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

ation

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Int.B.	Definition of Subspecialty Adolescence links childhood with the adult years. Subspecialty programs in adolescent medicine integrate the relevant areas of pediatrics and the pediatric subspecialties and transition patients to family medicine, general internal medicine and the internal medicine subspecialties, psychiatry, obstetrics and gynecology, orthopaedic surgery, sports medicine, dermatology, pediatric surgery, and general surgery, as well as with related fields, such as clinical pharmacology/toxicology, psychology/mental health services, counseling, social work, education/school systems, nutrition, law and the justice system, and public health.	[None]	Definition of Subspecialty Adolescence links childhood with the ad adolescent medicine integrate the releve subspecialties and transition patients to medicine and the internal medicine sub- gynecology, orthopaedic surgery, sports surgery, and general surgery, as well as pharmacology/toxicology, psychology/m work, education/school systems, nutritic public health.
Int.C.	Length of Educational Program The educational program must be 36 months in length. (Core)	4.1.	Length of Program The educational program for family med must be at least 24 months in length. The graduates must be 36 months in length.
Int.C.1.	The educational program for family medicine and internal medicine graduates must be at least 24 months in length. (Core)	4.1.	Length of Program The educational program for family med must be at least 24 months in length. The graduates must be 36 months in length.
Int.C.2.	The educational program for pediatrics graduates must be 36 months in length. (Core)*	4.1. Section 1	Length of Program The educational program for family med must be at least 24 months in length. Th graduates must be 36 months in length. Section 1: Oversight
I.A.	Oversight Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp medical education consistent with th When the Sponsoring Institution is n most commonly utilized site of clinic primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. (Core) Participating Sites	1.1.	The program must be sponsored by o Institution. (Core) Participating Sites
I.B.	A participating site is an organization providing educational experiences or educational assignments/rotations for fellows. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	[None] 1.2.	A participating sites A participating site is an organization or educational assignments/rotations The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	An accredited adolescent medicine program must be an integral part of a core pediatric residency program, and should be sponsored by the same ACGME- accredited Sponsoring Institution. (Core)	1.2.a.	An accredited adolescent medicine prog pediatric residency program, and should accredited Sponsoring Institution. (Core

adult years. Subspecialty programs in evant areas of pediatrics and the pediatric to family medicine, general internal ubspecialties, psychiatry, obstetrics and rts medicine, dermatology, pediatric as with related fields, such as clinical /mental health services, counseling, social tion, law and the justice system, and

edicine and internal medicine graduates The educational program for pediatrics h. (Core)

edicine and internal medicine graduates The educational program for pediatrics h. (Core)

edicine and internal medicine graduates The educational program for pediatrics h. (Core)

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

ogram must be an integral part of a core uld be sponsored by the same ACGMEre)

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
	The adolescent medicine program should be geographically proximate to the		The adolescent medicine program shou
l.B.1.a).(1)	core pediatric residency program. (Detail)	1.2.a.1.	core pediatric residency program. (Deta
	There must be a program letter of agreement (PLA) between the program		There must be a program letter of agi
	and each participating site that governs the relationship between the	4.2	and each participating site that gover
.B.2.	program and the participating site providing a required assignment. (Core)		program and the participating site pro
l.B.2.a)	The PLA must:	[None]	
.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 dealers
.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
	The program must monitor the clinical learning and working environment		The program must monitor the clinica
.B.3.	at all participating sites. (Core)	1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated		At each participating site there must I
	by the program director, who is accountable for fellow education for that		by the program director, who is accou
.B.3.a)	site, in collaboration with the program director. (Core)	1.5.	site, in collaboration with the program
	The program director must submit any additions or deletions of		
	participating sites routinely providing an educational experience, required		The program director must submit an
	for all fellows, of one month full time equivalent (FTE) or more through the		participating sites routinely providing
	ACGME's Accreditation Data System (ADS). (Core)		for all fellows, of one month full time
l.B.4.		1.6.	ACGME's Accreditation Data System
	Workforce Recruitment and Retention		
			Workforce Recruitment and Retention
	The program, in partnership with its Sponsoring Institution, must engage		The program, in partnership with its S
	in practices that focus on mission-driven, ongoing, systematic recruitment		in practices that focus on mission-dri
	and retention of a diverse and inclusive workforce of residents (if		and retention of a diverse and inclusiv
	present), fellows, faculty members, senior administrative GME staff		fellows, faculty members, senior adm
l.C.	members, and other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ
			Resources
			The program, in partnership with its S
I.D.	Resources	1.8.	the availability of adequate resources
			Resources
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
l.D.1.	the availability of adequate resources for fellow education. (Core)	1.8.	the availability of adequate resources
	Facilities and services, including a comprehensive laboratory, pathology, and		Facilities and services, including a comp
l.D.1.a)	imaging, must be available. (Core)	1.8.a.	imaging, must be available. (Core)
	The program must have access to laboratories in order to perform testing		The program must have access to labora
I.D.1.b)	specific to adolescent medicine. (Core)	1.8.b.	specific to adolescent medicine. (Core)
`	An adequate number and variety of adolescent medicine patients ranging in age		An adequate number and variety of adol
	from approximately 10 years through young adulthood must be available to		from approximately 10 years through you
l.D.1.c)	provide a broad experience for the fellows. (Core)	1.8.c.	provide a broad experience for the fellow
,			· ·
	A sufficient number of patients must be available in community-based, inpatient,		A sufficient number of patients must be a
.D.1.d)	and outpatient settings to meet the educational needs of the program. (Core)	1.8.d.	and outpatient settings to meet the educ
,	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
		4.0	
I.D.2.	well-being and provide for:	1.9.	well-being and provide for:

uld be geographically proximate to the ail)

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

very 10 years. (Core)

lesignated institutional official (DIO).

cal learning and working environment

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

any additions or deletions of ig an educational experience, required e equivalent (FTE) or more through the n (ADS). (Core)

on

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

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

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

prehensive laboratory, pathology, and

pratories in order to perform testing

olescent medicine patients ranging in age oung adulthood must be available to ows. (Core)

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

Sponsoring Institution, must ensure ng environments that promote fellow

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	safe, quiet, clean, and private sleep/rest facilities available and accessible	10h	safe, quiet, clean, and private sleep/re
I.D.2.b)	for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	for fellows with proximity appropriate clean and private facilities for lactatio
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	with proximity appropriate for safe pa
-	security and safety measures appropriate to the participating site; and,		security and safety measures appropr
I.D.2.d)	(Core)	1.9.d.	(Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core)
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in print include access to electronic medical I capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and ot but not limited to residents from other and advanced practice providers, mus appointed fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicat must be provided with support adequa based upon its size and configuration

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,

sabilities consistent with the re)

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

sonnel

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

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

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

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

tor resides with the Review Committee.

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

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	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)		Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direc director and one or more associate (or a
	Number of Approved Fellow Positions < 7 Minimum Support Required (FTE) 0.2		Number of Approved Fellow Positions < 0.2
	Number of Approved Fellow Positions 7-10 Minimum Support Required (FTE) 0.4		Number of Approved Fellow Positions 7- 0.4
	Number of Approved Fellow Positions 11-15 Minimum Support Required (FTE) 0.5 Number of Approved Fellow Positions > 15 Minimum Support Required (FTE)		Number of Approved Fellow Positions 1 (FTE) 0.5
II.A.2.a)	0.6	2.3.a.	Number of Approved Fellow Positions > 0.6
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
	must include current certification in the subspecialty for which they are the program director by the American Board of Pediatrics or subspecialty qualifications that are acceptable to the Review Committee; and, (Core)		The program director must possess of subspecialty for which they are the pr Board of Pediatrics or subspecialty qu Review Committee. (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.A.3.c)	must include a record of ongoing involvement in scholarly activities. (Core)	2.4.b.	The program director must have a record activities. (Core)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient car
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 r
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the mission
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)

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

< 7 | Minimum Support Required (FTE)

7-10 | Minimum Support Required (FTE)

11-15 | Minimum Support Required

> 15 | Minimum Support Required (FTE)

tor:

subspecialty expertise and iew Committee. (Core)

tor:

subspecialty expertise and iew Committee. (Core)

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

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

ord of ongoing involvement in scholarly

ponsibility, authority, and nd operations; teaching and scholarly ction, evaluation, and promotion of pervision of fellows; and fellow care. (Core)

model of professionalism. (Core)

and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core)

ter and maintain a learning g the fellows in each of the ACGME

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

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

e authority to remove fellows from ming environments that do not meet

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

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

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

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

n a non-competition guarantee or

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

verification of an individual fellow's , within 30 days. (Core)

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	 Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the 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 the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and 		Faculty Faculty members are a foundational education – faculty members teach for Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comment patient care, professionalism, and a contract of the professionalism, and a contract of the professionalism, and a contract of future colleagues. The the opportunity to teach and model of scholarly approach to patient care, facture and the population. Faculty members ensure that patient from a specialist in the field. They react the patients, fellows, community, and provide appropriate levels of supervite Faculty members create an effective professional manner and attending to
П.В.	themselves. There must be a sufficient number of faculty members with competence to	[None]	themselves. There must be a sufficient number of
II.B.1.	instruct and supervise all fellows. (Core)	2.6.	instruct and supervise all fellows. (Co
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue facult their skills at least annually. (Core)
II.B.2.g)	mentor fellows in the application of scientific principles, epidemiology, biostatistics, and evidence-based medicine to the clinical care of patients. (Core)	2.7.f.	Faculty members must mentor fellows ir epidemiology, biostatistics, and evidenc patients. (Core)

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

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

of faculty members with competence to Core)

lels of professionalism. (Core)

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

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

and maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.3.	Faculty Qualifications		Faculty Qualifications Faculty members must have appropr hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropr hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	 have current certification in the subspecialty by the American Board of Pediatrics, the American Board of Family Medicine, or the American Board of Internal Medicine or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, 		Subspecialty Physician Faculty Mem Subspecialty physician faculty memb the subspecialty by the American Bo Family Medicine, or the American Board qualifications judged acceptable to the [Note that while the Common Program F certifying board of the American Osteop
II.B.3.b).(1) II.B.3.c)	there is no AOA board that offers certification in this subspecialty]Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9. 2.9.a.	there is no AOA board that offers certific Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member Association (AOA) certifying board, o acceptable to the Review Committee.
п.в.з.с)	In addition to the adolescent medicine faculty members, ABP- or AOBP-certified		In addition to the adolescent medicine fa
II.B.3.c).(1)	faculty members and consultants in the following subspecialties must be available:		faculty members and consultants in the available:
II.B.3.c).(1).(a)	pediatric cardiology; (Core)	2.9.b.1.	pediatric cardiology; (Core)
II.B.3.c).(1).(b)	pediatric critical care medicine; (Core)	2.9.b.2.	pediatric critical care medicine; (Core)
II.B.3.c).(1).(c)	pediatric endocrinology; (Core)	2.9.b.3.	pediatric endocrinology; (Core)
II.B.3.c).(1).(d)	pediatric gastroenterology; (Core)	2.9.b.4.	pediatric gastroenterology; (Core)
II.B.3.c).(1).(e)	pediatric hematology-oncology; (Core)	2.9.b.5.	pediatric hematology-oncology; (Core)
II.B.3.c).(1).(f)	pediatric infectious diseases; (Core)	2.9.b.6.	pediatric infectious diseases; (Core)
II.B.3.c).(1).(g)	pediatric nephrology; (Core)	2.9.b.7.	pediatric nephrology; (Core)
II.B.3.c).(1).(h)	pediatric pulmonology; and, (Core)	2.9.b.8.	pediatric pulmonology; and, (Core)
II.B.3.c).(1).(i)	pediatric rheumatology. (Core)	2.9.b.9.	pediatric rheumatology. (Core)
II.B.3.c).(2)	The faculty should also include the following specialists with substantial experience with pediatric problems:	2.9.c.	The faculty should also include the follow experience with pediatric problems:
II.B.3.c).(2).(a)	allergist and immunologist(s); (Detail)	2.9.c.1.	allergist and immunologist(s); (Detail)
II.B.3.c).(2).(b)	anesthesiologist(s); (Detail)	2.9.c.2.	anesthesiologist(s); (Detail)
II.B.3.c).(2).(c)	child and adolescent psychiatrist(s); (Core)	2.9.c.3.	child and adolescent psychiatrist(s); (Co
II.B.3.c).(2).(d)	child neurologist(s); (Detail)	2.9.c.4.	child neurologist(s); (Detail)
II.B.3.c).(2).(e)	dermatologist(s); (Detail)	2.9.c.5.	dermatologist(s); (Detail)
II.B.3.c).(2).(f)	diagnostic radiologist(s); (Detail) obstetrician(s) and gynecologist(s); (Core)	2.9.c.6. 2.9.c.7.	diagnostic radiologist(s); (Detail) obstetrician(s) and gynecologist(s); (Cor
II.B.3.c).(2).(g) II.B.3.c).(2).(h)	orthopaedic surgeon(s); (Detail)	2.9.c.8.	orthopaedic surgeon(s); (Detail)
II.B.3.c).(2).(i)	pathologist(s); (Detail)	2.9.c.9.	pathologist(s); (Detail)
		2.0.0.0.	

nt Language	
priate qualifications in their field and ntments. (Core)	
priate qualifications in their field and ntments. (Core)	
nbers obers must have current certification in oard of Pediatrics, the American Board of rd of Internal Medicine or possess the Review Committee. (Core)	
Requirements deem certification by a pathic Association (AOA) acceptable, fication in this subspecialty]	
y members must have current appropriate American Board of r board or American Osteopathic or possess qualifications judged e. (Core)	
faculty members, ABP- or AOBP-certified e following subspecialties must be	
owing specialists with substantial	
Core)	
ore)	

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	Requirement Language	Requirement Number 2.9.c.11.	
II.B.3.c).(2).(k) II.B.3.c).(2).(I)	sports medicine physician(s); and, (Core) urologist(s). (Detail)	2.9.c.12.	sports medicine physician(s); and, (Cor urologist(s). (Detail)
11.D.0.0).(2).(1)		2.0.0.12.	
II.B.3.c).(3)	Consultants should be available for transition care of young adults. (Detail)	2.9.d.	Consultants should be available for tran
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a s supervision of fellows and must deve effort to fellow education and/or adm component of their activities, teach, of feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the (Core)
II.B.4.b)	To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in adolescent medicine by the ABP or AOBP, or who have other qualifications acceptable to the Review Committee. (Core)	2.10.a. 2.10.b.	To ensure the quality of the educational and to provide adequate supervision of faculty members, inclusive of the progra adolescent medicine by the ABP or AOE acceptable to the Review Committee. (C
			Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinato
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 prosupport adequate for administration and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program coordinator time and support specified below for adr
II.C.2.a)	Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.3 Number of Approved Fellow Positions: 4-6 Minimum FTE: 0.5 Number of Approved Fellow Positions: 7-9 Minimum FTE: 0.68 Number of Approved Fellow Positions: 10-12 Minimum FTE: 0.74 Number of Approved Fellow Positions: 13-15 Minimum FTE: 0.8 Number of Approved Fellow Positions: 16-18 Minimum FTE: 0.86 Number of Approved Fellow Positions: 19-21 Minimum FTE: 0.92 Number of Approved Fellow Positions: 22-24 Minimum FTE: 0.98 Number of Approved Fellow Positions: 25-27 Minimum FTE: 1.04 Number of Approved Fellow Positions: 28-30 Minimum FTE: 1.1	2.11.b.	Number of Approved Fellow Positions: 1 Number of Approved Fellow Positions: 4 Number of Approved Fellow Positions: 7 Number of Approved Fellow Positions: 1 Number of Approved Fellow Positions: 1 Number of Approved Fellow Positions: 1 Number of Approved Fellow Positions: 2 Number of Approved Fellow Positions: 2 Number of Approved Fellow Positions: 2
	Other Program Personnel		
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
II.D.1.	In order to enhance fellows' understanding of the multidisciplinary nature of adolescent medicine, the following personnel with pediatric focus and experience should be available:	2.12.a.	In order to enhance fellows' understand adolescent medicine, the following perso experience should be available:

ore)

ansition care of young adults. (Detail)

significant role in the education and vote a significant portion of their entire ministration, and must, as a , evaluate, and provide formative

e annual ACGME Faculty Survey.

al and scholarly activity of the program, of fellows, there must be at least two core gram director, who are certified in OBP, or who have other qualifications (Core)

tor. (Core)

tor. (Core)

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

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

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

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

nding of the multidisciplinary nature of rsonnel with pediatric focus and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.D.1.a)	child life therapist(s); (Detail)	2.12.a.1.	child life therapist(s); (Detail)
II.D.1.b)	dietician(s); (Core)	2.12.a.2.	dietician(s); (Core)
II.D.1.c)	mental health professional(s); (Core)	2.12.a.3.	mental health professional(s); (Core)
II.D.1.d)	nurse(s); (Detail)	2.12.a.4.	nurse(s); (Detail)
II.D.1.e)	pharmacist(s); (Detail)	2.12.a.5.	pharmacist(s); (Detail)
II.D.1.f)	physical and occupational therapist(s); (Detail)	2.12.a.6.	physical and occupational therapist(s); (
II.D.1.g)	school and special education contacts; (Detail)	2.12.a.7.	school and special education contacts; (
ll.D.1.h)	social worker(s); and, (Detail)	2.12.a.8.	social worker(s); and, (Detail)
II.D.1.i)	speech and language therapist(s). (Detail)	2.12.a.9.	speech and language therapist(s). (Deta
Ⅲ.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an Ad an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations from
III.A.1.b)	Prerequisite education for entry into an adolescent medicine program must include the satisfactory completion of family medicine, internal medicine, pediatrics, or combined internal medicine-pediatrics residency program that satisfies the requirements listed in III.A.1. (Core)	3.2.a.1.	Prerequisite education for entry into an a include the satisfactory completion of far pediatrics, or combined internal medicine satisfies the requirements listed in 3.2.
/ III.A.1.c)	Fellow Eligibility Exception The Review Committee for Pediatrics will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Pediatrics v the fellowship eligibility requirements
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and conditio
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director ar the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's 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 Commission (ECFMG) certification. (Core)

(Detail) ; (Detail)

etail)

ip Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, am, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency

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

n adolescent medicine program must family medicine, internal medicine, cine-pediatrics residency program that 2. (Core)

s will allow the following exception to nts:

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

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Number	Requirement Language	Requirement Number	Requirement
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)
	Fellow Complement		
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)
	Fellow Transfers		
III.C.	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, an matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical ec organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pla leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tra their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.3. IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo

ent Language
xception must have an evaluation of ompetency Committee within 12 weeks
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 physician- culum 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)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow E Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pron tools, and techniques. (Core)
			ACGME Competencies The Competencies provide a conceptor required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competenc Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies The program must integrate the following ACGME Competencies into the	[None]	refining the other competencies acqu
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patiencentered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must develop competence in the clinical skills needed in adolescent medicine. (Core)	4.4.a.	Fellows must develop competence in the medicine. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate the ability to provide consultation, perform a history and physical examination, make informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and develop and carry out management plans. (Core)	4.4.b.	Fellows must demonstrate the ability to p and physical examination, make informe that result in optimal clinical judgement, a plans. (Core)
IV.B.1.b).(1).(c)	Fellows must demonstrate the ability to provide transfer of care that ensures seamless transitions. (Core)	4.4.c.	Fellows must demonstrate the ability to p seamless transitions. (Core)
IV.B.1.b).(1).(d)	In order to promote emotional resilience in children, adolescents and their families, fellows must:	4.4.d.	In order to promote emotional resilience families, fellows must provide care that is of the patient with common behavioral ar cultural context of the patient and family.
IV.B.1.b).(1).(d).(i)	provide care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family; and, (Core)	4.4.d.	In order to promote emotional resilience families, fellows must provide care that is of the patient with common behavioral ar cultural context of the patient and family.
IV.B.1.b).(1).(d).(ii)	demonstrate the ability to refer and/or co-manage patients with common behavioral and mental health issues along with appropriate specialists when indicated. (Core)	4.4.e.	Fellows must demonstrate the ability to r common behavioral and mental health is when indicated. (Core)

Experiences – Didactic and Clinical

ected time to participate in core

omote patient safety-related goals,

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

GME Competencies into the curriculum.

alism tment to professionalism and an re)

е

ient care that is patient- and family-, appropriate, and effective for the e promotion of health. (Core)

he clinical skills needed in adolescent

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

provide transfer of care that ensures

e in children, adolescents and their t is sensitive to the developmental stage and mental health issues, and the ly. (Core)

e in children, adolescents and their t is sensitive to the developmental stage and mental health issues, and the ly. (Core)

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

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Number	Requirement Language	Requirement Number	
IV.B.1.b).(1).(e)	Fellows must demonstrate the ability to provide direct and consultative care to adolescents and young adults of various socioeconomic and racial backgrounds in both hospital and community settings. (Core)	4.4.f.	Fellows must demonstrate the ability to adolescents and young adults of various in both hospital and community settings.
IV.B.1.b).(1).(f)	Fellows must demonstrate competence in providing or coordinating care with a medical home for patients with complex and chronic diseases. (Core)	4.4.g.	Fellows must demonstrate competence medical home for patients with complex
IV.B.1.b).(1).(g)	Fellows must competently use and interpret laboratory tests, imaging, and other diagnostic procedures. (Core)	4.4.h.	Fellows must competently use and interp diagnostic procedures. (Core)
	Fellows must demonstrate the ability to assume continuing responsibility for		Fellows must demonstrate the ability to a
IV.B.1.b).(1).(h)	adolescent patients with acute and chronic health problems. (Core)	4.4.i.	adolescent patients with acute and chror
IV.B.1.b).(1).(i)	Fellows must demonstrate the ability to perform:	[None]	—
IV.B.1.b).(1).(i).(i)	breast examinations; and, (Core)	4.4.j.	Fellows must demonstrate the ability to p
IV.B.1.b).(1).(i).(ii)	genitourinary examinations. (Core)	4.4.k.	Fellows must demonstrate the ability to p (Core)
IV.B.1.b).(1).(j)	Fellows must demonstrate leadership skills to enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients. (Core)	4.4.1.	Fellows must demonstrate leadership sk learning environment, and/or the health the ultimate intent of improving care of p
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must develop an understanding of the indications, risks, complications, and limitations of long acting reversible contraception (LARC), and have experience with LARC insertion/removal during the fellowship. (Core)	4.5.a.	Fellows must develop an understanding and limitations of long acting reversible of experience with LARC insertion/removal
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and teaching methods. (Core)	4.6.a.	Fellows must demonstrate knowledge of research methodology, study design, pre and/or approval of clinical research proto of evidence-based medicine, ethical prin teaching methods. (Core)
IV.B.1.c).(1).(a)	Fellows must demonstrate knowledge and outcomes in: (Core)	[None]	
IV.B.1.c).(1).(b)	physical, physiologic, and psychosocial changes associated with pubertal maturation and its disorders; (Core)	4.6.b.	Fellows must demonstrate knowledge ar and psychosocial changes associated w disorders. (Core)
IV.B.1.c).(1).(c)	organ-specific conditions frequently encountered during the adolescent years; (Core)	4.6.c.	Fellows must demonstrate knowledge an conditions frequently encountered during
IV.B.1.c).(1).(d)	the effects of adolescence on preexisting conditions; (Core)	4.6.d.	Fellows must demonstrate knowledge an adolescence on preexisting conditions. (
IV.B.1.c).(1).(e)	mental illnesses of adolescence, including psychophysiologic disorders and their treatment, to include psychopharmacology and psychotherapy/counseling; (Core)	4.6.e.	Fellows must demonstrate knowledge ar adolescence, including psychophysiolog include psychopharmacology and psych
IV.B.1.c).(1).(f)	family dynamics, conflicts, problems, and effective parenting practices; (Core)	4.6.f.	Fellows must demonstrate knowledge ar conflicts, problems, and effective parenti

o provide direct and consultative care to us socioeconomic and racial backgrounds is. (Core)

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

erpret laboratory tests, imaging, and other

o assume continuing responsibility for onic health problems. (Core)

o perform breast examinations. (Core) o perform genitourinary examinations.

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

l Skills medical, diagnostic, and surgical r the area of practice. (Core)

g of the indications, risks, complications, e contraception (LARC), and have al during the fellowship. (Core)

nowledge

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

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

and outcomes in physical, physiologic, with pubertal maturation and its

and outcomes in organ-specific ng the adolescent years. (Core)

and outcomes in the effects of . (Core)

and outcomes in mental illnesses of ogic disorders and their treatment, to chotherapy/counseling. (Core)

and outcomes in family dynamics, nting practices. (Core)

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IV.B.1.c).(1).(g)	physical, psychological, and socio-economic factors of adolescent parenthood; (Core)	4.6.g.	Fellows must demonstrate knowledge and outcomes in physical, psychological, and socio-economic factors of adolescent parenthood. (Core)
IV.B.1.c).(1).(h)	disorders affecting learning, including disorders of cognition and attention; (Core)	4.6.h.	Fellows must demonstrate knowledge and outcomes in disorders affecting learning, including disorders of cognition and attention. (Core)
IV.B.1.c).(1).(i)	social and emotional development of the adolescent, including the impact of cultural or ethnic factors; (Core)	4.6.i.	Fellows must demonstrate knowledge and outcomes in social and emotional development of the adolescent, including the impact of cultural or ethnic factors. (Core)
IV.B.1.c).(1).(j)	chronic disability conditions, including chronic illness complicated by psychological factors; (Core)	4.6.j.	Fellows must demonstrate knowledge and outcomes in chronic disability conditions, including chronic illness complicated by psychological factors. (Core)
IV.B.1.c).(1).(k)	disorders of the endocrine system and metabolism; (Core)	4.6.k.	Fellows must demonstrate knowledge and outcomes in disorders of the endocrine system and metabolism. (Core)
IV.B.1.c).(1).(I)	sexuality, including sexual identity, development, sexual health problems, gender identity, dysphoria, and special needs of members of the LGBTQ community; (Core)	4.6.I.	Fellows must demonstrate knowledge and outcomes in sexuality, including sexual identity, development, sexual health problems, gender identity, dysphoria, and special needs of members of the LGBTQ community. (Core)
IV.B.1.c).(1).(m)	prevention, diagnosis, and treatment of sexually transmitted infections; (Core)	4.6.m.	Fellows must demonstrate knowledge and outcomes in prevention, diagnosis, and treatment of sexually transmitted infections. (Core)
IV.B.1.c).(1).(n)	reproductive health problems of males and females (e.g., menstrual disorders and gynecomastia) and the principles of contraception, pregnancy, and fertility; (Core)	4.6.n.	Fellows must demonstrate knowledge and outcomes in reproductive health problems of males and females (e.g., menstrual disorders and gynecomastia) and the principles of contraception, pregnancy, and fertility. (Core)
IV.B.1.c).(1).(o)	nutrition, including normal needs, health problems and deficiencies, and nutritional needs of special populations; (Core)	4.6.0.	Fellows must demonstrate knowledge and outcomes in nutrition, including normal needs, health problems and deficiencies, and nutritional needs of special populations. (Core)
IV.B.1.c).(1).(p)	health promotion, disease prevention, screening, and immunizations; (Core)	4.6.p.	Fellows must demonstrate knowledge and outcomes in health promotion, disease prevention, screening, and immunizations. (Core)
IV.B.1.c).(1).(q)	infectious diseases, including epidemiology, microbiology, and treatment and prevention; (Core)	4.6.q.	Fellows must demonstrate knowledge and outcomes in infectious diseases, including epidemiology, microbiology, and treatment and prevention. (Core)
IV.B.1.c).(1).(r)	pharmacology and toxicology; (Core)	4.6.r.	Fellows must demonstrate knowledge and outcomes in pharmacology and toxicology. (Core)
IV.B.1.c).(1).(s)	the detection, evaluation, and initial management of substance use disorder, including alcohol and tobacco; (Core)	4.6.s.	Fellows must demonstrate knowledge and outcomes in the detection, evaluation, and initial management of substance use disorder, including alcohol and tobacco. (Core)
IV.B.1.c).(1).(t)	eating disorders; (Core)	4.6.t.	Fellows must demonstrate knowledge and outcomes in eating disorders. (Core)
IV.B.1.c).(1).(u)	social/environmental morbidities, including emotional, physical, and sexual abuse, risk-taking behaviors, injuries, sexual assault, and violence; (Core)	4.6.u.	Fellows must demonstrate knowledge and outcomes in social/environmental morbidities, including emotional, physical, and sexual abuse, risk-taking behaviors, injuries, sexual assault, and violence. (Core)
IV.B.1.c).(1).(v)	juvenile justice/the legal system, including local laws regarding age of majority, consent, assent, competency; privacy laws; and laws involved with reproductive health; (Core)	4.6.v.	Fellows must demonstrate knowledge and outcomes in juvenile justice/the legal system, including local laws regarding age of majority, consent, assent, competency; privacy laws; and laws involved with reproductive health. (Core)
IV.B.1.c).(1).(w)	sports medicine; (Core)	4.6.w.	Fellows must demonstrate knowledge and outcomes in sports medicine. (Core)
IV.B.1.c).(1).(x)	legal and ethical issues, including confidentiality and advocacy; (Core)	4.6.x.	Fellows must demonstrate knowledge and outcomes in legal and ethical issues, including confidentiality and advocacy. (Core)
IV.B.1.c).(1).(y)	interviewing/short-term counseling skills for adolescents and their parents; (Core)	4.6.y.	Fellows must demonstrate knowledge and outcomes in interviewing/short-term counseling skills for adolescents and their parents. (Core)

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IV.B.1.c).(1).(z)	public health issues, including demographics, social epidemiology, population- based interventions, and adolescent health promotion; (Core)	4.6.z.	Fellows must demonstrate knowledge a including demographics, social epidemi and adolescent health promotion. (Core
IV.B.1.c).(1).(aa)	financing adolescent health care in public, private, and academic managed care environments; (Core)	4.6.aa.	Fellows must demonstrate knowledge a health care in public, private, and acade (Core)
IV.B.1.c).(1).(bb)	sleep and sleep disorders; and, (Core)	4.6.ab.	Fellows must demonstrate knowledge a disorders. (Core)
IV.B.1.c).(1).(cc)	transition to adult providers. (Core)	4.6.ac.	Fellows must demonstrate knowledge a providers. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Ba Fellows must demonstrate the ability of patients, to appraise and assimilat continuously improve patient care ba lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interperson Fellows must demonstrate interperso result in the effective exchange of int patients, their families, and health pr
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Ba Fellows must demonstrate an aware larger context and system of health of social determinants of health, as wel other resources to provide optimal h
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experiences These educational experiences inclu- patient care responsibilities, clinical events. (Core)
			4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Fe The program must provide instructio management if applicable for the sub the signs of substance use disorder.

and outcomes in public health issues, niology, population-based interventions, re)

and outcomes in financing adolescent demic managed care environments.

and outcomes in sleep and sleep

and outcomes in transition to adult

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

onal 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)

Fellow Experiences – Curriculum

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

Fellow Experiences – Didactic and

ected time to participate in core

Fellow Experiences – Pain Management ion and experience in pain ubspecialty, including recognition of r. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical events. (Core)
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)	4.10.a.	Assignment of rotations must be structu rotational transitions, and rotations must quality educational experience, defined supervision, longitudinal relationships w assessment and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with shared improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow I The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.3.	Fellows must have a minimum of 12 months of clinical experience. (Core)	4.11.a.	Fellows must have a minimum of 12 mo
IV.C.4.	Fellows must have responsibility throughout their educational program for providing longitudinal outpatient care that is supervised by one or more members of the adolescent medicine faculty. (Core)	4.11.b.	Fellows must have responsibility through providing longitudinal outpatient care that members of the adolescent medicine fac
IV.C.5.	The program must provide training in and include an appropriate balance among clinical, didactic, teaching, and research activities. (Core)	4.11.c.	The program must provide training in an among clinical, didactic, teaching, and re
IV.C.6.	The program must provide education in the broad and diverse knowledge base of this multidisciplinary field which focuses on the unique physical, psychological, and social characteristics of adolescents and young adults, and their health care problems and needs. (Core)	4.11.d.	The program must provide education in of this multidisciplinary field which focuse psychological, and social characteristics their health care problems and needs. (0
IV.C.7.	Fellow education must include experience in serving as a role model and providing supervision to residents and/or medical students. (Core)	4.11.e.	Fellow education must include experience providing supervision to residents and/or
IV.C.8.	Fellows must have a formally structured educational program in the clinical and basic sciences related to adolescent medicine. (Core)	4.11.f.	Fellows must have a formally structured basic sciences related to adolescent me
IV.C.8.a)	The program must utilize didactic and clinical experience for fellow education. (Core)	4.11.f.1.	The program must utilize didactic and cli (Core)
IV.C.8.b)	Adolescent medicine conferences must occur regularly, and must involve active fellow participation in planning and implementation. (Core)	4.11.f.2.	Adolescent medicine conferences must fellow participation in planning and imple
IV.C.8.c)	Fellow education must include instruction in:	[None]	
IV.C.8.c).(1)	basic and fundamental disciplines, as appropriate to adolescent medicine, such as anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism; (Core)	4.11.f.3.	Fellow education must include instruction as appropriate to adolescent medicine, s biochemistry, embryology, pathology, mi genetics, and nutrition/metabolism. (Corr
IV.C.8.c).(2).	pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, conferences dealing with complications and death, as well as the scientific, ethical, and legal implications of confidentiality and informed consent; (Core)	4.11.f.4.	Fellow education must include instruction reviews of recent advances in clinical me conferences dealing with complications a ethical, and legal implications of confide

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

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

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

Experiences – Pain Management on and experience in pain bspecialty, including recognition of r. (Core)

onths of clinical experience. (Core)

ghout their educational program for hat is supervised by one or more

aculty. (Core)

and include an appropriate balance research activities. (Core)

n the broad and diverse knowledge base uses on the unique physical,

cs of adolescents and young adults, and (Core)

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

ed educational program in the clinical and nedicine. (Core)

clinical experience for fellow education.

st occur regularly, and must involve active plementation. (Core)

ion in basic and fundamental disciplines, , such as anatomy, physiology, microbiology, pharmacology, immunology, ore)

ion in pathophysiology of disease, medicine and biomedical research, s and death, as well as the scientific, lentiality and informed consent. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.8.c).(3)	bioethics; (Core)	4.11.f.5.	Fellow education must include instructio
IV.C.8.c).(3).(a)	This should include attention to physician-patient, physician-family, physician- physician/allied health professional, and physician-society relationships. (Detail)	4.11.f.5.a.	This should include attention to physicial physicial physician/allied health professional, and
IV.C.8.c).(4)	the economics of health care and current health care management issues, such as cost-effective patient care, practice management, preventive care, population health, quality improvement, resource allocation, and clinical outcomes; and, (Core)		Fellow education must include instruction current health care management issues, practice management, preventive care, p resource allocation, and clinical outcome
IV.C.8.c).(5)	health education, current health care legislation, preventive services, and educational methodology, assessment, and feedback. (Detail)	4.11.f.7.	Fellow education must include instruction care legislation, preventive services, and assessment, and feedback. (Detail)
	Scholarship		
IV.D.	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science. scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The program environment that fosters the acquisiti participation in scholarly activities as Program Requirements. Scholarly act integration, application, and teaching. The ACGME recognizes the diversity of programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship.
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and aim
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and aim
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 adequate resources to facilitate fellow scholarly activities. (Core)

ion in bioethics. (Core)

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

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

ion in health education, current health nd educational methodology,

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

y of fellowships and anticipates that variety of roles, including clinicians, cted that the program's scholarship and the needs of the community it as may concentrate their scholarly pulation health, and/or teaching, while lize more classic forms of biomedical ip.

dence of scholarly activities, ims. (Core)

dence of scholarly activities, ims. (Core) Sponsoring Institution, must allocate

ow and faculty involvement in

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, t textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional committe editorial boards •Innovations in education
<u> </u>	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra
IV.D.2.a)	 Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.14.	accomplishments in at least three of t •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, in textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional committed editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fo
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	faculty participation in grand rounds, improvement presentations, podium p peer-reviewed print/electronic resource chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(1).(a)	Scholarly activity must be in a field, such as basic science, clinical care, health services, health policy, quality improvement, or education, as it relates to adolescent medicine. (Core)	4.14.a.1.a.	Scholarly activity must be in a field, such services, health policy, quality improvem adolescent medicine. (Core)
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 Where appropriate, the core curriculum i collaborative effort involving all of the pe institution. (Detail)

rams must demonstrate f the following domains: (Core) on, translational science, patient care,

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

rams must demonstrate f the following domains: (Core) on, translational science, patient care,

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

semination of scholarly activity within following methods:

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

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

e)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.D.3.a)	Where appropriate, the core curriculum in scholarly activity should be a collaborative effort involving all of the pediatric subspecialty programs at the institution. (Detail)	4.15.	Fellow Scholarly Activity Where appropriate, the core curriculum i collaborative effort involving all of the pe institution. (Detail)
IV.D.3.b)	Each fellow must design and conduct a scholarly project under the guidance of the program director and a designated mentor. (Core)	4.15.a.	Each fellow must design and conduct a sthe program director and a designated m
IV.D.3.c)	The program must provide a scholarship oversight committee for each fellow to oversee and evaluate their progress as related to the scholarly project. (Core)	4.15.b.	The program must provide a scholarship oversee and evaluate their progress as r
IV.D.3.c).(1)	Where applicable, the process of establishing fellow scholarship oversight committees should be a collaborative effort involving other pediatric subspecialty programs or other experts. (Detail)	4.15.b.1.	Where applicable, the process of establi- committees should be a collaborative eff subspecialty programs or other experts.
IV.D.3.d)	The scholarly experience must begin in the first year and continue throughout the duration of the educational program. (Core)	4.15.c.	The scholarly experience must begin in t the duration of the educational program.
IV.D.3.d).(1)	Fellows must have a minimum of 12 months dedicated to research and scholarly activity, including the development of requisite skills, project completion, and presentation of results to the scholarship oversight committee. (Core)	4.15.c.1.	Fellows must have a minimum of 12 mor scholarly activity, including the developm completion, and presentation of results to (Core)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than thr must be documented at least every th
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as con clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty n other professional staff members); an

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

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

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

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

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

onths dedicated to research and oment of requisite skills, project s to the scholarship oversight committee.

aluation

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

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

aluation

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

the completion of the assignment.

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

ontinuity clinic in the context of other luated at least every three months and

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

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

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V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
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 Competency Committee, must develo 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)	f 5.1.f.	At least annually, there must be a sun that includes their readiness to progre 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 performative by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mus 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 the final evaluation must verify that the knowledge, skills, and behaviors nece (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 w program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)

nt Language cal Competency Committee for its formance and improvement toward

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

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

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

ummative evaluation of each fellow gress to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

es, and when applicable the ust be used as tools to ensure fellows practice upon completion of the

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

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competend
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a c
	be faculty members from the same program or other programs, or other		be faculty members from the same p
	health professionals who have extensive contact and experience with the		health professionals who have extension
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V A 2 b) (1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee
V.A.3.b).(1)		5.3.D.	least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee progress on achievement of the subs
V.A.J.DJ.(Z)		5.5.0.	
	meet prior to the fellows' semi-annual evaluations and advise the program		The Clinical Competency Committee annual evaluations and advise the pro
V.A.3.b).(3)	director regarding each fellow's progress. (Core)	5.3.d.	fellow's progress. (Core)
•		J.J.U.	
			Faculty Evaluation
			The program must have a process to performance as it relates to the education of the educat
V.B.	Faculty Evaluation	5.4.	(Core)
v.D.		5.4.	
	The pregram must have a presses to evaluate each faculty member's		Faculty Evaluation
	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually.		The program must have a process to performance as it relates to the educa
V.B.1.	(Core)	5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation		teaching abilities, engagement with the
	in faculty development related to their skills as an educator, clinical		in faculty development related to thei
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
	This evaluation must include written, confidential evaluations by the		This evaluation must include written,
V.B.1.b)	fellows. (Core)	5.4.b.	fellows. (Core)
	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedba
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational eva
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development pl
			Program Evaluation and Improvemen
			The program director must appoint th
			conduct and document the Annual Pr
V.C.	Program Evaluation and Improvement	5.5.	program's continuous improvement p
			Program Evaluation and Improvemen
	The program director must appoint the Program Evaluation Committee to		The program director must appoint th
	conduct and document the Annual Program Evaluation as part of the		conduct and document the Annual Pr
V.C.1	program's continuous improvement process. (Core)	5.5.	program's continuous improvement p
	The Program Evaluation Committee must be composed of at least two		The Program Evaluation Committee n
	program faculty members, at least one of whom is a core faculty member,		program faculty members, at least on
V.C.1.a)	and at least one fellow. (Core)	5.5.a.	and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
			Program Evaluation Committee respo
	review of the program's self-determined goals and progress toward		program's self-determined goals and
V.C.1.b).(1)	meeting them; (Core)	5.5.b.	(Core)

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

e must determine each fellow's ospecialty-specific Milestones. (Core) e must meet prior to the fellows' semi-

program director regarding each

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

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

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

n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

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

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

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

oonsibilities must include review of the d progress toward meeting them.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee response ongoing program improvement, inclu based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (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 One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in		For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the both
V.C.3.c)	that subspecialty. (Outcome)	5.6.b.	that subspecialty. (Outcome)

bonsibilities must include guiding luding development of new goals,

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

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

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

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

elf-Study and submit it to the DIO.

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

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

MS member board and/or AOA vritten exam, in the preceding three s rate of those taking the examination n the bottom fifth percentile of come)

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles: •Excellence in the safety and quality of care rendered to patients by fellows today		Section 6: The Learning and Working The Learning and Working Environme Fellowship education must occur in th environment that emphasizes the follo •Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice •Excellence in professionalism		•Excellence in the safety and quality of today's fellows in their future practice •Excellence in professionalism
	•Appreciation for the privilege of providing care for patients •Commitment to the well-being of the students, residents, fellows, faculty		•Appreciation for the privilege of prov •Commitment to the well-being of the
VI.	members, and all members of the health care team	Section 6	members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently dea organization has formal mechanisms attitudes of its personnel toward safe improvement.
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, ar patient safety systems and contribute

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

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

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

g Environment

ment In the context of a learning and working I lowing principles:

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ne students, residents, fellows, faculty ealth care team

ous identification of vulnerabilities leal with them. An effective is to assess the knowledge, skills, and fety in order to identify areas for

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requiremen
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mer interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient pe
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the supe
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.

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

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

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

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

tizing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

ultimately responsible for the care of in the responsibility and provision of care. Effective programs, Institutions, define, widely ured chain of responsibility and pervision of all patient care.

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the supe
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when provi information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
• I.A.Z.UJ.(Z)	Levels of Supervision	0.0.	
VI.A.2.b)	To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
			Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pati
VI.A.2.b).(1)	Direct Supervision:	6.7.	the fellow and the supervising physic patient care through appropriate telec
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or pati the fellow and the supervising physic patient care through appropriate telec

ultimately responsible for the care of in the responsibility and provision of care. Effective programs, Institutions, define, widely ured chain of responsibility and pervision of all patient care.

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

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

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

t the appropriate level of supervision in h fellow's level of training and ability, cuity. Supervision may be exercised propriate to the situation. (Core)

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

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cally present with the fellow during the on.

atient is not physically present with ician is concurrently monitoring the ecommunication technology.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate telev
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not pro- or audio supervision but is immediat guidance and is available to provide
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate of specific criteria, guided by the Milest
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as super portions of care to fellows based on the of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisor in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of t circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)

cally present with the fellow during the one content of the fellow during the formation of the fellow during the fellow

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

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

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

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

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

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

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

ow is permitted to act with conditional

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

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

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VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe of
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)

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

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

ram must include efforts to enhance in the experience of being a physician, nts, 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 I, 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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requireme
	Well-Being		Well-Being
	Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require		Psychological, emotional, and physic development of the competent, carin
	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 medaled, learned, and		proactive attention to life inside and requires that physicians retain the jo own real-life stresses. Self-care and members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		professionalism; they are also skills nurtured in the context of other aspe
	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		Fellows and faculty members are at r Programs, in partnership with their S same responsibility to address well-k competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a
VI.C.	their careers.	[None]	their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensi 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)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or poten assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-s
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fel including but not limited to fatigue, il medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)
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sical well-being are critical in the ing, and resilient physician and require d outside of medicine. Well-being joy in medicine while managing their d responsibility to support other re important components of 's that must be modeled, learned, and bects of fellowship training.

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

embers in:

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

hemselves and how to seek

-screening. (Core)

fordable mental health assessment, ig 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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	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 c
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.1.a)	The program director must have the authority and responsibility to set and adjust the clinical responsibilities and ensure that fellows have appropriate clinical responsibilities and an appropriate patient load. (Core)	6.17.a.	The program director must have the auth adjust the clinical responsibilities and en clinical responsibilities and an appropriat
VI.E.1.a).(1)	This must include progressive clinical, technical, and consultative experiences that will enable each fellow to develop expertise as an adolescent medicine consultant. (Core)	6.17.a.1.	This must include progressive clinical, te that will enable each fellow to develop ex consultant. (Core)
VI.E.1.a).(2)	Lines of responsibility for the fellows must be clearly defined. (Core)	6.17.a.2.	Lines of responsibility for the fellows mus
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sp and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces

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

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

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

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

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

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

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

technical, and consultative experiences expertise as an adolescent medicine

ust be clearly defined. (Core)

environment that maximizes interprofessional, team-based care in ystem. (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 v. (Core)

are competent in communicating with ess. (Outcome)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours fi after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education (home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica
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 ma patient safety, such as providing effec fellow education. Additional patient ca assigned to a fellow during this time.
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing c on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)

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

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

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

e free of clinical work and education

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

ion Period Length

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

ion Period Length

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

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

Exceptions

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.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)
VI.F.4.c)	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. The Review Committee for Pediatrics will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	A Review Committee may grant rotating percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Pediatrics wi to the 80-hour limit to the fellows' work w
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor

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

ducation must be counted toward the

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

will not consider requests for exceptions week.

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

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d external moonlighting (as defined in st be counted toward the 80-hour

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven t when 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 reasonable personal time for each fell

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

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