teaching and scholarly<br>activity; fellow recruitment and selection, evaluation, and promotion of<br>fellows, and disciplinary action; supervision of fellows; and fellow<br>education in the context of patient care. (Core) | 2.5.                              | Program Director Responsibilities<br>The program director must have resp<br>accountability for: administration and<br>activity; fellow recruitment and selec<br>fellows, and disciplinary action; supe<br>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<br>the community, the mission(s) of the Sponsoring Institution, and the<br>mission(s) of the program; (Core)   | 2.5.b.                            | The program director must design ar<br>consistent with the needs of the com<br>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<br>environment conducive to educating<br>Competency domains. (Core)  |
| II.A.4.a).(4)                       | have the authority to approve or remove physicians and non-physicians as<br>faculty members at all participating sites, including the designation of core<br>faculty members, and must develop and oversee a process to evaluate<br>candidates prior to approval; (Core)  |                                   | physicians and non-physicians as fac<br>sites, including the designation of co<br>develop and oversee a process to ev<br>(Core)  |
| II.A.4.a).(5)                       | have the authority to remove fellows from supervising interactions and/or<br>learning environments that do not meet the standards of the program;<br>(Core)   | 2.5.e.                            | The program director must have the a supervising interactions and/or learn 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<br>opportunity to raise concerns, report mistreatment, and provide feedback<br>in a confidential manner as appropriate, without fear of intimidation or<br>retaliation; (Core)   | 2.5.g.                            | The program director must provide a<br>which fellows have the opportunity to<br>and provide feedback in a confidentia<br>of intimidation or retaliation. (Core)  |

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s subspecialty expertise and view Committee. (Core)

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s subspecialty expertise and view Committee. (Core)

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

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

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

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 the

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

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

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|                           | ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including         |                    | The program director must ensure th<br>Sponsoring Institution's policies and  |
|                           | when action is taken to suspend or dismiss, not to promote, or renew the   |                    | due process, including when action i  |
|                           | appointment of a fellow; (Core)  | 2.5.h.             | promote, or renew the appointment of  |
|                           |  |                    | The program director must ensure th   |
|                           | ensure the program's compliance with the Sponsoring Institution's  |                    | Sponsoring Institution's policies and   |
| II.A.4.a).(9)             |  | 2.5.i.             | discrimination. (Core)  |
|                           | Fellows must not be required to sign a non-competition guarantee or  |                    | Fellows must not be required to sign  |
| II.A.4.a).(9).(a)         | restrictive covenant. (Core)   | 3.1.               | restrictive covenant. (Core)  |
|                           | desument verification of education for all follows within 20 days of   |                    | The program director must document  |
| II.A.4.a).(10)            | document verification of education for all fellows within 30 days of<br>completion of or departure from the program; (Core)                        | 2.5.j.             | fellows within 30 days of completion (Core)                                   |
| II.A.4.a).(10)            |  | 2.3.j.             |   |
|                           | provide verification of an individual fellow's education upon the fellow's   |                    | The program director must provide ve  |
| II.A.4.a).(11)            | request, within 30 days; and, (Core)   | 2.5.k.             | education upon the fellow's request,  |
|                           |  |                    | The program director must provide a   |
|                           | provide applicants who are offered an interview with information related to  |                    | with information related to their eligit                                      |
| II.A.4.a).(12)            | their eligibility for the relevant specialty board examination(s). (Core)  | 2.5.I.             | examination(s). (Core)  |
|                           |  |                    |   |
|                           | Faculty  |                    |   |
|                           |  |                    | Faculty   |
|                           | Faculty members are a foundational element of graduate medical   |                    | Faculty members are a foundational of   |
|                           | education – faculty members teach fellows how to care for patients.<br>Faculty members provide an important bridge allowing fellows to grow        |                    | education – faculty members teach fe<br>Faculty members provide an importa    |
|                           | and become practice ready, ensuring that patients receive the highest  |                    | and become practice ready, ensuring   |
|                           | quality of care. They are role models for future generations of physicians   |                    | quality of care. They are role models   |
|                           | by demonstrating compassion, commitment to excellence in teaching and  |                    | by demonstrating compassion, comm   |
|                           | patient care, professionalism, and a dedication to lifelong learning.  |                    | patient care, professionalism, and a c  |
|                           | Faculty members experience the pride and joy of fostering the growth and   |                    | members experience the pride and jo   |
|                           | development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a       |                    | development of future colleagues. The opportunity to teach and model e        |
|                           | scholarly approach to patient care, faculty members, through the graduate  |                    | scholarly approach to patient care, fa  |
|                           | medical education system, improve the health of the individual and the   |                    | medical education system, improve t   |
|                           | population.  |                    | population.   |
|                           |  |                    |   |
|                           | Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of |                    | Faculty members ensure that patients from a specialist in the field. They red |
|                           | the patients, fellows, community, and institution. Faculty members   |                    | the patients, fellows, community, and   |
|                           | provide appropriate levels of supervision to promote patient safety.   |                    | appropriate levels of supervision to p  |
|                           | Faculty members create an effective learning environment by acting in a  |                    | members create an effective learning  |
|                           | professional manner and attending to the well-being of the fellows and   |                    | professional manner and attending to  |
| II.B.                     |  | [None]             | themselves.   |
| II.B.1.                   | There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)                                 | 2.6.               | There must be a sufficient number of instruct and supervise all fellows. (Co  |
|                           | Faculty members must:  | Z.0.<br>[None]     |   |
|                           |  |                    | Faculty Responsibilities  |
| II.B.2.a)                 | be role models of professionalism; (Core)  | 2.7.               | Faculty members must be role model  |

the program's compliance with the nd procedures related to grievances and n is taken to suspend or dismiss, not to c of a fellow. (Core)

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

gn 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)

applicants who are offered an interview gibility for the relevant specialty board

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

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

of faculty members with competence to Core)

dels of professionalism. (Core)

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| Requirement Number |   | Requirement Number |   |
| II.B.2.b)          | demonstrate commitment to the delivery of safe, equitable, high-quality,  | 2.7.a.             | Faculty members must demonstrate of   |
| п.в.2.р            | cost-effective, patient-centered care; (Core)   | 2.1.d.             | equitable, high-quality, cost-effective   |
|                    | demonstrate a strong interest in the education of fellows, including  |                    | Faculty members must demonstrate a<br>fellows, including devoting sufficient  |
| II.B.2.c)          | devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)  | 2.7.b.             | fulfill their supervisory and teaching i  |
| 11.0.2.0           | administer and maintain an educational environment conducive to   | 2.7.0.             | Faculty members must administer an  |
| II.B.2.d)          | educating fellows; (Core)   | 2.7.c.             | environment conducive to educating  |
|                    | regularly participate in organized clinical discussions, rounds, journal  |                    | Faculty members must regularly parti  |
| 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  |                    | Faculty members must pursue faculty   |
| II.B.2.f)          | annually. (Core)  | 2.7.e.             | their skills at least annually. (Core)  |
| ,                  |   |                    | 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]             |   |
|                    | have current certification in the subspecialty by the American Board of<br>Urology, or possess qualifications judged acceptable to the Review<br>Committee. (Core)  |                    | Subspecialty Physician Faculty Memb<br>Subspecialty physician faculty memb<br>the subspecialty by the American Boa<br>qualifications judged acceptable to th  |
| II.B.3.b).(1)      | [Note that while the Common Program Requirements deem certification by a certifying board of the AOA acceptable, there is no AOA board that offers certification in this subspecialty]  | 2.9.               | [Note that while the Common Program F<br>certifying board of the AOA acceptable,<br>certification in this subspecialty]   |
| II.B.3.c)          | Any other specialty physician faculty members must have current<br>certification in their specialty by the appropriate American Board of<br>Medical Specialties (ABMS) member board or American Osteopathic<br>Association (AOA) certifying board, or possess qualifications judged<br>acceptable to the Review Committee. (Core) | 2.9.a.             | Any other specialty physician faculty<br>certification in their specialty by the a<br>Medical Specialties (ABMS) member I<br>Association (AOA) certifying board, o<br>acceptable to the Review Committee. |
|                    | Core Faculty<br>Core faculty members must have a significant role in the education and<br>supervision of fellows and must devote a significant portion of their entire<br>effort to fellow education and/or administration, and must, as a component<br>of their activities, teach, evaluate, and provide formative feedback to   |                    | Core Faculty<br>Core faculty members must have a sign<br>supervision of fellows and must devo<br>effort to fellow education and/or admi<br>of their activities, teach, evaluate, and                      |
| II.B.4.            | fellows. (Core)   | 2.10.              | fellows. (Core)   |
| II.B.4.a)          | Faculty members must complete the annual ACGME Faculty Survey. (Core)   | 2.10.a.            | Faculty members must complete the   |
| II.B.4.b)          | In addition to the program director, there must be a minimum of one core pediatric urology faculty member for each pediatric urology fellow. (Core)   | 2.10.b.            | In addition to the program director, there pediatric urology faculty member for eac   |
| II.C.              | Program Coordinator   | 2.11.              | Program Coordinator<br>There must be a program coordinator  |
| II.C.1.            | There must be a program coordinator. (Core)   | 2.11.              | Program Coordinator<br>There must be a program coordinator  |

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|     | ommitmont | to | th |

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

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

and maintain an educational

g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

# nbers

nbers must have current certification in loard of Urology, or possess the Review Committee. (Core)

Requirements deem certification by a e, there is no AOA board that offers

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

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

# e annual ACGME Faculty Survey. (Core)

ere must be a minimum of one core ach pediatric urology fellow. (Core)

or. (Core)

or. (Core)

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| 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<br>support adequate for administration<br>and configuration. (Core)  |
| II.C.2.a)                           | The program coordinator must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. (Core)  | 2.11.b.                           | The program coordinator must be provid<br>minimum of 0.2 FTE for administration of   |
| II.D.<br>III.                       | Other Program Personnel<br>The program, in partnership with its Sponsoring Institution, must jointly<br>ensure the availability of necessary personnel for the effective<br>administration of the program. (Core)<br>Fellow Appointments   | 2.12.<br>Section 3                | Other Program Personnel<br>The program, in partnership with its S<br>ensure the availability of necessary p<br>administration of the program. (Core)<br>Section 3: Fellow Appointments   |
| III.A.                              | Eligibility Criteria   | [None]                            |  |
| III.A.1.                            | Eligibility Requirements – Fellowship Programs<br>All required clinical education for entry into ACGME-accredited fellowship<br>programs must be completed in an ACGME-accredited residency program,<br>an AOA-approved residency program, a program with ACGME<br>International (ACGME-I) Advanced Specialty Accreditation, or a Royal<br>College of Physicians and Surgeons of Canada (RCPSC)-accredited or<br>College of Family Physicians of Canada (CFPC)-accredited residency<br>program located in Canada. (Core) | 3.2.                              | Eligibility Requirements – Fellowship<br>All required clinical education for ent<br>programs must be completed in an A<br>an AOA-approved residency program<br>(ACGME-I) Advanced Specialty Accre<br>Physicians and Surgeons of Canada<br>Family Physicians of Canada (CFPC)-<br>located in Canada. (Core) |
| III.A.1.a)                          | Fellowship programs must receive verification of each entering fellow's<br>level of competence in the required field using ACGME, ACGME-I, or<br>CanMEDS Milestones evaluations from the core residency program. (Core)  | 32a                               | Fellowship programs must receive ve<br>level of competence in the required fi<br>CanMEDS Milestones evaluations fro  |
| III.A.1.b)                          | Fellows must have successfully completed a urology residency in a program that satisfies the requirements in III.A.1. (Core)   |                                   | Fellows must have successfully complet<br>satisfies the requirements in 3.2. (Core)  |
| III.A.1.c)                          | Fellow Eligibility Exception<br>The Review Committee for Urology will allow the following exception to the<br>fellowship eligibility requirements:   | 3.2.b.                            | Fellow Eligibility Exception<br>The Review Committee for Urology wi<br>fellowship eligibility requirements:  |
| III.A.1.c).(1)                      | An ACGME-accredited fellowship program may accept an exceptionally<br>qualified international graduate applicant who does not satisfy the<br>eligibility requirements listed in III.A.1., but who does meet all of the<br>following additional qualifications and conditions: (Core)   | 3.2.b.1.                          | An ACGME-accredited fellowship pro<br>qualified international graduate appli<br>eligibility requirements listed in 3.2, b<br>additional qualifications and conditio  |
| III.A.1.c).(1).(a)                  | evaluation by the program director and fellowship selection committee of<br>the applicant's suitability to enter the program, based on prior training and<br>review of the summative evaluations of training in the core specialty; and,<br>(Core)   | 3.2.b.1.a.                        | evaluation by the program director ar<br>the applicant's suitability to enter the<br>review of the summative evaluations<br>(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'<br>GMEC; and, (Core)   |
| III.A.1.c).(1).(c)                  | verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)   | 3.2.b.1.c.                        | verification of Educational Commissi<br>(ECFMG) certification. (Core)  |
| III.A.1.c).(2)                      | Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)  | 3.2.b.2.                          | Applicants accepted through this exc<br>their performance by the Clinical Con<br>of matriculation. (Core)  |

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

vided with support equal to a dedicated of the program. (Core)

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

ip Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, am, a program with ACGME International creditation, or a Royal College of a (RCPSC)-accredited or College of C)-accredited residency program

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

leted a urology residency in a program that e)

will allow the following exception to the

rogram may accept an exceptionally blicant who does not satisfy the , but who does meet all of the following ions: (Core)

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

nt's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

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| III.B.                              | Fellow Complement<br>The program director must not appoint more fellows than approved by the<br>Review Committee. (Core)   | 3.3.                              | Fellow Complement<br>The program director must not appoin<br>Review Committee. (Core)  |
| III.C.                              | Fellow Transfers<br>The program must obtain verification of previous educational experiences<br>and a summative competency-based performance evaluation prior to<br>acceptance of a transferring fellow, and Milestones evaluations upon   | 3.4.                              | Fellow Transfers<br>The program must obtain verification<br>and a summative competency-based<br>acceptance of a transferring fellow, a<br>matriculation. (Core)  |
| <u>III.C.</u>                       | matriculation. (Core)<br>Educational Program<br>The ACGME accreditation system is designed to encourage excellence<br>and innovation in graduate medical education regardless of the   | 3.4.                              | Section 4: Educational Program<br>The ACGME accreditation system is of<br>and innovation in graduate medical end   |
|                                     | organizational affiliation, size, or location of the program.<br>The educational program must support the development of<br>knowledgeable, skillful physicians who provide compassionate care.   |                                   | organizational affiliation, size, or loca<br>The educational program must suppo<br>knowledgeable, skillful physicians wh   |
|                                     | It is recognized that programs may place different emphasis on research,<br>leadership, public health, etc. It is expected that the program aims will<br>reflect the nuanced program-specific goals for it and its graduates; for<br>example, it is expected that a program aiming to prepare physician-<br>scientists will have a different curriculum from one focusing on |                                   | It is recognized that programs may pl<br>leadership, public health, etc. It is exp<br>reflect the nuanced program-specific<br>example, it is expected that a program<br>scientists will have a different curricu |
| IV.                                 | community health.<br>Educational Components  | Section 4                         | community health.  |
| IV.A.                               | The curriculum must contain the following educational components:<br>a set of program aims consistent with the Sponsoring Institution's<br>mission, the needs of the community it serves, and the desired distinctive<br>capabilities of its graduates, which must be made available to program  | 4.2.                              | Educational Components<br>The curriculum must contain the follo<br>a set of program aims consistent with<br>mission, the needs of the community<br>capabilities of its graduates, which m                        |
| IV.A.1.                             | applicants, fellows, and faculty members; (Core)<br>competency-based goals and objectives for each educational experience<br>designed to promote progress on a trajectory to autonomous practice in<br>their subspecialty. These must be distributed, reviewed, and available to   | 4.2.a.                            | applicants, fellows, and faculty memb<br>competency-based goals and objectiv<br>designed to promote progress on a tr<br>their subspecialty. These must be dis  |
| IV.A.2.<br>IV.A.3.                  | fellows and faculty members; (Core)<br>delineation of fellow responsibilities for patient care, progressive<br>responsibility for patient management, and graded supervision in their<br>subspecialty; (Core)  | 4.2.b.<br>4.2.c.                  | fellows and faculty members; (Core)<br>delineation of fellow responsibilities f<br>responsibility for patient managemen<br>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<br>Fellows must be provided with protec<br>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 pror tools, and techniques. (Core)  |

oint more fellows than approved by the

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

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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

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

yond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

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| IV.B.                                      | ACGME Competencies   | [None]                            | ACGME Competencies<br>The Competencies provide a concep<br>required domains for a trusted physi<br>These Competencies are core to the<br>the specifics are further defined by e<br>trajectories in each of the Competence<br>Milestones for each subspecialty. Th<br>subspecialty-specific patient care an<br>refining the other competencies acqu   |
|  | The program must integrate the following ACGME Competencies into the   |                                   | The survey of th |
| IV.B.1.                                    | curriculum:<br>Professionalism   | [None]                            | The program must integrate all ACG   |
| IV.B.1.a)                                  | Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)  | 4.3.                              | ACGME Competencies – Professiona<br>Fellows must demonstrate a commit<br>adherence to ethical principles. (Core  |
| IV.B.1.b)                                  | Patient Care and Procedural Skills   | [None]                            |  |
| <b>IV.B.1.b).(1)</b><br>IV.B.1.b.).(1).(a) | Fellows must be able to provide patient care that is patient- and family-<br>centered, compassionate, equitable, appropriate, and effective for the<br>treatment of health problems and the promotion of health. (Core)<br>Fellows must demonstrate competence in: | <b>4.4.</b><br>[None]             | ACGME Competencies – Patient Care<br>Fellows must be able to provide patie<br>centered, compassionate, equitable,<br>treatment of health problems and the  |
| IV.B.1.b.).(1).(a).(i)                     | multidisciplinary management of myelomeningocele and other neuropathic bladder entities; (Core)  | 4.4.a.                            | Fellows must demonstrate competence myelomeningocele and other neuropath   |
| IV.B.1.b.).(1).(a).(ii)                    | multidisciplinary management of patients with problems relating to sexual development and medical aspects of disorders of sex development (DSD) states; (Core)   | 4.4.b.                            | Fellows must demonstrate competence<br>patients with problems relating to sexua<br>disorders of sex development (DSD) sta  |
| IV.B.1.b.).(1).(a).(iii)                   | multidisciplinary management of patients with urologic tumors; (Core)  | 4.4.c.                            | Fellows must demonstrate competence patients with urologic tumors. (Core)  |
| IV.B.1.b.).(1).(a).(iv)                    | multidisciplinary management of nephrological and endocrinologic (adrenal) disease; (Core)   | 4.4.d.                            | Fellows must demonstrate competence nephrological and endocrinologic (adrer  |
| IV.B.1.b.).(1).(a).(v)                     | multidisciplinary management of patients with urologic trauma; (Core)  | 4.4.e.                            | Fellows must demonstrate competence patients with urologic trauma. (Core)  |
| IV.B.1.b.).(1).(a).(vi)                    | management of genitourinary infections; and, (Core)  | 4.4.f.                            | Fellows must demonstrate competence infections. (Core)   |
| IV.B.1.b.).(1).(a).(vii)                   | performance of prenatal and postnatal genetic counseling for genitourinary tract anomalies. (Core)   | 4.4.g.                            | Fellows must demonstrate competence genetic counseling for genitourinary trac  |
|  | Fellows must be able to perform all medical, diagnostic, and surgical  |                                   | ACGME Competencies – Patient Care<br>Fellows must be able to perform all n   |
| <b>IV.B.1.b).(2)</b><br>IV.B.1.b).(2).(a)  | procedures considered essential for the area of practice. (Core)<br>Fellows must demonstrate competence in:  | <b>4.5.</b><br>[None]             | procedures considered essential for  |

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 ore)

# are and Procedural Skills (Part A)

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

ce in multidisciplinary management of athic bladder entities. (Core)

ce in multidisciplinary management of ual development and medical aspects of state. (Core)

ce in multidisciplinary management of

ce in multidisciplinary management of renal) disease. (Core)

ce in multidisciplinary management of

ce in management of genitourinary

ce in performance of prenatal and postnatal ract anomalies. (Core)

are and Procedural Skills (Part B) I medical, diagnostic, and surgical or the area of practice. (Core)

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|                                     | all surgical aspects of pediatric urology that must be documented by the fellow in the ACGME Case Log System and reviewed by the program director quarterly; (Core)   | 4.5.a.                            | Fellows must demonstrate competence<br>urology that must be documented by the<br>and reviewed by the program director qu   |
|                                     | All operative procedures in which the pediatric urology fellow acts as a surgeon, assistant, or teaching assistant should be separately documented. (Detail)  | 4.5.a.1.                          | All must demonstrate competence in all<br>must be documented by the fellow in the<br>reviewed by the program director quarte   |
|                                     | Each graduating fellow must perform the minimum number of essential operative cases and case categories as established by the Review Committee. (Core)  | 4.5.a.2.                          | Each graduating fellow must perform the cases and case categories as established   |
|                                     | inpatient and outpatient consultations requiring management of pediatric urologic disease, with graded responsibility for patient care; (Core)  | 4.5.b.                            | Fellows must demonstrate competence requiring management of pediatric urolo for patient care. (Core)   |
| IV.B.1.b).(2).(a).(iii)             | imaging modalities used in the care of pediatric patients, including<br>ultrasonography, fluoroscopy, computed tomography, magnetic resonance<br>imaging, and nuclear scintigraphy; (Core)  | 4.5.c.                            | Fellows must demonstrate competence pediatric patients, including ultrasonogra tomography, magnetic resonance imagin   |
| IV.B.1.b).(2).(a).(iv)              | performance and evaluation of urodynamic studies; and, (Core)   | 4.5.d.                            | Fellows must demonstrate competence urodynamic studies. (Core)   |
|                                     | pre- and post-operative management and treatment of severely ill neonates,<br>children, pre-adolescents, and adolescents with genitourinary problems who<br>require intensive medical care (i.e., neonatal or pediatric intensive care unit<br>management). (Core)                                    | 4.5.e.                            | Fellows must demonstrate competence<br>and treatment of severely ill neonates, c<br>adolescents with genitourinary problems<br>neonatal or pediatric intensive care unit                 |
|                                     | Medical Knowledge<br>Fellows must demonstrate knowledge of established and evolving<br>biomedical, clinical, epidemiological, and social-behavioral sciences,<br>including scientific inquiry, as well as the application of this knowledge to<br>patient care. (Core)                                | 4.6.                              | ACGME Competencies – Medical Kno<br>Fellows must demonstrate knowledge<br>biomedical, clinical, epidemiological,<br>including scientific inquiry, as well as<br>patient care. (Core)     |
| ,                                   | Fellows must demonstrate the ability to integrate knowledge of the following into   |                                   | Fellows must demonstrate the ability to  |
| IV.B.1.c).(1)                       |   | 4.6.a.                            | care of the pediatric urology patient: (Co   |
| IV.B.1.c).(1).(a)                   | pediatric diseases and diagnoses, including: (Core)   | 4.6.a.1.                          | pediatric diseases and diagnoses, inclue   |
| / ( / ( / ( /                       | endocrinology; (Core)   | 4.6.a.1.a.                        | endocrinology; (Core   |
| IV.B.1.c).(1).(a).(ii)              | nephrology; and, (Core)   | 4.6.a.1.b.                        | nephrology; and, (Core)  |
| , , , , , , , ,                     | acute and chronic renal diseases. (Core)  | 4.6.a.1.c.                        | acute and chronic renal diseases. (Core  |
| IV.B.1.c).(1).(b)                   | quality and patient safety measures; (Core)   | 4.6.a.2.                          | quality and patient safety measures; (Co   |
| IV.B.1.c).(1).(c)                   |   | 4.6.a.3.                          | imaging of the pediatric genitourinary tra<br>safety risks; and, (Core)  |
| IV.B.1.c).(1).(d)                   | pharmacology and the safe use of commonly used agents. (Core)   | 4.6.a.4.                          | pharmacology and the safe use of comm  |
| IV.B.1.d)                           | Practice-based Learning and Improvement<br>Fellows must demonstrate the ability to investigate and evaluate their care<br>of patients, to appraise and assimilate scientific evidence, and to<br>continuously improve patient care based on constant self-evaluation and<br>lifelong learning. (Core) | 4.7.                              | ACGME Competencies – Practice-Bas<br>Fellows must demonstrate the ability<br>of patients, to appraise and assimilat<br>continuously improve patient care ba<br>lifelong learning. (Core) |

ce in all surgical aspects of pediatric the fellow in the ACGME Case Log System quarterly. (Core)

all surgical aspects of pediatric urology that he ACGME Case Log System and rterly. (Core)

he minimum number of essential operative hed by the Review Committee. (Core)

ce in inpatient and outpatient consultations plogic disease, with graded responsibility

ce in imaging modalities used in the care of graphy, fluoroscopy, computed ging, and nuclear scintigraphy. (Core) ce in performance and evaluation of

ce in pre- and post-operative management , children, pre-adolescents, and ms who require intensive medical care (i.e., nit management). (Core)

# nowledge

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

o integrate knowledge of the following into Core)

luding: (Core)

re)

Core)

tract with a focus on radiation and imaging

nmonly used agents. (Core)

# ased Learning and Improvement

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

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| Requirement Number                  | Interpersonal and Communication Skills  | Requirement Number                | Requiremen   |
|                                     |   |                                   | ACGME Competencies – Interpersona  |
|                                     | Fellows must demonstrate interpersonal and communication skills that  |                                   | Fellows must demonstrate interperso  |
| IV.B.1.e)                           | result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)                       | 4.8.                              | result in the effective exchange of inf<br>patients, their families, and health pro-   |
| IV.D.I.e)                           |   | 4.0.                              | patients, their families, and fleath pro   |
|                                     | Systems-based Practice  |                                   | ACGME Competencies – Systems-Ba  |
|                                     | Fellows must demonstrate an awareness of and responsiveness to the  |                                   | Fellows must demonstrate an awarer   |
|                                     | larger context and system of health care, including the structural and  |                                   | larger context and system of health c  |
| IV.B.1.f)                           | social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)                     | 4.9.                              | social determinants of health, as well<br>other resources to provide optimal he  |
| <b>V.D.</b> 1.1)                    |   |                                   |  |
|                                     |   |                                   | Curriculum Organization and Fellow I   |
|                                     |   |                                   |  |
|                                     |   |                                   | 4.10. Curriculum Structure   |
|                                     |   |                                   | The curriculum must be structured to experiences, the length of the experiences  |
|                                     |   |                                   | These educational experiences include  |
|                                     |   |                                   | patient care responsibilities, clinical events. (Core)   |
|                                     |   |                                   | 4.11. Didactic and Clinical Experience   |
|                                     |   |                                   | Fellows must be provided with protection didactic activities. (Core)   |
|                                     |   |                                   | 4.12. Pain Management  |
|                                     |   |                                   | The program must provide instruction   |
|                                     |   |                                   | if applicable for the subspecialty, incl   |
| IV.C.                               | Curriculum Organization and Fellow Experiences  | 4.10 4.12.                        | substance use disorder. (Core)   |
|                                     |   |                                   | Curriculum Structure   |
|                                     | The curriculum must be structured to optimize fellow educational  |                                   | The curriculum must be structured to   |
|                                     | experiences, the length of the experiences, and the supervisory continuity.<br>These educational experiences include an appropriate blend of supervised |                                   | experiences, the length of the experiences including the second s |
|                                     | patient care responsibilities, clinical teaching, and didactic educational  |                                   | patient care responsibilities, clinical  |
| IV.C.1.                             | events. (Core)  | 4.10.                             | events. (Core)   |
|                                     | Clinical experiences must be of sufficient length to ensure continuity of patient   |                                   | Clinical experiences must be of sufficien  |
|                                     | care, ongoing supervision, longitudinal relationships with faculty members, and   | 1 10 0                            | care, ongoing supervision, longitudinal r  |
| IV.C.1.a)                           | meaningful assessment and feedback. (Core)  | 4.10.a.                           | meaningful assessment and feedback. (  |

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)

# / Experiences

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

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ected time to participate in core

ion and experience in pain management icluding recognition of the signs of

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

ent length to ensure continuity of patient I relationships with faculty members, and . (Core)

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| 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<br>The program must provide instruction<br>if applicable for the subspecialty, incl<br>substance use disorder. (Core)    |
| IV.C.2.a)                           | Fellows must demonstrate knowledge of safe use of medicine in pediatric pain management. (Core)  | 4.12.a.                           | Fellows must demonstrate knowledge of management. (Core)   |
| IV.C.3.                             | The program must ensure that the educational program for each fellow is allocated as follows:  | [None]                            |  |
| IV.C.3.a)                           | at least 12 months of clinical pediatric urology; and, (Core)  | 4.11.a.                           | The program must ensure that the educa<br>at least 12 months of clinical pediatric ur  |
| IV.C.3.a).(1)                       | Clinical pediatric urology rotations must be comprised of surgical and clinic experiences that include pre-operative, operative, and post-operative patient care. (Core)                     | 4.11.a.1.                         | Clinical pediatric urology rotations must<br>experiences that include pre-operative, o<br>care. (Core)                                   |
| IV.C.3.a).(2)                       | Fellows must work in multidisciplinary teams to learn a wide range of clinical pediatric urology. (Core)   | 4.11.a.2.                         | Fellows must work in multidisciplinary te pediatric urology. (Core)  |
| IV.C.3.b)                           | up to 12 months of non-clinical pediatric urology education and/or research consistent with the program aims, and at the discretion of the program director. (Core)                          | 4.11.b.                           | The program must ensure that the educa<br>up to 12 months of non-clinical pediatric<br>consistent with the program aims, and a<br>(Core) |
| IV.C.4.                             | Didactic Conferences   | 4.11.c.                           | Didactic Conferences<br>Didactic conferences must reflect patien<br>mortality. (Core)  |
| IV.C.4.a)                           | Didactic conferences must reflect patient evaluation and include:  | [None]                            |  |
| IV.C.4.a).(1)                       | morbidity and mortality; (Core)  | 4.11.c.                           | Didactic Conferences<br>Didactic conferences must reflect patien<br>mortality. (Core)  |
| IV.C.4.a).(2)                       | multidisciplinary urological imaging review; and, (Core)   | 4.11.c.1.                         | Didactic conferences must reflect patien urological imaging review. (Core)   |
| IV.C.4.a).(3)                       | journal review. (Core)   | 4.11.c.2.                         | Didactic conferences must reflect patien (Core)  |
| IV.C.4.b)                           | A faculty member must supervise each conference. (Core)  | 4.11.c.3.                         | A faculty member must supervise each o   |
| IV.C.4.c)                           | Fellows must attend didactic conferences throughout the 24 months of education. (Core)   | 4.11.c.4.                         | Fellows must attend didactic conference education. (Core)  |
| IV.C.4.d)                           | A list of conferences must be maintained and must include the date, conference topic, the name of the presenter(s), and the names of the faculty members and fellows present at each. (Core) | 4.11.c.5.                         | A list of conferences must be maintained<br>topic, the name of the presenter(s), and<br>fellows present at each. (Core)                  |

# ion and experience in pain management ncluding recognition of the signs of

of safe use of medicine in pediatric pain

ucational program for each fellow includes urology. (Core)

st be comprised of surgical and clinic e, operative, and post-operative patient

teams to learn a wide range of clinical

ucational program for each fellow includes ric urology education and/or research at the discretion of the program director.

ent evaluation and include morbidity and

ent evaluation and include morbidity and

ent evaluation and include multidisciplinary

ent evaluation and include journal review.

h conference. (Core)

ces throughout the 24 months of

ed and must include the date, conference ad the names of the faculty members and

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|                                     | Scholarship   |                                   |   |
|                                     | Medicine is both an art and a science. The physician is a humanistic<br>scientist who cares for patients. This requires the ability to think critically,<br>evaluate the literature, appropriately assimilate new knowledge, and<br>practice lifelong learning. The program and faculty must create an<br>environment that fosters the acquisition of such skills through fellow<br>participation in scholarly activities as defined in the subspecialty-specific<br>Program Requirements. Scholarly activities may include discovery,<br>integration, application, and teaching.   |                                   | Scholarship<br>Medicine is both an art and a science<br>scientist who cares for patients. This<br>evaluate the literature, appropriately<br>practice lifelong learning. The progra<br>environment that fosters the acquisi<br>participation in scholarly activities a<br>Program Requirements. Scholarly activities a   |
| IV.D.                               | The ACGME recognizes the diversity of fellowships and anticipates that<br>programs prepare physicians for a variety of roles, including clinicians,<br>scientists, and educators. It is expected that the program's scholarship<br>will reflect its mission(s) and aims, and the needs of the community it<br>serves. For example, some programs may concentrate their scholarly<br>activity on quality improvement, population health, and/or teaching, while<br>other programs might choose to utilize more classic forms of biomedical<br>research as the focus for scholarship. | [None]                            | The ACGME recognizes the diversity<br>programs prepare physicians for a v<br>scientists, and educators. It is expec-<br>will reflect its mission(s) and aims, a<br>serves. For example, some programs<br>activity on quality improvement, pop<br>other programs might choose to util<br>research as the focus for scholarshi  |
| IV.D.1.                             | Program Responsibilities  | 4.13.                             | Program Responsibilities<br>The program must demonstrate evid<br>with its mission(s) and aims. (Core)   |
| IV.D.1.a)                           | The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)  | 4.13.                             | Program Responsibilities<br>The program must demonstrate evid<br>with its mission(s) and aims. (Core)   |
| IV.D.1.b)                           | The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)   | 4.13.a.                           | The program in partnership with its s<br>adequate resources to facilitate fello<br>activities. (Core)   |
|                                     |   |                                   | Faculty Scholarly Activity<br>Among their scholarly activity, progr<br>accomplishments in at least three of<br>•Research in basic science, educatic<br>or population health<br>•Peer-reviewed grants<br>•Quality improvement and/or patient<br>•Systematic reviews, meta-analyses,<br>textbooks, or case reports<br>•Creation of curricula, evaluation too<br>electronic educational materials<br>•Contribution to professional commi<br>editorial boards |
| IV.D.2.                             | Faculty Scholarly Activity  | 4.14.                             | <ul> <li>Innovations in education</li> </ul>  |

ice. 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, consistent

idence of scholarly activities, consistent

s Sponsoring Institution, must allocate low and faculty involvement in scholarly

grams must demonstrate of the following domains: (Core) tion, 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<br>Among their scholarly activity, progra<br>accomplishments in at least three of t   |
|                                | •Research in basic science, education, translational science, patient care, or population health   |                     | •Research in basic science, education<br>or population health  |
|                                | <ul> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safety initiatives</li> <li>Systematic reviews, meta-analyses, review articles, chapters in medical</li> </ul>   |                     | <ul> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient s</li> <li>Systematic reviews, meta-analyses, </li> </ul>  |
|                                | textbooks, or case reports<br>•Creation of curricula, evaluation tools, didactic educational activities, or<br>electronic educational materials  |                     | textbooks, or case reports<br>•Creation of curricula, evaluation tool<br>electronic educational materials  |
|                                | •Contribution to professional committees, educational organizations, or editorial boards   |                     | •Contribution to professional commit<br>editorial boards   |
| IV.D.2.a)                      | <ul> <li>Innovations in education</li> <li>The program must demonstrate dissemination of scholarly activity within</li> </ul>  | 4.14.               | <ul> <li>Innovations in education</li> <li>The program must demonstrate disservation</li> </ul>  |
| IV.D.2.b)                      | and external to the program by the following methods:  | 4.14.a.             | and external to the program by the fo  |
| IV.D.2.b).(1)                  | faculty participation in grand rounds, posters, workshops, quality<br>improvement presentations, podium presentations, grant leadership, non-<br>peer-reviewed print/electronic resources, articles or publications, book<br>chapters, textbooks, webinars, service on professional committees, or<br>serving as a journal reviewer, journal editorial board member, or editor;<br>(Outcome) | 4.14.a.1.           | faculty participation in grand rounds,<br>improvement presentations, podium p<br>peer-reviewed print/electronic resource<br>chapters, textbooks, webinars, servic<br>serving as a journal reviewer, journal<br>(Outcome) |
| IV.D.2.b).(2)                  | peer-reviewed publication. (Outcome)   | 4.14.a.2.           | peer-reviewed publication. (Outcome)   |
| IV.D.3.                        | Fellow Scholarly Activity  | 4.15.               | Fellow Scholarly Activity  |
| IV.D.3.a)                      | Each fellow must design and conduct a scholarly project, under the guidance of a designated faculty mentor, that results in at least one manuscript of publishable quality. (Core)   | 4.15.a.             | Each fellow must design and conduct a<br>a designated faculty mentor, that results<br>publishable quality. (Core)  |
| IV.D.3.a).(1)                  | Each scholarly project must be:  | [None]              |  |
| IV.D.3.a).(1).(a)              | related to the field of pediatric urology; and, (Core)   | 4.15.a.1.           | The scholarly project must be related to   |
| IV.D.3.a).(1).(b)              | hypothesis-driven basic, translational, clinical, or quality improvement research.<br>(Core)   | 4.15.a.2.           | The scholarly project must be hypothesis quality improvement research. (Core)  |
| IV.D.3.a).(2)                  | The fellow must be the lead on the scholarly project. (Core)   | 4.15.a.3.           | The fellow must be the lead on the scho  |
| IV.D.3.b)                      | The fellow and the faculty mentor must develop a written Individualized<br>Scholarly Activity Plan (ISAP) for the scholarly project. (Core)  | 4.15.b.             | The fellow and the faculty mentor must of Activity Plan (ISAP) for the scholarly pro   |
| IV.D.3.b).(1)                  | At a minimum, the ISAP must be completed two months before the fellow initiates the scholarly project. (Core)  | 4.15.b.1.           | At a minimum, the ISAP must be completinitiates the scholarly project. (Core)  |
| IV.D.3.b).(2)                  | The ISAP must be approved by the program director, faculty mentor, and the Clinical Competency Committee as described in V.A.3V.A.3.b).(3). (Core)   | 4.15.b.2.           | The ISAP must be approved by the prog<br>Clinical Competency Committee as desc   |
| IV.D.3.b).(3)                  | The faculty mentor must review the fellow's progress on the ISAP at least quarterly and provide written feedback to the fellow. (Core)   | 4.15.b.3.           | The faculty mentor must review the fello<br>quarterly and provide written feedback to  |
| IV.D.3.b).(3).(a)              | The program director and members of the Clinical Competency Committee must receive a copy of the faculty mentor's feedback. (Core)   | 4.15.b.3.a.         | The program director and members of the receive a copy of the faculty mentor's fe  |
|                                | I the Object Oppendence of Oppendities a source security of the fellow is succeeded and  | 1                   | The Clinical Competency Committee mu   |
| IV.D.3.b).(4)<br>IV.D.3.b).(5) | The Clinical Competency Committee must monitor the fellow's progress on the ISAP at least twice per year. (Core)<br>Prior to completion of the fellowship, each fellow must:   | 4.15.b.4.<br>[None] | ISAP at least twice per year. (Core)   |

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:

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

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a scholarly project, under the guidance of Its in at least one manuscript of

to the field of pediatric urology. (Core) esis-driven basic, translational, clinical, or

nolarly project. (Core)

t develop a written Individualized Scholarly roject. (Core)

pleted two months before the fellow

ogram director, faculty mentor, and the escribed in 5.3. - 5.3.d. (Core)

llow's progress on the ISAP at least to the fellow. (Core)

the Clinical Competency Committee must feedback. (Core)

must monitor the fellow's progress on the

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|                                     | give an oral presentation of the scholarly project to the program director, faculty mentor, members of the Clinical Competency Committee, other faculty   |                                   | Prior to completion of the fellowship, eac<br>of the scholarly project to the program d<br>Clinical Competency Committee, other f                    |
| IV.D.3.b).(5).(a)                   | members, and other learners; and, (Core)  | 4.15.b.5.                         | (Core)   |
| IV.D.3.b).(5).(b)                   | submit the manuscript to a peer-reviewed journal. (Core)  | 4.15.b.6.                         | Prior to completion of the fellowship, eac<br>a peer-reviewed journal. (Core)  |
| IV.E.                               | Independent Practice<br>Fellowship programs may assign fellows to engage in the independent<br>practice of their core specialty during their fellowship program.  | [None]                            | Independent Practice<br>Fellowship programs may assign fello<br>practice of their core specialty during  |
| IV.E.1.                             | If programs permit their fellows to utilize the independent practice option,<br>it must not exceed 20 percent of their time per week or 10 weeks of an<br>academic year. (Core)   | 4.16.                             | If programs permit their fellows to uti<br>it must not exceed 20 percent of their<br>academic year. Core)  |
| IV.E.1.a)                           | While pediatric urology programs are permitted to utilize independent practice in general urology, this must not exceed 10 percent of fellows' time per week, averaged over four weeks, up to a maximum of 24 hours per month. (Core) | 4.16.a.                           | While pediatric urology programs are pe<br>general urology, this must not exceed 10<br>averaged over four weeks, up to a maxir                       |
| V.                                  | Evaluation  | Section 5                         | Section 5: Evaluation  |
| V.A.                                | Fellow Evaluation   | 5.1.                              | Fellow Evaluation: Feedback and Eva<br>Faculty members must directly obser<br>feedback on fellow performance durin<br>educational assignment. (Core) |
| V.A.1.                              | Feedback and Evaluation   | 5.1.                              | Fellow Evaluation: Feedback and Eva<br>Faculty members must directly obser<br>feedback on fellow performance durin<br>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<br>Faculty members must directly obser<br>feedback on fellow performance durin<br>educational assignment. (Core) |
| V.A. 1.aj                           | Evaluation must be documented at the completion of the assignment.  | 5.1.                              | Evaluation must be documented at th  |
| V.A.1.b)                            | (Core)  | 5.1.a.                            | (Core)   |
| V.A.1.b).(1)                        | For block rotations of greater than three months in duration, evaluation<br>must be documented at least every three months. (Core)<br>Longitudinal experiences such as continuity clinic in the context of other                      | 5.1.a.1.                          | For block rotations of greater than the<br>must be documented at least every the<br>Longitudinal experiences such as con                             |
| V.A.1.b).(2)                        | clinical responsibilities must be evaluated at least every three months and<br>at completion. (Core)  | 5.1.a.2.                          | clinical responsibilities must be evaluat completion. (Core)   |
| V.A.1.c)                            | The program must provide an objective performance evaluation based on<br>the Competencies and the subspecialty-specific Milestones, and must:<br>(Core)   | 5.1.b.                            | The program must provide an objection the Competencies and the subspecial (Core)   |
| y<br>V.A.1.c).(1)                   | use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)   | 5.1.b.1.                          | use multiple evaluators (e.g., faculty i<br>other professional staff members); ar  |
| 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<br>synthesis of progressive fellow perfo<br>unsupervised practice. (Core)                                    |
| V.A.1.d)                            | The program director or their designee, with input from the Clinical Competency Committee, must:  | [None]                            |  |

each fellow must give an oral presentation director, faculty mentor, members of the r faculty members, and other learners.

each fellow must submit the manuscript to

# llows to engage in the independent ng their fellowship program.

Itilize the independent practice option, Fir time per week or 10 weeks of an

permitted to utilize independent practice in 10 percent of fellows' time per week, ximum of 24 hours per month. (Core)

#### valuation

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

# valuation

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#### 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

ctive 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

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| 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 designer<br>Competency Committee, must meet v<br>documented semi-annual evaluation<br>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<br>Competency Committee, must assist<br>learning plans to capitalize on their s<br>growth. (Core)   |
| V.A.1.d).(3)       | develop plans for fellows failing to progress, following institutional policies and procedures. (Core)  | 5.1.e.             | The program director or their designe<br>Competency Committee, must develo<br>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<br>includes their readiness to progress<br>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<br>The program director must provide a<br>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<br>The program director must provide a<br>completion of the program. (Core)   |
| V.A.2.a).(1)       | The subspecialty-specific Milestones, and when applicable the<br>subspecialty-specific Case Logs, must be used as tools to ensure fellows<br>are able to engage in autonomous practice upon completion of the<br>program. (Core)  | 5.2.a.             | The subspecialty-specific Milestones<br>subspecialty-specific Case Logs, mus<br>are able to engage in autonomous pro<br>program. (Core)   |
| V.A.2.a).(2)       | The final evaluation must:  | [None]             |   |
| V.A.2.a).(2).(a)   | become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)   | 5.2.b.             | The final evaluation must become pa<br>maintained by the institution, and mu<br>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<br>knowledge, skills, and behaviors nec<br>(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<br>A Clinical Competency Committee m<br>director. (Core)  |
| V.A.3.a)           | At a minimum the Clinical Competency Committee must include three<br>members, at least one of whom is a core faculty member. Members must<br>be faculty members from the same program or other programs, or other<br>health professionals who have extensive contact and experience with the<br>program's fellows. (Core) | 5.3.a.             | At a minimum the Clinical Competend<br>members, at least one of whom is a c<br>be faculty members from the same pr<br>health professionals who have extens<br>program's fellows. (Core) |
| V.A.3.b)           | The Clinical Competency Committee must:   | [None]             |   |
| V.A.3.b).(1)       | review all fellow evaluations at least semi-annually; (Core)  | 5.3.b.             | The Clinical Competency Committee least semi-annually. (Core)   |

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

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

nee, with input from the Clinical lop plans for fellows failing to licies and procedures. (Core) ummative evaluation of each fellow that

s 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.

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 nsive contact and experience with the

e must review all fellow evaluations at

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| V.A.3.b).(2)                        | determine each fellow's progress on achievement of the subspecialty-<br>specific Milestones; and, (Core)   | 5.3.c.                            | The Clinical Competency Committee<br>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<br>annual evaluations and advise the pr<br>fellow's progress. (Core)  |
| V.B.                                | Faculty Evaluation   | 5.4.                              | Faculty Evaluation<br>The program must have a process to<br>performance as it relates to the educa<br>(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<br>The program must have a process to<br>performance as it relates to the educa<br>(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) |                                   | This evaluation must include a review<br>teaching abilities, engagement with th<br>in faculty development related to thei<br>performance, professionalism, and so |
|                                     | This evaluation must include written, confidential evaluations by the  |                                   | This evaluation must include written,   |
| V.B.1.b)<br>V.B.2.                  | fellows. (Core)<br>Faculty members must receive feedback on their evaluations at least<br>annually. (Core)   | 5.4.b.<br>5.4.c.                  | fellows. (Core)<br>Faculty members must receive feedba<br>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<br>program-wide faculty development pl   |
| V.C.                                | Program Evaluation and Improvement   | 5.5.                              | Program Evaluation and Improvemen<br>The program director must appoint th<br>conduct and document the Annual Pr<br>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<br>The program director must appoint th<br>conduct and document the Annual Pr<br>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<br>program faculty members, at least on<br>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<br>program's self-determined goals and<br>(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 respo<br>ongoing program improvement, inclu<br>based upon outcomes. (Core)   |
| V.C.1.b).(3)                        | review of the current operating environment to identify strengths,<br>challenges, opportunities, and threats as related to the program's mission<br>and aims. (Core)   | 5.5.d.                            | Program Evaluation Committee response<br>current operating environment to idea<br>opportunities, and threats as related to<br>(Core)                              |

| ent Language   |
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| ee must determine each fellow's  |
| bspecialty-specific Milestones. (Core)                                       |
| ee must meet prior to the fellows' semi-<br>program director regarding each  |
| program director regarding each  |
| to evaluate each faculty member's  |
| ucational program at least annually.   |
|  |
| to evaluate each faculty member's  |
| ucational program at least annually.   |
|  |
| iew of the faculty member's clinical   |
| h the educational program, participation                                     |
| neir skills as an educator, clinical   |
| l scholarly activities. (Core)   |
| en, confidential evaluations by the  |
| dback on their evaluations at least  |
| evaluations should be incorporated into                                      |
| plans. (Core)  |
| ent  |
| t the Program Evaluation Committee to  |
| Program Evaluation as part of the  |
| nt process. (Core)   |
| ent<br>the Drammer Fuckation Committee to                                    |
| t the Program Evaluation Committee to  |
| Program Evaluation as part of the nt process. (Core)                         |
| e must be composed of at least two   |
| one of whom is a core faculty member,  |
| • •  |
|  |
| ponsibilities must include review of the<br>nd progress toward meeting them. |
| nu progress toward meeting them.   |
| ponsibilities must include guiding   |
| cluding development of new goals,  |
| ponsibilities must include review of the                                     |
| dentify strengths, challenges,   |
| ed to the program's mission and aims.  |
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|                                     | The Program Evaluation Committee should consider the outcomes from  |                                   | The Program Evaluation Committee s   |
|                                     | prior Annual Program Evaluation(s), aggregate fellow and faculty written  |                                   | prior Annual Program Evaluation(s),  |
|                                     | evaluations of the program, and other relevant data in its assessment of  |                                   | evaluations of the program, and othe   |
| V.C.1.c)                            | the program. (Core)   | 5.5.e.                            | the program. (Core)  |
|                                     | The Program Evaluation Committee must evaluate the program's mission  |                                   | The Program Evaluation Committee r   |
| V.C.1.d)                            | and aims, strengths, areas for improvement, and threats. (Core)   | 5.5.f.                            | and aims, strengths, areas for improv  |
|                                     | The Annual Program Evaluation, including the action plan, must be   |                                   | The Annual Program Evaluation, incl  |
|                                     | distributed to and discussed with the fellows and the members of the  | <b>F F a</b>                      | distributed to and discussed with the  |
| V.C.1.e)                            | teaching faculty, and be submitted to the DIO. (Core)   | 5.5.g.                            | teaching faculty, and be submitted to  |
| VCO                                 | The program must participate in a Self-Study and submit it to the DIO.  | 5 5 h                             | The program must participate in a Se   |
| V.C.2.                              | (Core)  | 5.5.h.                            | (Core)   |
|                                     | One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.  |                                   | Board Certification<br>One goal of ACGME-accredited educa<br>seek and achieve board certification.<br>the educational program is the ultima  |
| V.C.3.                              | The program director should encourage all eligible program graduates to<br>take the certifying examination offered by the applicable American Board<br>of Medical Specialties (ABMS) member board or American Osteopathic<br>Association (AOA) certifying board.  | [None]                            | The program director should encoura<br>take the certifying examination offere<br>of Medical Specialties (ABMS) memb<br>Association (AOA) certifying board.   |
| V.C.3.a)                            | For subspecialties in which the ABMS member board and/or AOA<br>certifying board offer(s) an annual written exam, in the preceding three<br>years, the program's aggregate pass rate of those taking the examination<br>for the first time must be higher than the bottom fifth percentile of<br>programs in that subspecialty. (Outcome) | 5.6.                              | Board Certification<br>For subspecialties in which the ABM<br>certifying board offer(s) an annual wr<br>years, the program's aggregate pass<br>for the first time must be higher than<br>programs in that subspecialty. (Outco |
| V.C.3.b)                            | For subspecialties in which the ABMS member board and/or AOA<br>certifying board offer(s) a biennial written exam, in the preceding six years,<br>the program's aggregate pass rate of those taking the examination for the<br>first time must be higher than the bottom fifth percentile of programs in<br>that subspecialty. (Outcome)  | 5.6.a.                            | For subspecialties in which the ABM<br>certifying board offer(s) a biennial wr<br>the program's aggregate pass rate of<br>first time must be higher than the bot<br>that subspecialty. (Outcome)                               |
| V.C.3.c)                            | For subspecialties in which the ABMS member board and/or AOA<br>certifying board offer(s) an annual oral exam, in the preceding three years,<br>the program's aggregate pass rate of those taking the examination for the<br>first time must be higher than the bottom fifth percentile of programs in<br>that subspecialty. (Outcome)    | 5.6.b.                            | For subspecialties in which the ABM<br>certifying board offer(s) an annual or<br>the program's aggregate pass rate of<br>first time must be higher than the bot<br>that subspecialty. (Outcome)                                |
| V.C.3.d)                            | For subspecialties in which the ABMS member board and/or AOA<br>certifying board offer(s) a biennial oral exam, in the preceding six years,<br>the program's aggregate pass rate of those taking the examination for the<br>first time must be higher than the bottom fifth percentile of programs in<br>that subspecialty. (Outcome)     | 5.6.c.                            | For subspecialties in which the ABM<br>certifying board offer(s) a biennial or<br>the program's aggregate pass rate of<br>first time must be higher than the bot<br>that subspecialty. (Outcome)                               |
| V.C.3.e)                            | For each of the exams referenced in V.C.3.a)-d), any program whose<br>graduates over the time period specified in the requirement have achieved<br>an 80 percent pass rate will have met this requirement, no matter the<br>percentile rank of the program for pass rate in that subspecialty.<br>(Outcome)                               | 5.6.d.                            | For each of the exams referenced in s<br>graduates over the time period speci-<br>an 80 percent pass rate will have met<br>percentile rank of the program for pa<br>(Outcome)  |

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

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

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

Self-Study and submit it to the DIO.

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

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

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

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

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

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

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

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| V.C.3.f)                           | Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)   | 5.6.e.                            | Programs must report, in ADS, board cohort of board-eligible fellows that g   |
|                                    | The Learning and Working Environment  |                                   | Section 6: The Learning and Working   |
|                                    | Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:  |                                   | The Learning and Working Environm<br>Fellowship education must occur in t<br>environment that emphasizes the fol  |
|                                    | •Excellence in the safety and quality of care rendered to patients by fellows today   |                                   | •Excellence in the safety and quality fellows today   |
|                                    | •Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice  |                                   | •Excellence in the safety and quality today's fellows in their future practic   |
|                                    | •Excellence in professionalism  |                                   | •Excellence in professionalism  |
|                                    | •Appreciation for the privilege of providing care for patients  |                                   | •Appreciation for the privilege of prov   |
| N/I                                | •Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team   | Section 6                         | •Commitment to the well-being of the members, and all members of the heat   |
| VI.                                | Detient Cofety, Ovelity Incompany Companyision, and Assessmentshility   | Section 6                         |   |
| VI.A.                              | Patient Safety, Quality Improvement, Supervision, and Accountability  | [None]                            |   |
| VI.A.1.<br>VI.A.1.a)               | Patient Safety and Quality Improvement<br>Patient Safety  | [None]<br>[None]                  |   |
| VI.A.1.a).(1)                      | Culture of Safety<br>A culture of safety requires continuous identification of vulnerabilities and<br>a willingness to transparently deal with them. An effective organization<br>has formal mechanisms to assess the knowledge, skills, and attitudes of   | [None]                            | Culture of Safety<br>A culture of safety requires continuo<br>a willingness to transparently deal w<br>has formal mechanisms to assess th<br>its personnel toward safety in order t   |
| VI.A.1.a).(1).(a)                  | The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)  | 6.1.                              | The program, its faculty, residents, a patient safety systems and contribute  |
| VI.A.1.a).(2)                      | <ul> <li>Patient Safety Events</li> <li>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.</li> <li>Residents, fellows, faculty members, and other clinical staff members</li> </ul> | [None]                            | Patient Safety Events<br>Reporting, investigation, and follow-<br>unsafe conditions are pivotal mechan<br>and are essential for the success of a<br>and experiential learning are essentia<br>the ability to identify causes and inst<br>changes to ameliorate patient safety |
| VI.A.1.a).(2).(a)                  | -   | [None]                            |   |

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

#### ng Environment

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n the context of a learning and working following principles:

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he students, residents, fellows, faculty health care team

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

w-up of safety events, near misses, and 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<br>Requirement Number | Requirement Language  | Reformatted<br>Requirement Number | Requiremen  |
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| 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,<br>must know their responsibilities in re<br>unsafe conditions at the clinical site,<br>(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,<br>must be provided with summary info<br>safety reports. (Core)  |
| VI.A.1.a).(2).(b)                   | Fellows must participate as team members in real and/or simulated<br>interprofessional clinical patient safety and quality improvement activities,<br>such as root cause analyses or other activities that include analysis, as<br>well as formulation and implementation of actions. (Core)  | 6.3.                              | Fellows must participate as team mer<br>interprofessional clinical patient safe<br>such as root cause analyses or other<br>well as formulation and implementation   |
| VI.A.1.a).(3)                       | Quality Metrics<br>Access to data is essential to prioritizing activities for care improvement<br>and evaluating success of improvement efforts.  | [None]                            | Quality Metrics<br>Access to data is essential to prioritiz<br>and evaluating success of improvement  |
| 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<br>benchmarks related to their patient po   |
| VI.A.2.                             | Supervision and Accountability  | [None]                            | Supervision and Accountability<br>Although the attending physician is u<br>the patient, every physician shares in<br>for their efforts in the provision of can<br>with their Sponsoring Institutions, de<br>monitor a structured chain of respons<br>to the supervision of all patient care.<br>Supervision in the setting of graduate<br>and effective care to patients; ensure<br>skills, knowledge, and attitudes requi<br>practice of medicine; and establishes<br>professional growth. |
|                                     | Although the attending physician is ultimately responsible for the care of<br>the patient, every physician shares in the responsibility and accountability<br>for their efforts in the provision of care. Effective programs, in partnership<br>with their Sponsoring Institutions, define, widely communicate, and<br>monitor a structured chain of responsibility and accountability as it relates<br>to the supervision of all patient care.<br>Supervision in the setting of graduate medical education provides safe |                                   | Supervision and Accountability<br>Although the attending physician is u<br>the patient, every physician shares in<br>for their efforts in the provision of can<br>with their Sponsoring Institutions, de<br>monitor a structured chain of respons<br>to the supervision of all patient care.<br>Supervision in the setting of graduate  |
| VI.A.2.a)                           | and effective care to patients; ensures each fellow's development of the<br>skills, knowledge, and attitudes required to enter the unsupervised<br>practice of medicine; and establishes a foundation for continued<br>professional growth.   | [None]                            | and effective care to patients; ensure<br>skills, knowledge, and attitudes requi<br>practice of medicine; and establishes<br>professional growth.   |

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

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

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

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

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

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

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

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

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| Requirement 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.   | Fellows and faculty members must in<br>roles in that patient's care when prov<br>information must be available to fello<br>of the health care team, and patients.   |
| This information must be available to fellows, faculty members, other  |  | Fellows and faculty members must in<br>roles in that patient's care when prov<br>information must be available to fello<br>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                  |  | The program must demonstrate that<br>place for all fellows is based on each<br>as well as patient complexity and acu<br>through a variety of methods, as app  |
| Levels of Supervision<br>To promote appropriate fellow supervision while providing for graded<br>authority and responsibility, the program must use the following<br>classification of supervision:  | [None]   | Levels of Supervision<br>To promote appropriate fellow super-<br>authority and responsibility, the prog<br>classification of supervision.   |
| Direct Supervision:  | 6.7.   | Direct Supervision<br>The supervising physician is physica<br>key portions of the patient interaction<br>The supervising physician and/or patient<br>fellow and the supervising physician<br>patient care through appropriate television  |
| the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,  | 6.7.   | Direct Supervision<br>The supervising physician is physica<br>key portions of the patient interaction<br>The supervising physician and/or patient<br>fellow and the supervising physician<br>patient care through appropriate tele  |
| the supervising physician and/or patient is not physically present with the<br>fellow and the supervising physician is concurrently monitoring the<br>patient care through appropriate telecommunication technology.                             | 6.7.   | Direct Supervision<br>The supervising physician is physica<br>key portions of the patient interaction<br>The supervising physician and/or pat<br>fellow and the supervising physician<br>patient care through appropriate telev   |
| The use of telecommunication technology for direct supervision must be limited to non-procedural patient evaluations and examinations, either in the ambulatory or acute care settings. (Core)   | 6.7.a.   | The use of telecommunication technolog<br>to non-procedural patient evaluations ar<br>or acute care settings. (Core)  |
| Indirect Supervision: the supervising physician is not providing physical<br>or concurrent visual or audio supervision but is immediately available to<br>the fellow for guidance and is available to provide appropriate direct<br>supervision. | [None]   | Indirect Supervision<br>The supervising physician is not pro-<br>or audio supervision but is immediate<br>guidance and is available to provide a  |
|  | 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 the supervising physician 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 physician is concurrently monitoring the patient care through appropriate telecommunication technology. The use of telecommunication technology for direct supervision must be limited to non-procedural patient evaluations and examinations, either in the ambulatory or acute care settings. (Core) Indirect Supervision: the supervising physical is not providing physical or concurrent visual or audio supervision but is immediately available to | 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         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.           The use of telecommunication section supervision must be limited to non-procedural patient eaveluations and examinations, either in the ambulatory or acute care settings. (Core)         6.7.a.           Indirect Supervision: the supervision but is immediately available to the fellow or guidance and is available to providing appropriate direcct |

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, icuity. Supervision may be exercised opropriate to the situation. (Core)

ervision while providing for graded ogram must use the following

ically present with the fellow during the ion.

Datient is not physically present with the an is concurrently monitoring the Plecommunication technology.

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logy for direct supervision must be limited and examinations, either in the ambulatory

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

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| Requirement Number | Requirement Language  | Requirement Number |   |
| 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<br>The supervising physician is availabl<br>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<br>independence, and a supervisory role in patient care delegated to each<br>fellow must be assigned by the program director and faculty members.<br>(Core)  | 6.9.               | The privilege of progressive authority<br>independence, and a supervisory role<br>fellow must be assigned by the progr<br>(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 Milest  |
| VI.A.2.d).(2)      | Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)   | 6.9.b.             | Faculty members functioning as supe<br>portions of care to fellows based on t<br>of each fellow. (Core)   |
| VI.A.2.d).(3)      | Fellows should serve in a supervisory role to junior fellows and residents<br>in recognition of their progress toward independence, based on the needs<br>of each patient and the skills of the individual resident or fellow. (Detail)   | 6.9.c.             | Fellows should serve in a supervisor<br>in recognition of their progress towar<br>of each patient and the skills of the ir  |
| VI.A.2.e)          | Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)  | 6.10.              | Programs must set guidelines for circ<br>fellows must communicate with the s  |
| VI.A.2.e).(1)      | Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)   | 6.10.a.            | Each fellow must know the limits of t circumstances under which the fellow independence. (Outcome)  |
| VI.A.2.f)          | Faculty supervision assignments must be of sufficient duration to assess<br>the knowledge and skills of each fellow and to delegate to the fellow the<br>appropriate level of patient care authority and responsibility. (Core)   | 6.11.              | Faculty supervision assignments mu<br>the knowledge and skills of each fello<br>appropriate level of patient care author  |
| VI.B.              | Professionalism   | 6.12.              | Professionalism<br>Programs, in partnership with their S<br>fellows and faculty members concerr<br>responsibilities of physicians, includ<br>to be appropriately rested and fit to p<br>patients. (Core)  |
| VI.B.1.            | Programs, in partnership with their Sponsoring Institutions, must educate<br>fellows and faculty members concerning the professional and ethical<br>responsibilities of physicians, including but not limited to their obligation<br>to be appropriately rested and fit to provide the care required by their<br>patients. (Core) | 6.12.              | Professionalism<br>Programs, in partnership with their S<br>fellows and faculty members concerr<br>responsibilities of physicians, includi<br>to be appropriately rested and fit to p<br>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-<br>physician obligations; (Core)  | 6.12.a.            | The learning objectives of the progra excessive reliance on fellows to fulfil   |
| VI.B.2.b)          | ensure manageable patient care responsibilities; and, (Core)  | 6.12.b.            | The learning objectives of the progra care responsibilities. (Core)   |

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

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

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

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

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

their scope of authority, and the owned the owned to act with conditional

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

Sponsoring Institutions, must educate 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

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| VI.B.2.c)                           | include efforts to enhance the meaning that each fellow finds in the<br>experience of being a physician, including protecting time with patients,<br>providing administrative support, promoting progressive independence<br>and flexibility, and enhancing professional relationships. (Core)   | 6.12.c.                           | The learning objectives of the program<br>meaning that each fellow finds in the<br>including protecting time with patient<br>promoting progressive independence<br>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<br>provide a culture of professionalism t<br>personal responsibility. (Core)  |
| VI.B.4.                             | Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)  | 6.12.e.                           | Fellows and faculty members must de<br>personal role in the safety and welfar<br>including the ability to report unsafe of   |
| VI.B.5.                             | Programs, in partnership with their Sponsoring Institutions, must provide<br>a professional, equitable, respectful, and civil environment that is<br>psychologically safe and that is free from discrimination, sexual and other<br>forms of harassment, mistreatment, abuse, or coercion of students,<br>fellows, faculty, and staff. (Core)  | 6.12.f.                           | Programs, in partnership with their Sp<br>professional, equitable, respectful, ar<br>psychologically safe and that is free f<br>forms of harassment, mistreatment, a<br>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<br>process for education of fellows and<br>behavior and a confidential process f<br>addressing such concerns. (Core)   |
| VI.C.                               | <ul> <li>Well-Being</li> <li>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.</li> <li>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 their careers.</li> </ul> | [None]                            | Well-Being<br>Psychological, emotional, and physic<br>development of the competent, caring<br>proactive attention to life inside and o<br>requires that physicians retain the joy<br>own real-life stresses. Self-care and r<br>members of the health care team are<br>professionalism; they are also skills to<br>nurtured in the context of other aspect<br>Fellows and faculty members are at re<br>Programs, in partnership with their Sp<br>responsibility to address well-being a<br>competence. Physicians and all mem<br>responsibility for the well-being of ea<br>clinical learning environment models<br>prepares fellows with the skills and a<br>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<br>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<br>impacts fellow well-being; (Core)  |
| VI.C.1.b)                           | evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)  | 6.13.b.                           | evaluating workplace safety data and faculty members; (Core)   |

ram must include efforts to enhance the le experience of being a physician, ints, providing administrative support, ce and flexibility, and enhancing

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

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

Sponsoring Institutions, must provide a and civil environment that is 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 ioy in medicine while managing their d responsibility to support other re important components of s that must be modeled, learned, and bects of fellowship training.

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

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| Requirement Number |  | Requirement Number |   |
|                    | policies and programs that encourage optimal fellow and faculty member   |                    | policies and programs that encourag                                 |
| VI.C.1.c)          | well-being; and, (Core)  | 6.13.c.            | well-being; and, (Core)   |
|                    | Fellows must be given the opportunity to attend medical, mental health,  |                    | Fellows must be given the opportunit                                |
|                    | and dental care appointments, including those scheduled during their   | 0.40 - 4           | and dental care appointments, includ                                |
| VI.C.1.c).(1)      | working hours. (Core)  | 6.13.c.1.          | working hours. (Core)   |
| VI.C.1.d)          | education of fellows and faculty members in:   | 6.13.d.            | education of fellows and faculty mem                                |
|                    | identification of the symptoms of burnout, depression, and substance use   |                    | identification of the symptoms of bur                               |
|                    | disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core) | 6.13.d.1.          | disorders, suicidal ideation, or potent                             |
| VI.C.1.d).(1)      |  |                    | assist those who experience these co                                |
| VI.C.1.d).(2)      | recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)  | 6.13.d.2.          | recognition of these symptoms in the care; and, (Core)              |
| VI.C.1.d).(3)      | access to appropriate tools for self-screening. (Core)   | 6.13.d.3.          | access to appropriate tools for self-se                             |
| •                  | providing access to confidential, affordable mental health assessment,   |                    | providing access to confidential, affo                              |
|                    | counseling, and treatment, including access to urgent and emergent care  |                    | counseling, and treatment, including                                |
| VI.C.1.e)          | 24 hours a day, seven days a week. (Core)  | 6.13.e.            | 24 hours a day, seven days a week. (                                |
|                    | There are circumstances in which fellows may be unable to attend work,   |                    | There are circumstances in which fell                               |
|                    | including but not limited to fatigue, illness, family emergencies, and   |                    | including but not limited to fatigue, il                            |
|                    | medical, parental, or caregiver leave. Each program must allow an  |                    | medical, parental, or caregiver leave.                              |
|                    | appropriate length of absence for fellows unable to perform their patient  |                    | appropriate length of absence for fell                              |
| VI.C.2.            | care responsibilities. (Core)  | 6.14.              | care responsibilities. (Core)                                       |
|                    | The program must have policies and procedures in place to ensure   |                    | The program must have policies and                                  |
| VI.C.2.a)          | coverage of patient care and ensure continuity of patient care. (Core)   | 6.14.a.            | coverage of patient care and ensure of                              |
|                    | These policies must be implemented without fear of negative  |                    | These policies must be implemented                                  |
|                    | consequences for the fellow who is or was unable to provide the clinical   |                    | consequences for the fellow who is o                                |
| VI.C.2.b)          | work. (Core)   | 6.14.b.            | work. (Core)  |
|                    |  |                    | Fatigue Mitigation  |
|                    |  |                    | Programs must educate all fellows ar                                |
|                    |  |                    | the signs of fatigue and sleep depriva                              |
| VI.D.              | Fatigue Mitigation   | 6.15.              | fatigue mitigation processes. (Detail)                              |
|                    |  |                    | Fatigue Mitigation  |
| l                  | Programs must educate all fellows and faculty members in recognition of  |                    | Programs must educate all fellows ar                                |
|                    | the signs of fatigue and sleep deprivation, alertness management, and  | C 4 F              | the signs of fatigue and sleep depriva                              |
| VI.D.1.            | fatigue mitigation processes. (Detail)   | 6.15.              | fatigue mitigation processes. (Detail)                              |
|                    | The program, in partnership with its Sponsoring Institution, must ensure   |                    | The program, in partnership with its s                              |
| VI.D.2.            | adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)      | 6.16.              | adequate sleep facilities and safe trai                             |
| VI.D.2.<br>VI.E.   | Clinical Responsibilities, Teamwork, and Transitions of Care   | [None]             | may be too fatigued to safely return h                              |
| ¥1.L.              |  |                    |   |
|                    | Clinical Responsibilities  |                    | Clinical Pagnanaihilitian   |
|                    | The clinical responsibilities for each fellow must be based on PGY level,  |                    | Clinical Responsibilities<br>The clinical responsibilities for each |
| l                  | patient safety, fellow ability, severity and complexity of patient   |                    | patient safety, fellow ability, severity                            |
| VI.E.1.            | illness/condition, and available support services. (Core)  | 6.17.              | illness/condition, and available suppo                              |
|                    |  |                    |   |

ent Language age optimal fellow and faculty member

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

mbers in:

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

hemselves and how to seek appropriate

-screening. (Core)

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

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

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

d 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 vation, alertness management, and il)

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

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

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| VI.E.2.            | Teamwork<br>Fellows must care for patients in an environment that maximizes<br>communication and promotes safe, interprofessional, team-based care in<br>the subspecialty and larger health system. (Core)  | 6.18.              | Teamwork<br>Fellows must care for patients in an e<br>communication and promotes safe, in<br>the subspecialty and larger health sys   |
| VI.L.2.            |   |                    | Transitions of Care   |
| VI.E.3.            | Transitions of Care   | 6.19.              | Programs must design clinical assign patient care, including their safety, free   |
| VI.E.3.a)          | Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)   | 6.19.              | Transitions of Care<br>Programs must design clinical assign<br>patient care, including their safety, free   |
|                    | Programs, in partnership with their Sponsoring Institutions, must ensure<br>and monitor effective, structured hand-off processes to facilitate both   |                    | Programs, in partnership with their Spand monitor effective, structured han   |
| VI.E.3.b)          | continuity of care and patient safety. (Core)<br>Programs must ensure that fellows are competent in communicating with  | 6.19.a.            | continuity of care and patient safety.<br>Programs must ensure that fellows a   |
| VI.E.3.c)          | team members in the hand-off process. (Outcome)   | 6.19.b.            | team members in the hand-off proces   |
| VI.F.              | Clinical Experience and Education<br>Programs, in partnership with their Sponsoring Institutions, must design<br>an effective program structure that is configured to provide fellows with<br>educational and clinical experience opportunities, as well as reasonable<br>opportunities for rest and personal activities. | [None]             | Clinical Experience and Education<br>Programs, in partnership with their Sp<br>an effective program structure that is<br>educational and clinical experience of<br>opportunities for rest and personal ad |
| VI.F.1.            | Maximum Hours of Clinical and Educational Work per Week<br>Clinical and educational work hours must be limited to no more than 80<br>hours per week, averaged over a four-week period, inclusive of all in-<br>house clinical and educational activities, clinical work done from home,<br>and all moonlighting. (Core)   | 6.20.              | Maximum Hours of Clinical and Educ<br>Clinical and educational work hours r<br>hours per week, averaged over a four<br>clinical and educational activities, clin<br>moonlighting. (Core)                  |
| VI.F.2.            | Mandatory Time Free of Clinical Work and Education  | 6.21.              | Mandatory Time Free of Clinical Work<br>Fellows should have eight hours off b<br>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<br>Fellows should have eight hours off b<br>education periods. (Detail)  |
| VI.F.2.b)          | Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)   | 6.21.a.            | Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)   |
| VI.F.2.c)          | Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)   | 6.21.b.            | Fellows must be scheduled for a mini<br>clinical work and required education<br>home call cannot be assigned on the   |
| VI.F.3.            | Maximum Clinical Work and Education Period Length   | 6.22.              | Maximum Clinical Work and Educatio<br>Clinical and educational work periods<br>hours of continuous scheduled clinic   |
| VI.F.3.a)          | Clinical and educational work periods for fellows must not exceed 24<br>hours of continuous scheduled clinical assignments. (Core)  | 6.22.              | Maximum Clinical Work and Educatio<br>Clinical and educational work periods<br>hours of continuous scheduled clinic   |

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

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

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

Sponsoring Institutions, must ensure and-off processes to facilitate both y. (Core)

are competent in communicating with ess. (Outcome)

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 in-house clinical work done from home, and all

ork and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

s free of clinical work and education e)

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

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

ion Period Length

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

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| 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)   | 6.22.a.                           | Up to four hours of additional time m<br>patient safety, such as providing effe<br>education. Additional patient care res<br>a fellow during this time. (Core)  |
| VI.F.4.                             | Clinical and Educational Work Hour Exceptions  | 6.23.                             | In rare circumstances, after handing on their own initiative, may elect to retthe following circumstances: to contiseverely ill or unstable patient; to giv a patient or patient's family; or to atter (Detail) |
| VI.F.4.a)                           | In rare circumstances, after handing off all other responsibilities, a fellow,<br>on their own initiative, may elect to remain or return to the clinical site in<br>the following circumstances: to continue to provide care to a single<br>severely ill or unstable patient; to give humanistic attention to the needs of<br>a patient or patient's family; or to attend unique educational events.<br>(Detail) | 6.23.                             | In rare circumstances, after handing on their own initiative, may elect to retthe following circumstances: to contiseverely ill or unstable patient; to giv a patient or patient's family; or to atter (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<br>percent or a maximum of 88 clinical a<br>individual programs based on a soun   |
| VI.F.4.c)                           | The Review Committee for Urology will not consider requests for exceptions to the 80-hour weekly limit to the fellows' clinical and educational work.  | 6.24.                             | The Review Committee for Urology will the 80-hour weekly limit to the fellows' c  |
| VI.F.5.                             | Moonlighting   | 6.25.                             | Moonlighting<br>Moonlighting must not interfere with<br>goals and objectives of the education<br>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<br>Moonlighting must not interfere with<br>goals and objectives of the education<br>with the fellow's fitness for work nor   |
| VI.F.5.b)                           | Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)  | 6.25.a.                           | Time spent by fellows in internal and<br>the ACGME Glossary of Terms) must<br>maximum weekly limit. (Core)  |
| VI.F.6.                             | In-House Night Float<br>Night float must occur within the context of the 80-hour and one-day-off-in-<br>seven requirements. (Core  | 6.26.                             | In-House Night Float<br>Night float must occur within the con<br>seven requirements. (Core)   |
| VI.F.7.                             | Maximum In-House On-Call Frequency<br>Fellows must be scheduled for in-house call no more frequently than every<br>third night (when averaged over a four-week period). (Core)   | 6.27.                             | Maximum In-House On-Call Frequence<br>Fellows must be scheduled for in-hou<br>third night (when averaged over a fou   |

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

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

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

ducation must be counted toward the

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

Il not consider requests for exceptions to ' clinical and educational work.

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

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

d external moonlighting (as defined in states of the second states of th

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

ncy

ouse call no more frequently than every our-week period). (Core)

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| VI.F.8.                             | At-Home Call  | 6.28.                             | At-Home Call<br>Time spent on patient care activities<br>toward the 80-hour maximum weekly<br>not subject to the every-third-night li<br>requirement for one day in seven free<br>averaged over four weeks. (Core)  |
| VI.F.8.a)                           | Time spent on patient care activities by fellows on at-home call must count<br>toward the 80-hour maximum weekly limit. The frequency of at-home call is<br>not subject to the every-third-night limitation, but must satisfy the<br>requirement for one day in seven free of clinical work and education, when<br>averaged over four weeks. (Core) |                                   | At-Home Call<br>Time spent on patient care activities<br>toward the 80-hour maximum weekly<br>not subject to the every-third-night lin<br>requirement for one day in seven free<br>averaged over four weeks. (Core) |
| VI.F.8.a).(1)                       | At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)  | 6.28.a.                           | At-home call must not be so frequent<br>reasonable personal time for each fe  |

es by fellows on at-home call must count kly limit. The frequency of at-home call is t limitation, but must satisfy the ree of clinical work and education, when

es by fellows on at-home call must count kly limit. The frequency of at-home call is t limitation, but must satisfy the ree of clinical work and education, when

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