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

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

ency are able to practice autonomously edical experience and expertise of icians entering residency. The fellow's ialty is undertaken with appropriate I independence. Faculty members serve assion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused atensive 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 its. While the ability to create new xclusive to fellowship-educated ice expands a physician's abilities to any inquiry that results in contributions to are. Beyond the clinical subspecialty o mentored relationships built on an orative research.

vide fellows with the ability to diagnose to understand the physiology of hormonal scence, and young adulthood, as well as nical skills to prepare them to serve as s, and scholars who contribute to scientific

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	Length of Educational Program		Length of Program
Int.C.	The educational program must be 36 months in length. (Core)	4.1.	The educational program must be 36 m
I.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		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.		The Sponsoring Institution is the orga ultimate financial and academic response medical education consistent with the
	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		When the Sponsoring Institution is no most commonly utilized site of clinica
I.A.	primary clinical site.	[None]	primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by o Institution. (Core)
	Participating Sites		
I.B.	A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	An accredited pediatric endocrinology 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 pediatric endocrinology pr pediatric residency program, and should accredited Sponsoring Institution. (Core)
I.B.1.a).(1)	The pediatric endocrinology program should be geographically proximate to the core pediatric residency program. (Detail)	1.2.a.1.	The pediatric endocrinology program sho core pediatric residency program. (Detail
	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the		There must be a program letter of agree and each participating site that govern
I.B.2.	program and the participating site providing a required assignment. (Core) The PLA must:		program and the participating site pro
I.B.2.a) I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	[None] 1.3.a.	The PLA must be renewed at least eve
			The PLA must be approved by the des
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must b by the program director, who is accou site, in collaboration with the program
	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)		The program director must submit an participating sites routinely providing for all fellows, of one month full time o
I.B.4.		1.6.	ACGME's Accreditation Data System

nonths in length. (Core)

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

consoring Institution, must designate a

program must be an integral part of a core ld be sponsored by the same ACGMEe)

hould be geographically proximate to the ail)

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

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

cal learning and working environment

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

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

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I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	Facilities and services, including comprehensive laboratory, pathology, and imaging, must be available. (Core)	1.8.a.	Facilities and services, including compre imaging, must be available. (Core)
I.D.1.b)	The program must have access to laboratories in order to perform testing specific to pediatric endocrinology. (Core)	1.8.b.	The program must have access to labor specific to pediatric endocrinology. (Core
I.D.1.c)	An adequate number and variety of pediatric endocrinology patients ranging in age from newborn through young adulthood must be available to provide a broad experience for the fellows. (Core)	1.8.c.	An adequate number and variety of pedi age from newborn through young adulth broad experience for the fellows. (Core)
I.D.1.d)	A sufficient number of patients must be available in inpatient and outpatient settings to meet the educational needs of the program. (Core)	1.8.d.	A sufficient number of patients must be a settings to meet the educational needs of
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)

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

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

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

rehensive laboratory, pathology, and

oratories in order to perform testing ore)

ediatric endocrinology patients ranging in Ithood must be available to provide a e)

e available in inpatient and outpatient s of the program. (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

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

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

opriate to the participating site; and,

isabilities consistent with the pre)

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

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
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.2.a)	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core) Number of Approved Fellow Positions < 7 Minimum Support Required (FTE) 0.2 Number of Approved Fellow Positions 7-10 Minimum Support Required (FTE) 0.4 Number of Approved Fellow Positions 11-15 Minimum Support Required (FTE) 0.5 Number of Approved Fellow Positions > 15 Minimum Support Required (FTE) 0.6	2.3.a.	Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direct director and one or more associate (or a Number of Approved Fellow Positions < 0.2 Number of Approved Fellow Positions 7- 0.4 Number of Approved Fellow Positions 1 0.5 Number of Approved Fellow Positions 1 0.5
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 applical must be provided with support adequ based upon its size and configuration
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.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.	Personnel	Section 2	Section 2: Personnel
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 of but not limited to residents from othe advanced practice providers, must no fellows' education. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen

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rsonnel
other health care personnel, including her programs, subspecialty fellows, and not negatively impact the appointed
appointed as program director with overall program, including compliance ments. (Core)
appointed as program director with overall program, including compliance ments. (Core)
ate Medical Education Committee program director and must verify the inical appointment. (Core)

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

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

< 7 | Minimum Support Required (FTE)</pre>

7-10 | Minimum Support Required (FTE)

11-15 | Minimum Support Required (FTE)

s > 15 | Minimum Support Required (FTE)

tor:

subspecialty expertise and view Committee. (Core)

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subspecialty expertise and iew Committee. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	must include current certification in the subspecialty for which they are the program director by the American Board of Pediatrics or by the American Osteopathic Board of Pediatrics, or subspecialty qualifications		The program director must possess c subspecialty for which they are the pr Board of Pediatrics or by the American subspecialty qualifications that are ac
II.A.3.b)	that are acceptable to the Review Committee; and, (Core)	2.4.a.	(Core) The program director must have a record
II.A.3.c)	must include a record of ongoing involvement in scholarly activities. (Core)	2.4.b.	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 responsibility for: administration and activity; fellow recruitment and selection fellows, and disciplinary action; super 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 n
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 and consistent with the needs of the commons of the mission of
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 administer environment conducive to educating t Competency domains. (Core)
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 cor 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 learning 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 acc required and requested by the DIO, GM
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 l which fellows have the opportunity to and provide feedback in a confidential 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 due process, including when action is promote, or renew the appointment of
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)

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

ord of ongoing involvement in scholarly

ponsibility, authority, and ad operations; teaching and scholarly ction, evaluation, and promotion of ervision of fellows; and fellow are. (Core)

model of professionalism. (Core) nd conduct the program in a fashion

nmunity, the mission(s) of the sion(s) of the program. (Core)

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

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

authority to remove fellows from ning environments that do not meet)

ccurate 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 and is taken to suspend or dismiss, not to of a fellow. (Core)

he program's compliance with the discrete discre

n a non-competition guarantee or

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II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
	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 Faculty members are a foundational e education – faculty members teach fe Faculty members provide an important and become practice ready, ensuring quality of care. They are role models f by demonstrating compassion, comm patient care, professionalism, and a d Faculty members experience the pride development of future colleagues. The the opportunity to teach and model ex- scholarly approach to patient care, fac medical education system, improve th population.
П.В.	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 themselves.	[None]	Faculty members ensure that patients from a specialist in the field. They rec the patients, fellows, community, and provide appropriate levels of supervis Faculty members create an effective I professional manner and attending to themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient number of
II.B.1. II.B.2		2.6.	instruct and supervise all fellows. (Co
II.B.2.a)	Faculty members must: be role models of professionalism; (Core)	[None] 2.7.	Faculty Responsibilities Faculty members must be role models
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 c 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 r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and 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 partidiscussions, rounds, journal clubs, ar

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

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

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

its receive the level of care expected ecognize and respond to the needs of ad institution. Faculty members vision to promote patient safety. e learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

els of professionalism. (Core)

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

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

nd maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

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	pursue faculty development designed to enhance their skills at least		·
II.B.2.f)	annually. (Core)	2.7.e.	Faculty members must pursue faculty 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)
II.D.2.9)		2.7.1.	Faculty Qualifications
II.B.3.	Faculty Qualifications	2.8.	Faculty members must have appropri 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 appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa Osteopathic Board of Pediatrics, or po acceptable to the Review Committee.
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, o acceptable to the Review Committee.
	In addition to the pediatric endocrinology faculty members, ABP- or AOBP- certified faculty members and consultants in the following subspecialties must		In addition to the pediatric endocrinology certified faculty members and consultant
II.B.3.c).(1)	be available:	2.9.b.	be available:
II.B.3.c).(1).(a) II.B.3.c).(1).(b)	adolescent medicine; (Core) neonatal-perinatal medicine; (Core)	2.9.b.1. 2.9.b.2.	adolescent medicine; (Core) neonatal-perinatal medicine; (Core)
II.B.3.c).(1).(c)	pediatric critical care medicine; (Core)	2.9.b.3.	pediatric critical care medicine; (Core)
II.B.3.c).(1).(d)	pediatric emergency medicine; (Core)	2.9.b.4.	pediatric emergency medicine; (Core)
II.B.3.c).(1).(e)	pediatric gastroenterology; and, (Core)	2.9.b.5.	pediatric gastroenterology; and, (Core)
II.B.3.c).(1).(f)	pediatric hematology-oncology. (Core)	2.9.b.6.	pediatric hematology-oncology. (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)	anesthesiologist(s); (Detail)	2.9.c.1.	anesthesiologist(s); (Detail)
II.B.3.c).(2).(b)	child and adolescent psychiatrist(s); (Core)	2.9.c.2.	child and adolescent psychiatrist(s); (Co
II.B.3.c).(2).(c)	child neurologist(s); (Detail)	2.9.c.3.	child neurologist(s); (Detail)
II.B.3.c).(2).(d)	medical geneticist(s); (Detail)	2.9.c.4.	medical geneticist(s); (Detail)
II.B.3.c).(2).(e)	neurological surgeon(s); (Detail)	2.9.c.5.	neurological surgeon(s); (Detail)
II.B.3.c).(2).(f)	neuroradiologist(s); (Detail)	2.9.c.6.	neuroradiologist(s); (Detail)
II.B.3.c).(2).(g)	nuclear medicine physician(s); (Detail)	2.9.c.7.	nuclear medicine physician(s); (Detail)
II.B.3.c).(2).(h)	obstetrician(s) and gynecologist(s)(Detail)	2.9.c.8.	obstetrician(s) and gynecologist(s) (Deta
II.B.3.c).(2).(i)	ophthalmologist(s); (Detail)	2.9.c.9.	ophthalmologist(s); (Detail)
II.B.3.c).(2).(j)	pathologist(s); (Detail)	2.9.c.10.	pathologist(s); (Detail)

ty development designed to enhance

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

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

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

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

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

owing specialists with substantial

core)

etail)

Roman Numeral Requirement		Reformatted	
	Requirement Language	Requirement Number 2.9.c.11.	
II.B.3.c).(2).(k) II.B.3.c).(2).(l)	pediatric surgeon(s); (Core) interventional radiologist(s); and, (Core)	2.9.c.12.	pediatric surgeon(s); (Core) interventional radiologist(s); and, (Core)
II.B.3.c).(2).(n)	urologist(s). (Core)	2.9.c.12.	urologist(s). (Core)
11.D.0.0).(2).(11)		2.0.0.10.	
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
	Core Faculty		
II.B.4.	Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or adm of their activities, teach, evaluate, and fellows. (Core)
	Faculty members must complete the annual ACGME Faculty Survey.		
II.B.4.a)	(Core)	2.10.a.	Faculty members must complete the
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 pediatric endocrinology by the ABP or AOBP, or have qualifications acceptable to the Review Committee. (Core)	2.10.b.	To ensure the quality of the educational and to provide adequate supervision of faculty members, inclusive of the progra endocrinology by the ABP or AOBP, or Review Committee. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinato
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)
II.C.2.a)	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core) 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: 0.8 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.	At a minimum, the program coordinator time and support specified below for add Number of Approved Fellow Positions: 4 Number of Approved Fellow Positions: 4 Number of Approved Fellow Positions: 7 Number of Approved Fellow Positions: 7
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its ensure the availability of necessary p administration of the program. (Core
		1	

ansition care of young adults. (Detail)

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

e annual ACGME Faculty Survey. (Core)

al and scholarly activity of the program, of fellows, there must be at least two core gram director, who are certified in pediatric or have qualifications acceptable to the

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: 0.68 10-12 | Minimum FTE: 0.74 13-15 | 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)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	In order to enhance fellows' understanding of the multidisciplinary nature of		In order to enhance fellows' understand
	pediatric endocrinology, the following personnel with pediatric focus and		pediatric endocrinology, the following pe
II.D.1.	experience should be available:	2.12.a.	experience should be available:
II.D.1.a)	child life therapist(s); (Detail)	2.12.a.1.	child life therapist(s); (Detail)
II.D.1.b)	diabetes educator(s); (Core)	2.12.a.2.	diabetes educator(s); (Core)
II.D.1.c)	dietician(s); (Core)	2.12.a.3.	dietician(s); (Core)
II.D.1.d)	mental health professional(s); (Detail)	2.12.a.4.	mental health professional(s); (Detail)
II.D.1.e)	nurse(s); (Detail)	2.12.a.5.	nurse(s); (Detail)
II.D.1.f)	pharmacist(s); (Core)	2.12.a.6.	pharmacist(s); (Core)
II.D.1.g)	school and special education contacts; and, (Detail)	2.12.a.7.	school and special education contacts; a
II.D.1.h)	social worker(s). (Detail)	2.12.a.8.	social worker(s). (Detail)
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 a pediatric endocrinology program must include the satisfactory completion of pediatrics or combined internal medicine-pediatrics residency program that satisfies the requirements listed in III.A.1. (Core)	3.2.a.1.	Prerequisite education for entry into a pe include the satisfactory completion of pe pediatrics residency program that satisfie
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 condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant'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 Commissio (ECFMG) certification. (Core)

ding of the multidisciplinary nature of personnel with pediatric focus and

; and, (Detail)

ip Programs

htry into ACGME-accredited fellowship ACGME-accredited residency program, m, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or hada (CFPC)-accredited residency

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

pediatric endocrinology program must bediatrics or combined internal medicinefies the requirements listed in 3.2. (Core)

s will allow the following exception to ts:

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

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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 appoir 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 o and innovation in graduate medical en 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 tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.D.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo

nt Language	
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cception must have an evaluation of ompetency Committee within 12 weeks

bint more fellows than approved by the

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

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, xpected that the program aims will ic goals for it and its graduates; for am aiming to prepare physicianculum from one focusing on

lowing educational components:

th 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 istributed, 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)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concepture 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 Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acquire
IV.B.1.	The program must integrate the following ACGME Competencies into the 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) Patient Care and Procedural Skills	4.3.	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core)
IV.B.1.b) 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)	[None] 4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patien centered, 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 pediatric endocrinology. (Core)	4.4.a.	Fellows must develop competence in the endocrinology. (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 informed 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 context of the patient and family. (Core)
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 context of the patient and family. (Core)

Experiences – Didactic and Clinical

ected time to participate in core

omote patient safety-related goals,

otual 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 puired in residency.

ME Competencies into the curriculum.

alism tment to professionalism and an re)

re

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

he clinical skills needed in pediatric

provide consultation, perform a history ned diagnostic and therapeutic decisions 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 cultural e)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	demonstrate the ability to refer and/or co-manage patients with common		Fellows must demonstrate the ability to
	behavioral and mental health issues along with appropriate specialists when		common behavioral and mental health is
IV.B.1.b).(1).(d).(ii)	indicated. (Core)	4.4.e.	when indicated. (Core)
IV = 1 + (1) = (2)	Fellows must demonstrate competence in providing or coordinating care with a medical home for patients with complex and chronic diseases. (Core)	4.4.f.	Fellows must demonstrate competence medical home for patients with complex
IV.B.1.b).(1).(e)		4.4.1.	
IV.B.1.b).(1).(f)	Fellows must competently use and interpret laboratory tests imaging, and other diagnostic procedures. (Core)	4.4.g.	Fellows must competently use and interp diagnostic procedures. (Core)
	Fellows must demonstrate competence in the acute care of patients with		Fellows must demonstrate competence
	endocrine disorders in the ambulatory, emergency, and inpatient settings,		endocrine disorders in the ambulatory, e
IV.B.1.b).(1).(g)	including such care of patients with endocrine emergencies. (Core)	4.4.h.	including such care of patients with endo
	Fellows must demonstrate competence in the longitudinal care, monitoring, care		Fellows must demonstrate competence
	coordination, and facilitation of the transition to adult health care of patients with		coordination, and facilitation of the trans
	chronic endocrine disorders, including diabetes mellitus, in the ambulatory and	4.4.5	chronic endocrine disorders, including di
IV.B.1.b).(1).(h)	inpatient settings. (Core)	4.4.i.	inpatient settings. (Core)
IV D 1 b) (1) (i)	Fellows must demonstrate competence in the care of patients with the following:	4.4.5	Fellows must demonstrate competence
IV.B.1.b).(1).(i)	(Core)	4.4.j.	(Core)
IV.B.1.b).(1).(i).(i)	disorders of growth; (Core)	4.4.j.1.	disorders of growth; (Core)
IV.B.1.b).(1).(i).(ii)	disorders of anterior pituitary hormone physiology; (Core) disorders of posterior pituitary hormone physiology;(Core)	4.4.j.2. 4.4.j.3.	disorders of anterior pituitary hormone p disorders of posterior pituitary hormone
IV.B.1.b).(1).(i).(iii)	disorders of posterior pitulary normone physiology; (Core)		disorders of thyroid hormone physiology
IV.B.1.b).(1).(i).(iv)	endocrine neoplasia; (Core)	4.4.j.4 4.4.j.5.	endocrine neoplasia; (Core)
IV.B.1.b).(1).(i).(v)	disorders of adrenal gland physiology; (Core)	-	disorders of adrenal gland physiology; (Core)
IV.B.1.b).(1).(i).(vi)		4.4.j.6.	
	disorders of androgen and estrogen physiology, including adolescent	4 4 ; 7	disorders of androgen and estrogen phy
IV.B.1.b).(1).(i).(vii)	reproductive endocrinology; (Core)	4.4.j.7.	reproductive endocrinology; (Core)
	disorders of sexual differentiation and development, including patients with	4 4 5 0	disorders of sexual differentiation and de
IV.B.1.b).(1).(i).(viii)	gender dysphoria; (Core)	4.4.j.8.	gender dysphoria; (Core)
IV.B.1.b).(1).(i).(ix)	disorders of parathyroid gland physiology; (Core)	4.4.j.9.	disorders of parathyroid gland physiolog
IV.B.1.b).(1).(i).(x)	disorders of calcium, phosphorus, and vitamin D; (Core)	4.4.j.10.	disorders of calcium, phosphorus, and v
IV.B.1.b).(1).(i).(xi)	disorders of bone physiology; (Core)	4.4.j.11.	disorders of bone physiology; (Core)
IV.B.1.b).(1).(i).(xii)	disorders of fluid and electrolyte balance; (Core)	4.4.j.12.	disorders of fluid and electrolyte balance
	disorders of carbohydrate metabolism, including diabetes mellitus and	4.4.40	disorders of carbohydrate metabolism, ir
IV.B.1.b).(1).(i).(xiii)	hypoglycemia; (Core)	4.4.j.13.	hypoglycemia; (Core)
IV.B.1.b).(1).(i).(xiv)	disorders of nutrition; and, (Core)	4.4.j.14.	disorders of nutrition; and, (Core)
IV.B.1.b).(1).(i).(xv)	obesity including obesity-related endocrine disorders. (Core)	4.4.j.15	obesity including obesity-related endocri
	Fellows must demonstrate leadership skills to enhance team function, the		Fellows must demonstrate leadership sk
	learning environment, and/or the health care delivery system/environment with		learning environment, and/or the health
IV.B.1.b).(1).(j)	the ultimate intent of improving care of patients. (Core)	4.4.k.	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

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

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

e in the acute care of patients with , emergency, and inpatient settings, docrine emergencies. (Core)

e in the longitudinal care, monitoring, care nsition to adult health care of patients with diabetes mellitus, in the ambulatory and

e in the care of patients with the following:

physiology; (Core)

e physiology;(Core)

gy; (Core)

(Core)

nysiology, including adolescent

development, including patients with

ogy; (Core)

vitamin D; (Core)

ce; (Core)

including diabetes mellitus and

crine disorders. (Core)

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

Skills

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and teaching methods. (Core)	4.6.a.	Fellows must demonstrate knowledge of research methodology, study design, pre and/or approval of clinical research proto of evidence-based medicine, ethical prin teaching methods. (Core)
IV.B.1.c).(2)	Fellows must understand the principles of laboratory techniques, including the measurements of hormones. (Core)	4.6.b.	Fellows must understand the principles of measurements of hormones. (Core)
IV.B.1.c).(2).(a)	Fellows must be able to recognize the limitations of interpretation of laboratory	4.6.b.1.	Fellows must be able to recognize the lin results. (Core)
IV.B.1.c).(2).(b)	Fellows must be able to interpret endocrine laboratory results, including stimulation and suppression tests. (Core)	4.6.b.2.	Fellows must be able to interpret endocr stimulation and suppression tests. (Core
IV.B.1.c).(2).(c)	Fellows should be able to choose the most appropriate imaging modality for a given endocrine disorder. (Core)	4.6.b.3.	Fellows should be able to choose the mo given endocrine disorder. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperson result in the effective exchange of info patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he

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

s of laboratory techniques, including the

limitations of interpretation of laboratory

crine laboratory results, including re)

most appropriate imaging modality for a

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

nal and Communication Skills sonal and communication skills that oformation and collaboration with rofessionals. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie 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 instruction if applicable for the subspecialty, inclusion substance use disorder. (Core)
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 t 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 The program must provide instructio if applicable for the subspecialty, inc substance use disorder. (Core)
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 manage a diverse pediatric endocrinology patient population (in terms of diagnoses and complexity) both in inpatient and outpatient settings. (Core)	4.11.b.	Fellows must manage a diverse pediatri terms of diagnoses and complexity) both (Core)
IV.C.4.a)	Fellows must learn through patient care about normal and abnormal hormonal regulation. (Core)	4.11.b.1.	Fellows must learn through patient care regulation. (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 management icluding recognition of the signs of

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

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

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

v Experiences – Pain Management ion and experience in pain management icluding recognition of the signs of

nonths of clinical experience. (Core)

tric endocrinology patient population (in oth in inpatient and outpatient settings.

re about normal and abnormal hormonal

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IV.C.4.b)	The interaction of endocrine pathology and psychosocial problems must be addressed. (Core)	4.11.b.2.	The interaction of endocrine pathology a addressed. (Core)
IV.C.5.	Fellows must have responsibility throughout their educational program for providing longitudinal outpatient care that is supervised by one or more members of the pediatric endocrinology faculty. (Core)	4.11.c.	Fellows must have responsibility through providing longitudinal outpatient care that members of the pediatric endocrinology
IV.C.6.	Fellow education must include experience in serving as a role model and providing supervision to residents and/or medical students. (Core)	4.11.d.	Fellow education must include experience providing supervision to residents and/or
IV.C.7.	Fellows must have a formally structured educational program in the clinical and basic sciences related to pediatric endocrinology. (Core)	4.11.e.	Fellows must have a formally structured basic sciences related to pediatric endoc
IV.C.7.a)	The program must utilize didactic and clinical experience for fellow education. (Core)	4.11.f.	The program must utilize didactic and clin (Core)
IV.C.7.b)	Pediatric endocrinology conferences must occur regularly, and must involve active fellow participation in planning and implementation. (Core)	4.11.g.	Pediatric endocrinology conferences mus active fellow participation in planning and
IV.C.7.c)	Fellow education must include instruction in:	[None]	
IV.C.7.c).(1)	basic and fundamental disciplines, as appropriate to pediatric endocrinology, such as anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism; (Core)	4.11.h.	Fellow education must include instruction as appropriate to pediatric endocrinology biochemistry, embryology, pathology, min genetics, and nutrition/metabolism. (Core
IV.C.7.c).(2)	pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, and conferences dealing with complications and death, as well as the scientific, ethical, and legal implications of confidentiality and informed consent; (Core)	4.11.i.	Fellow education must include instruction of recent advances in clinical medicine a conferences dealing with complications a ethical, and legal implications of confider
IV.C.7.c).(3)	bioethics; and, (Core)	4.11.j.	Fellow education must include instruction
IV.C.7.c).(3).(a)	This should include attention to physician-patient, physician-family, physician-physician/allied health professional, and physician-society relationships. (Detail)	4.11.j.1.	This should include attention to physiciar physician/allied health professional, and
IV.C.7.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. (Core)		Fellow education must include instruction current health care management issues, practice management, preventive care, p resource allocation, and clinical outcome

and psychosocial problems must be

ghout their educational program for hat is supervised by one or more y faculty. (Core)

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

d educational program in the clinical and ocrinology. (Core)

clinical experience for fellow education.

nust occur regularly, and must involve nd implementation. (Core)

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Boguiromon
Number		Requirement Number	Requiremen
	Scholarship		
	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching
IV.D.	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]	The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, ar 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.	Dreamen Beeneneikilitiee	4.13.	Program Responsibilities The program must demonstrate evide
IV.D.1.a)	Program Responsibilities The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	with its mission(s) and aims. (Core) Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow activities. (Core)
			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 commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education

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

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

dence of scholarly activities, consistent

dence of scholarly activities, consistent

Sponsoring Institution, must allocate ow and faculty involvement in scholarly

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

safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

nittees, educational organizations, or

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Among their scholarly activity, programs must demonstrate		Faculty Scholarly Activity
	accomplishments in at least three of the following domains: (Core)		Among their scholarly activity, progra
	•Research in basic science, education, translational science, patient care,		accomplishments in at least three of •Research in basic science, education
	or population health		or population health
	•Peer-reviewed grants		•Peer-reviewed grants
	•Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical		•Quality improvement and/or patient s •Systematic reviews, meta-analyses,
	textbooks, or case reports		textbooks, or case reports
	•Creation of curricula, evaluation tools, didactic educational activities, or		•Creation of curricula, evaluation tool
	electronic educational materials •Contribution to professional committees, educational organizations, or		electronic educational materials Contribution to professional commit
	editorial boards		editorial boards
IV.D.2.a)	•Innovations in education	4.14.	 Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fol
	faculty participation in grand rounds, posters, workshops, quality		faculty participation in grand rounds,
	improvement presentations, podium presentations, grant leadership, non-		improvement presentations, podium
	peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or		peer-reviewed print/electronic resource chapters, textbooks, webinars, servic
	serving as a journal reviewer, journal editorial board member, or editor;		serving as a journal reviewer, journal
IV.D.2.b).(1)	(Outcome)	4.14.a.1.	(Outcome)
	Scholarly activity must be in a field, such as basic science, clinical care, health		Scholarly activity must be in a field, such
11/(D,2,b)(1)(a)	services, health policy, quality improvement, or education, as it relates to pediatric endocrinology. (Core)	4.14.a.1.a.	services, health policy, quality improvem pediatric endocrinology. (Core)
IV.D.2.b).(1).(a)	peer-reviewed publication. (Outcome)	4. 14.a. 1.a.	pediatric endocrinology. (Core)
IV.D.2.b).(2)		4.14.a.2.	peer-reviewed publication. (Outcome)
			Fellow Scholarly Activity
			Where appropriate, the core curriculum i collaborative effort involving all of the per-
IV.D.3.	Fellow Scholarly Activity	4.15.	institution. (Detail)
			Fellow Scholarly Activity
	Where appropriate, the core curriculum in scholarly activity should be a		Where appropriate, the core curriculum i
IV.D.3.a)	collaborative effort involving all of the pediatric subspecialty programs at the institution. (Detail)	4.15.	collaborative effort involving all of the perinstitution. (Detail)
τν.υ.υ.α	Each fellow must design and conduct a scholarly project under the guidance of	T. IV.	Each fellow must design and conduct a s
IV.D.3.b)	the fellowship director and a designated mentor. (Core)	4.15.a.	the fellowship director and a designated
	The program must provide a scholarship oversight committee for each fellow to		The program must provide a scholarship
IV.D.3.c)	oversee and evaluate their progress as related to the scholarly project. (Core)	4.15.b.	oversee and evaluate their progress as r
	Where applicable, the process of establishing fellow scholarship oversight		Where applicable, the process of establi
$V \square 3 c (1)$	committees should be a collaborative effort involving other pediatric	4.15.b.1.	committees should be a collaborative eff
IV.D.3.c).(1)	subspecialty programs or other experts. (Detail) The scholarly experience must begin in the first year and continue throughout	4.10.0.1.	programs or other experts. (Detail) The scholarly experience must begin in t
	The sension y experience must begin in the mat year and continue throughout		The senerary experience must begin in t

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;

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

e)

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

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

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

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

olishing fellow scholarship oversight effort involving other pediatric subspecialty

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Poquiromon
	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.	4.15.c.1.	Fellows must have a minimum of 12 mo activity, including the development of re-
IV.D.3.d).(1) V.	(Core) Evaluation	Section 5	presentation of results to the scholarship Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than the must be documented at least every the
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as 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 objecti the Competencies and the subspecia (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty i other professional staff members); ar
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 v documented semi-annual evaluation along the subspecialty-specific Miles
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
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

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

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

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aluation

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

the completion of the assignment.

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

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

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

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

ical Competency Committee for its formance and improvement toward

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

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

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

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sur includes their readiness to progress applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's perform by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1) V.A.2.a).(2)	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) The final evaluation must:	5.2.a. [None]	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors neco (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared v program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competence members, at least one of whom is a c be faculty members from the same pr health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

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

with the fellow upon completion of the

must be appointed by the program

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

e must review all fellow evaluations at

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

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

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V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pla
v.c.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee m program faculty members, at least one and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue 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 improve

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)

nt

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

nt

the Program Evaluation Committee to Program Evaluation as part of the 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.

oonsibilities must include guiding luding development of new goals,

oonsibilities must include review of the entify strengths, challenges, I 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)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a 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 ultimat
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 encourage take the certifying examination offered 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 i for the first time must be higher than t 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 the program's aggregate pass rate of first time must be higher than the bott that subspecialty. (Outcome)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the bott that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bott 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 specifi 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

eluding the action plan, must be the 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

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

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

IS 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

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

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

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

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	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environme Fellowship education must occur in the environment that emphasizes the follo
	•Excellence in the safety and quality of care rendered to patients by fellows today		•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 the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
VI.A.1.a).(1)	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 a willingness to transparently deal with has formal mechanisms to assess the its personnel toward safety in order to
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
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 v
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,	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

ng Environment

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the context of a learning and working llowing principles:

of care rendered to patients by

i of care rendered to patients by ce

oviding care for patients

ne students, residents, fellows, faculty ealth care team

ous identification of vulnerabilities and with them. An effective organization he knowledge, skills, and attitudes of to identify areas for improvement.

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

t-up of safety events, near misses, and anisms for improving patient safety, 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.

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VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Requiremen 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 po
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of can with their Sponsoring Institutions, de monitor a structured chain of respons to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision 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		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, dei monitor a structured chain of respons to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes
VI.A.2.a)	professional growth.	[None]	professional growth. Fellows and faculty members must in roles in that patient's care when prov
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.	information must be available to fellow of the health care team, and patients.

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 accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it relates e.

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

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it relates e.

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)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
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 fellow 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 the place for all fellows is based on each as well as patient complexity and acuit through a variety of methods, as approximations and the provide the providet the provide the providet the
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pati fellow and the supervising physician i patient care through appropriate telec
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.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pati fellow and the supervising physician patient care through appropriate telec
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.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pati fellow and the supervising physician patient care through appropriate telec
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 prov or audio supervision but is immediate guidance and is available to provide a

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

ally present with the fellow during the on.

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

ally present with the fellow during the on.

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

ally present with the fellow during the on.

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available 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 physic 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 progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)		Faculty members functioning as supe 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 supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the su
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 th 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 mus the knowledge and skills of each fello appropriate level of patient care autho
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includin to be appropriately rested and fit to pr patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includin to be appropriately rested and fit to pr 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

ble to provide review of ck provided after care is delivered. sical presence of a supervising

ty and responsibility, conditional le in patient care delegated to each gram director and faculty members.

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

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

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

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

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

ust be of sufficient duration to assess low and to delegate to the fellow the hority and responsibility. (Core)

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

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

am must be accomplished without ill non-physician obligations. (Core)

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VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the progra 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 programe aning that each fellow finds in the 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 S a professional, equitable, respectful, psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)
VI.C.	 Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training. Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers. 	[None]	Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills to nurtured in the context of other aspect Fellows and faculty members are at ra Programs, in partnership with their Sp same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and at 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:

ram must ensure manageable patient

ram must include efforts to enhance the ne experience of being a physician, ents, 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 e from discrimination, sexual and other , abuse, or coercion of students,

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

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

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

n partnership with the Sponsoring

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	•
	attention to scheduling, work intensity, and work compression that	6 12 0	attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	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)
1.0.1.5	policies and programs that encourage optimal fellow and faculty member	0.10.5.	policies and programs that encourage
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
,	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunit
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
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 burn disorders, suicidal ideation, or potent assist those who experience these co
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-so
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. (0
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 fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for felle care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure 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 trar may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		
	The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient		Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a
VI.E.1.	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available suppo

sity, and work compression that

d addressing the safety of fellows and

ge optimal fellow and faculty member

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

mbers in:

Irnout, depression, and substance use ntial for violence, including means to conditions; (Core)

nemselves and how to seek appropriate

screening. (Core)

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

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

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 l)

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

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

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

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	The program director must have the authority and responsibility to set and adjust the clinical responsibilities and ensure that fellows have appropriate		The program director must have the aut the clinical responsibilities and ensure th
VI.E.1.a)	clinical responsibilities and an appropriate patient load. (Core) This must include progressive clinical, technical, and consultative experiences that will enable each fellow to develop expertise as a pediatric endocrinology	6.17.a.	responsibilities and an appropriate patie This must include progressive clinical, te that will enable each fellow to develop e
VI.E.1.a).(1) VI.E.1.a).(2)	consultant. (Core) Lines of responsibility for the fellows must be clearly defined. (Core)	6.17.a.1. 6.17.a.2.	consultant. (Core) Lines of responsibility for the fellows mu
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, ir the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows an team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ad
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours n hours per week, averaged over a four house clinical and educational activiti 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 f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At- home 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

uthority and responsibility to set and adjust that fellows have appropriate clinical ient load. (Core)

technical, and consultative experiences expertise as a pediatric endocrinology

ust be clearly defined. (Core)

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

Inments to optimize transitions in requency, and structure. (Core)

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

Sponsoring Institutions, must ensure nd-off processes to facilitate both v. (Core)

are competent in communicating with ess. (Outcome)

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 inities, clinical work done from home,

rk and Education ⁻ between scheduled clinical work and

rk and Education [•] between scheduled clinical work and

free of clinical work and education e)

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

Roman Numeral Requirement Number	Poquiroment Language	Reformatted Requirement Number	Dominomor
VI.F.3.	Requirement Language Maximum Clinical Work and Education Period Length	6.22.	Requiremen 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 clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time m patient safety, such as providing effe education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv a patient or patient's family; or to atte (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give a patient or patient's family; or to atte (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 rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Pediatrics wi the 80-hour limit to the fellows' work wee
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)

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tion Period Length ds for fellows must not exceed 24 nical assignments. (Core)

tion Period Length ds for fellows must not exceed 24 nical assignments. (Core)

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

Exceptions

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

Exceptions

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

lucation must be counted toward the

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

will not consider requests for exceptions to /eek.

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

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

d external moonlighting (as defined in states of the second terms of te

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	In-House Night Float	·····	
VI.F.6.	Night float must occur within the context of the 80-hour and one-day-off-in-	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 third night (when averaged over a fou
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities to toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities I toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free 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 fel

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

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

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

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

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