Roman Numeral	Requirement Language	Reformatted Requirement	Boguiromon
Requirement Number	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	Number	Requirement Definition of Graduate Medical Educa Fellowship is advanced graduate med residency program for physicians wh practice. Fellowship-trained physician subspecialty care, which may also ind
	community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		community resource for expertise in a new knowledge into practice, and edu physicians. Graduate medical educate group of physicians brings to medica inclusive and psychologically safe lea
	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		Fellows who have completed resident in their core specialty. The prior medi fellows distinguish them from physici care of patients within the subspecial faculty supervision and conditional in serve as role models of excellence, co professionalism, and scholarship. The knowledge, patient care skills, and ex area of practice. Fellowship is an inter- clinical and didactic education that for of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, f
Int.A.	members of the health care team. 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)	members of the health care team. In addition to clinical education, many 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 care expertise achieved, fellows develop n infrastructure that promotes collabora

ation

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Definition of Subspecialty		
Int.B.	Pediatric gastroenterology programs provide fellows with the background and experience to diagnose and manage patients with acute and chronic diseases of the digestive system (mouth, pharynx, esophagus, stomach, intestines, hepatobiliary system, and pancreas) and with nutritional disorders, and to conduct scholarly activity in this specialized field. (Core)	[None]	Definition of Subspecialty Pediatric gastroenterology programs pro experience to diagnose and manage pa of the digestive system (mouth, pharynx hepatobiliary system, and pancreas) and conduct scholarly activity in this speciali
	Length of Educational Program	[]	
Int.C.	The educational program must be 36 months in length. (Core)	4.1.	Length of Program The educational program must be 36 mo
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is no most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by c Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)		The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	An accredited pediatric gastroenterology 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 gastroenterology core pediatric residency program, and s ACGME-accredited Sponsoring Institution
I.B.1.a).(1)	The pediatric gastroenterology program should be geographically proximate to the core pediatric residency program. (Detail)	1.2.a.1.	The pediatric gastroenterology program the core pediatric residency program. (D
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	<u> </u>
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least ev
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the de (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must by the program director, who is accou- site, in collaboration with the program

brovide fellows with the background and batients with acute and chronic diseases nx, esophagus, stomach, intestines, and with nutritional disorders, and to alized field. (Core)

months in length. (Core)

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

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

m should be geographically proximate to (Detail)

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

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

cal learning and working environment

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

Roman Numeral		Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requiremen
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		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 present), fellows, faculty members, so members, and other relevant member
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 gastroenterology. (Core)	1.8.b.	The program must have access to labor specific to pediatric gastroenterology. (C
I.D.1.b).(1)	There must be fully equipped and staffed procedure facilities that include diagnostic and therapeutic endoscopic instruments, staff members skilled in the care of pediatric patients, and appropriate equipment for patients ranging in age from the neonate to the young adult. (Core)	1.8.b.1.	There must be fully equipped and staffe diagnostic and therapeutic endoscopic in care of pediatric patients, and appropria from the neonate to the young adult. (Co
I.D.1.c)	An adequate number and variety of pediatric gastroenterology 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 ped in age from newborn through young adu 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 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 workin 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)		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 lactatic 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 dis Sponsoring Institution's policy. (Core
	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		Fellows must have ready access to suppropriate reference material in print include access to electronic medical
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)

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

ion

s Sponsoring Institution, must engage driven, ongoing, systematic recruitment usive workforce of residents (if , senior administrative GME staff pers of its academic community. (Core)

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

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

prehensive laboratory, pathology, and

ooratories in order to perform testing (Core)

fed procedure facilities that include instruments, staff members skilled in the iate equipment for patients ranging in age Core)

ediatric gastroenterology patients ranging dulthood must be available to provide a re)

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

s Sponsoring Institution, must ensure ing environments that promote fellow

)

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

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

opriate to the participating site; and,

isabilities consistent with the pre)

subspecialty-specific and other rint 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 [Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
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 17 (FTE) 0.5 Number of Approved Fellow Positions > 0.6
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 Graduat (GMEC) must approve a change in pro program director's licensure and clin
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 requirement
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
I.E. II.	but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core) Personnel	1.11. Section 2	but not limited to residents from othe and advanced practice providers, mu appointed fellows' education. (Core) Section 2: Personnel
	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including		Other Learners and Health Care Perso The presence of other learners and of
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement

ent Language
rsonnel
other health care personnel, including her programs, subspecialty fellows, nust not negatively impact the e)
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)
st be provided with support equal to a ow for administration of the program. This ector only or divided between the program r assistant) program directors. (Core)
< 7 Minimum Support Required (FTE)
7-10 Minimum Support Required (FTE)
11-15 Minimum Support Required
> 15 Minimum Support Required (FTE)
tor: s subspecialty expertise and view Committee. (Core)
n Requirements deem certification by a opathic Association (AOA) acceptable, fication in this subspecialty]
tor: s subspecialty expertise and ⁄iew Committee. (Core)

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
	must include current certification in the subspecialty for which they are the program director by the American Board of Pediatrics or subspecialty qualifications that are acceptable to the Review Committee; and, (Core)		The program director must possess of subspecialty for which they are the p Board of Pediatrics or subspecialty qu Review Committee. (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.A.3.c)		2.4.b.	The program director must have a recor activities. (Core)
II.A.4. II.A.4.a)		2.5. [None]	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a) II.A.4.a).(1)		2.5.a.	The program director must be a role i
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core) administer and maintain a learning environment conducive to educating	2.5.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the missi The program director must administe environment conducive to educating
II.A.4.a).(3) 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		Competency domains. (Core) The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learn the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to mistreatment, and provide feedback i appropriate, without fear of intimidati
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	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when act not to promote, or renew the appoint
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)

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

Requirements deem certification by a pathic Association (AOA) acceptable, fication in this subspecialty] ord of ongoing involvement in scholarly

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

e model of professionalism. (Core)

and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core) ter and maintain a learning g the fellows in each of the ACGME

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

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

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

a learning and working environment in to raise concerns, report < in a confidential manner as ation or retaliation. (Core)

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

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

Roman Numeral Requirement Number	Poquiromont Languago	Reformatted Requirement Number	Beguiremen
Requirement Number	Requirement Language Fellows must not be required to sign a non-competition guarantee or	Number	Requiremen Fellows must not be required to sign
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must documen fellows within 30 days of completion (Core)
<i></i> .	provide verification of an individual fellow's education upon the fellow's		The program director must provide v
II.A.4.a).(11)	request, within 30 days; and, (Core)	2.5.k.	education upon the fellow's request,
	Faculty		Faculty
	 Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected 		 Faculty members are a foundational of education – faculty members teach for Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, community demonstrating compassion, community for the professionalism, and a compatient care, professionalism, and model ended and model ended and model ended and the population. Faculty members ensure that patients and the population.
	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		from a specialist in the field. They red the patients, fellows, community, and provide appropriate levels of supervi Faculty members create an effective
II.B.	professional manner and attending to the well-being of the fellows and themselves.	[None]	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.	instruct and supervise all fellows. (Core)	2.6.	instruct and supervise all fellows. (Co
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
	demonstrate commitment to the delivery of safe, equitable, high-quality,		Faculty members must demonstrate
II.B.2.b)	cost-effective, patient-centered care; (Core)	2.7.a.	equitable, high-quality, cost-effective
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
	administer and maintain an educational environment conducive to		Faculty members must administer an
II.B.2.d)	educating fellows; (Core)	2.7.c.	environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a

gn a non-competition guarantee or

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

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

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

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

of faculty members with competence to Core)

tels of professionalism. (Core)

e commitment to the delivery of safe, ve, patient-centered care. (Core) e a strong interest in the education of ent time to the educational program to g responsibilities. (Core) and maintain an educational ng fellows. (Core) articipate in organized clinical

and conferences. (Core)

Roman Numeral		Reformatted Requirement	Denvirone
Requirement Number		Number	Requiremen
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue facult their skills at least annually. (Core)
II.B.2.g)	mentor fellows in the application of scientific principles, epidemiology, biostatistics, and evidence-based medicine to the clinical care of patients. (Core)	2.7.f.	Faculty members must mentor fellows ir epidemiology, biostatistics, and evidenc patients. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have 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 appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Meml Subspecialty physician faculty memb the subspecialty by the American Bos qualifications judged acceptable to th
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member Association (AOA) certifying board, o acceptable to the Review Committee.
	In addition to the pediatric gastroenterology faculty members, ABP- or AOBP-		In addition to the pediatric gastroenterol
II.B.3.c).(1)	certified faculty members and consultants in the following subspecialties must be available:	2.9.b.	certified faculty members and consultan be available:
II.B.3.c).(1).(a)	neonatal-perinatal medicine; (Core)	2.9.b.1.	neonatal-perinatal medicine; (Core)
II.B.3.c).(1).(b)	pediatric cardiology; (Core)	2.9.b.2.	pediatric cardiology; (Core)
II.B.3.c).(1).(c)	pediatric critical care; (Core)	2.9.b.3.	pediatric critical care; (Core)
II.B.3.c).(1).(d)	pediatric endocrinology; (Core)	2.9.b.4.	pediatric endocrinology; (Core)
II.B.3.c).(1).(e)	pediatric hematology-oncology; (Core)	2.9.b.5.	pediatric hematology-oncology; (Core)
II.B.3.c).(1).(f)	pediatric infectious diseases; (Core)	2.9.b.6.	pediatric infectious diseases; (Core)
II.B.3.c).(1).(g)	pediatric nephrology; and, (Core)	2.9.b.7.	pediatric nephrology; and, (Core)
II.B.3.c).(1).(h)	pediatric pulmonology. (Core)	2.9.b.8.	pediatric pulmonology. (Core)
	The faculty should also include the following specialists with substantial		The faculty should also include the follow
II.B.3.c).(2)	experience with pediatric problems:	2.9.c.	experience with pediatric problems:
II.B.3.c).(2).(a)	allergist and immunologist(s); (Core)	2.9.c.1.	allergist and immunologist(s); (Core)
II.B.3.c).(2).(b)	anesthesiologist(s); (Core)	2.9.c.2.	anesthesiologist(s); (Core)
II.B.3.c).(2).(c)	child and adolescent psychiatrist(s); (Core)	2.9.c.3.	child and adolescent psychiatrist(s); (Co
II.B.3.c).(2).(d)	child neurologist(s); (Core)	2.9.c.4.	child neurologist(s); (Core)
II.B.3.c).(2).(e)	dermatologist(s); (Core)	2.9.c.5.	dermatologist(s); (Core)
II.B.3.c).(2).(f)	medical geneticist(s); (Core)	2.9.c.6.	medical geneticist(s); (Core)
II.B.3.c).(2).(g)	pathologist(s); (Core)	2.9.c.7.	pathologist(s); (Core)

Ity development designed to enhance

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

priate qualifications in their field and intments. (Core)

priate qualifications in their field and intments. (Core)

mbers

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

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

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

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

llowing specialists with substantial

Core)

Roman Numeral	Demuirement Lenguege	Reformatted Requirement	Deminung
Requirement Number	Requirement Language pediatric radiologist(s); and, (Core)	Number 2.9.c.8.	Pediatric radiologist(s); and, (Core)
II.B.3.c).(2).(h) II.B.3.c).(2).(i)	pediatric radiologist(s), and, (core)	2.9.c.9.	pediatric radiologist(s), and, (Core)
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	2.0.4.	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 members must have a si supervision of fellows and must devo effort to fellow education and/or adm component of their activities, teach, of feedback to fellows. (Core)
			Faculty members must complete the
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	(Core)
II.B.4.b)	To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least three core faculty members, inclusive of the program director, who are certified in pediatric gastroenterology by the ABP, or who have other qualifications acceptable to the Review Committee. (Core)	2.10.b.	To ensure the quality of the educational and to provide adequate supervision of core faculty members, inclusive of the p pediatric gastroenterology by the ABP, of acceptable to the Review Committee. (0
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
	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size		The program coordinator must be prospected support adequate for administration
II.C.2.	and configuration. (Core)	2.11.a.	and configuration. (Core)
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program coordinator time and support specified below for ad
II.C.2.a)	Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.3 Number of Approved Fellow Positions: 4-6 Minimum FTE: 0.5 Number of Approved Fellow Positions: 7-9 Minimum FTE: 0.68 Number of Approved Fellow Positions: 10-12 Minimum FTE: 0.74 Number of Approved Fellow Positions: 13-15 Minimum FTE: 0.8 Number of Approved Fellow Positions: 16-18 Minimum FTE: 0.86 Number of Approved Fellow Positions: 19-21 Minimum FTE: 0.92 Number of Approved Fellow Positions: 22-24 Minimum FTE: 0.98 Number of Approved Fellow Positions: 25-27 Minimum FTE: 1.04 Number of Approved Fellow Positions: 28-30 Minimum FTE: 1.1	2.11.b.	Number of Approved Fellow Positions: Number of Approved Fellow Positions:
	Other Program Personnel	2.11.0.	
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective	2.12.	Other Program Personnel The program, in partnership with its ensure the availability of necessary p administration of the program. (Core
II.D.1.	In order to enhance fellows' understanding of the multidisciplinary nature of pediatric gastroenterology, the following personnel with pediatric focus and experience should be available:	2.12.a.	In order to enhance fellows' understand pediatric gastroenterology, the following experience should be available:
II.D.1.a)	child life therapist(s); (Detail)	2.12.a. 2.12.a.1.	child life therapist(s); (Detail)
		L. 12.0.1.	

ansition care of young adults. (Detail)

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

ne annual ACGME Faculty Survey.

hal and scholarly activity of the program, of fellows, there must be at least three e program director, who are certified in P, or who have other qualifications (Core)

tor. (Core)

tor. (Core)

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

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

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

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

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

Pediatric Gastroenterology Crosswalk

Roman Numeral	Beguirement Lenguege	Reformatted Requirement Number	Deminerer
Requirement Number	dietician(s); (Detail)	2.12.a.2.	dietician(s); (Detail)
II.D.1.c)	mental health professional(s); (Detail)	2.12.a.2. 2.12.a.3.	mental health professional(s); (Detail)
II.D.1.d)	nurse(s); (Detail)	2.12.a.3. 2.12.a.4.	nurse(s); (Detail)
II.D.1.e)	pharmacist(s); (Detail)	2.12.a.4. 2.12.a.5.	pharmacist(s); (Detail)
II.D.1.f)	physical and occupational therapist(s); (Detail)	2.12.a.6.	physical and occupational therapist(s);
II.D.1.g)	respiratory therapist(s); (Detail)	2.12.a.7.	respiratory therapist(s); (Detail)
II.D.1.h)	school and special education contacts; (Detail)	2.12.a.8.	school and special education contacts;
II.D.1.i)	social worker(s); and, (Detail)	2.12.a.9.	social worker(s); and, (Detail)
II.D.1.j)	speech and language therapist(s). (Detail)	2.12.a.10.	speech and language therapist(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)		Eligibility Requirements – Fellowship All required clinical education for ent programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced S College of Physicians and Surgeons College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core) Prerequisite education for entry into a pediatric gastroenterology program must	3.2.a.	Fellowship programs must receive ve level of competence in the required f CanMEDS Milestones evaluations fro
III.A.1.b)	include the satisfactory completion of a 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 p include the satisfactory completion of a pediatrics residency program that satisf
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Pediatrics will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Pediatrics the fellowship eligibility requirement
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate appli eligibility requirements listed in 3.2, I additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director a the applicant's suitability to enter the review of the summative evaluations (Core)
	review and approval of the applicant's exceptional qualifications by the		review and approval of the applicant
III.A.1.c).(1).(b)	GMEC; and, (Core)	3.2.b.1.b.	GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissi (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exe their performance by the Clinical Cor of matriculation. (Core)
	1	1	

ent Language

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

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

a pediatric gastroenterology program must a pediatrics or combined internal medicineisfies the requirements listed in 3.2. (Core)

cs will allow the following exception to nts:

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

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

nt's exceptional qualifications by the

ssion for Foreign Medical Graduates

exception must have an evaluation of competency Committee within 12 weeks

Roman Numeral		Reformatted Requirement	
Requirement Number		Number	Requiremen
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)
	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon		Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a
III.C.	matriculation. (Core)	3.4.	matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is of and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wl
	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		It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific
IV.	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	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 objective designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
11.7.2.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their	7.2.0.	delineation of fellow responsibilities f responsibility for patient managemen
IV.A.3.	subspecialty; (Core)	4.2.c.	subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow I 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 pror tools, and techniques. (Core)

oint more fellows than approved by the

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

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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

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

yond direct patient care; and, (Core) v Experiences – Didactic and Clinical

ected time to participate in core

omote patient safety-related goals,

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremen
			ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the	[None]	
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitr adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must develop competence in the clinical skills needed in pediatric gastroenterology. (Core)	4.4.a.	Fellows must develop competence in the gastroenterology. (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 and physical examination, make informe that result in optimal clinical judgement, 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 seamless transitions. (Core)
IV.B.1.b).(1).(d)	In order to promote emotional resilience in children, adolescents and their families; fellow must:	4.4.d.	In order to promote emotional resilience families; fellows must provide care that i of the patient with common behavioral a cultural context of the patient and family
IV.B.1.b).(1).(d).(i)	provide care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family; and, (Core)	4.4.d.	In order to promote emotional resilience families; fellows must provide care that i of the patient with common behavioral a cultural context of the patient and family
IV.B.1.b).(1).(d).(ii)	demonstrate the ability to refer and/or co-manage patients with common behavioral and mental health issues along with appropriate specialists when indicated. (Core)	4.4.e.	Fellows must demonstrate the ability to common behavioral and mental health is when indicated. (Core)
IV.B.1.b).(1).(e)	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).(f)	Fellows must competently use and interpret laboratory tests, imaging, and other diagnostic procedures. (Core)	4.4.g.	Fellows must competently use and inter diagnostic procedures. (Core)

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

GME Competencies into the curriculum.

nalism

itment to professionalism and an pre)

are

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

the clinical skills needed in pediatric

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

to provide transfer of care that ensures

ce in children, adolescents and their at is sensitive to the developmental stage I and mental health issues, and the hily. (Core)

ce in children, adolescents and their at is sensitive to the developmental stage I and mental health issues, and the hily. (Core)

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

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

terpret laboratory tests, imaging, and other

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(g)	Fellows must demonstrate competence in the selection, performance, and evaluation of procedures for morphological, physiological, immunological, microbiological, and psychosocial assessment of gastrointestinal, pancreatic, and hepatobiliary diseases and nutritional disorders. (Core)	4.4.h.	Fellows must demonstrate competence evaluation of procedures for morphologi microbiological, and psychosocial asses and hepatobiliary diseases and nutrition
IV.B.1.b).(1).(h)	Fellows must demonstrate competence in utilizing a variety of diagnostic tests, e.g., the use of imaging techniques, tests of digestive system function, histological interpretation of biopsy specimens, and assessment of nutritional status and hepatobiliary and pancreatic function. (Core)	4.4.i.	Fellows must demonstrate competence e.g., the use of imaging techniques, test histological interpretation of biopsy spec status and hepatobiliary and pancreatic
IV.B.1.b).(1).(i)	Fellows must demonstrate an understanding of the indications, risks, and limitations, and be able to interpret the test results, of rectal suction biopsy, gastrointestinal manometry, paracentesis, and endoscopic retrograde cholangiopancreatography (ERCP). (Core)	4.4.j.	Fellows must demonstrate an understar limitations, and be able to interpret the to gastrointestinal manometry, paracentes cholangiopancreatography (ERCP). (Co
IV.B.1.b).(1).(j)	Fellows must demonstrate competence in managing infants, children, and adolescents with acute and chronic gastrointestinal and liver diseases, biliary/cholestatic disease, pancreatic disorders, nutritional disorders and those requiring liver transplantation, including:	4.4.k.	Fellows must demonstrate competence adolescents with acute and chronic gast biliary/cholestatic disease, pancreatic di requiring liver transplantation, including:
IV.B.1.b).(1).(j).(i)	growth failure and malnutrition, to include an understanding of nutritional assessment and parenteral and enteral nutrition support; (Core)	4.4.k.1.	growth failure and malnutrition, to includ assessment and parenteral and enteral
IV.B.1.b).(1).(j).(ii)	malabsorption/maldigestion (celiac disease, cystic fibrosis, pancreatic insufficiency, etc.; (Core)	4.4.k.2.	malabsorption/maldigestion (celiac disea insufficiency, etc.; (Core)
IV.B.1.b).(1).(j).(iii)	gastrointestinal allergy; (Core)	4.4.k.3.	gastrointestinal allergy; (Core)
IV.B.1.b).(1).(j).(iv)	peptic ulcer disease; (Core)	4.4.k.4.	peptic ulcer disease; (Core)
IV.B.1.b).(1).(j).(v)	hepatobiliary disease (biliary atresia, diseases of the gallbladder, fatty liver, intrahepatic cholestasis, autoimmune liver disease, viral hepatitis, acute liver failure, and metabolic liver diseases); (Core)	4.4.k.5.	hepatobiliary disease (biliary atresia, dis intrahepatic cholestasis, autoimmune liv failure, and metabolic liver diseases); (C
IV.B.1.b).(1).(j).(vi)	digestive tract anomalies; (Core)	4.4.k.6.	digestive tract anomalies; (Core)
IV.B.1.b).(1).(j).(vii)	inflammatory bowel disease; (Core)	4.4.k.7.	inflammatory bowel disease; (Core)
IV.B.1.b).(1).(j).(viii)	functional bowel disorders; (Core)	4.4.k.8.	functional bowel disorders; (Core)
IV.B.1.b).(1).(j).(ix)	pancreatitis (acute and chronic); (Core)	4.4.k.9.	pancreatitis (acute and chronic); (Core)
IV.B.1.b).(1).(j).(x)	gastrointestinal infections; (Core)	4.4.k.10	gastrointestinal infections; (Core)
IV.B.1.b).(1).(j).(xi)	gastrointestinal problems in the immune-compromised host, to include graft versus-host (GVH) disease; (Core)	4.4.k.11.	gastrointestinal problems in the immune versus-host (GVH) disease; (Core)
IV.B.1.b).(1).(j).(xii)	motility disorders; (Core)	4.4.k.12.	motility disorders; (Core)
IV.B.1.b).(1).(j).(xiii)	gastrointestinal bleeding; and, (Core)	4.4.k.13.	gastrointestinal bleeding; and, (Core)
IV.B.1.b).(1).(j).(xiv)	gastrointestinal complications of eating disorders. (Core)	4.4.k.14.	gastrointestinal complications of eating
IV.B.1.b).(1).(k)	Fellows must demonstrate leadership skills to enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients. (Core)	4.4.1.	Fellows must demonstrate leadership sk learning environment, and/or the health the ultimate intent of improving care of p
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for the
IV.B.1.b).(2).(a)	Fellows must demonstrate the necessary procedural skills and develop an understanding of the indications, risks, and limitations. (Core)	4.5.a.	Fellows must demonstrate the necessar understanding of the indications, risks, a

ce in the selection, performance, and ogical, physiological, immunological, sessment of gastrointestinal, pancreatic, onal disorders. (Core)

e in utilizing a variety of diagnostic tests, ests of digestive system function, ecimens, and assessment of nutritional ic function. (Core)

anding of the indications, risks, and e test results, of rectal suction biopsy, esis, and endoscopic retrograde Core)

e in managing infants, children, and astrointestinal and liver diseases, disorders, nutritional disorders and those g:

ude an understanding of nutritional al nutrition support; (Core)

ease, cystic fibrosis, pancreatic

diseases of the gallbladder, fatty liver, liver disease, viral hepatitis, acute liver (Core)

ne-compromised host, to include graft

g disorders. (Core)

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in the performance of medical procedures related to gastrointestinal and liver disease for screening, surveillance, diagnosis, and intervention. (Core)	4.5.b.	Fellows must demonstrate competence procedures related to gastrointestinal ar surveillance, diagnosis, and intervention
IV.B.1.b).(2).(c)	Fellows must demonstrate competence in the performance of procedures, including:	4.5.c.	Fellows must demonstrate competence including:
IV.B.1.b).(2).(c).(i)	upper gastrointestinal endoscopy, both diagnostic and therapeutic; (Core)	4.5.c.1.	upper gastrointestinal endoscopy, both
IV.B.1.b).(2).(c).(ii)	colonoscopy, both diagnostic and therapeutic; (Core)	4.5.c.2	colonoscopy, both diagnostic and therap
IV.B.1.b).(2).(c).(iii)	esophageal impedance/pH testing; (Core)	4.5.c.3	esophageal impedance/pH testing; (Cor
IV.B.1.b).(2).(c).(iv)	pancreatic function testing; (Core)	4.5.c.4.	pancreatic function testing; (Core)
IV.B.1.b).(2).(c).(v)	breath hydrogen analysis; (Core)	4.5.c.5.	breath hydrogen analysis; (Core)
IV.B.1.b).(2).(c).(vi)	endoscopic placement of feeding tubes, to include percutaneous endoscopic gastrostomy placement; (Core)	4.5.c.6.	endoscopic placement of feeding tubes, gastrostomy placement; (Core)
IV.B.1.b).(2).(c).(vii)	videocapsule endoscopy; (Core)	4.5.c.7.	videocapsule endoscopy; (Core)
IV.B.1.b).(2).(c).(vi)	gastrointestinal foreign bodies; (Core)	4.5.c.8.	gastrointestinal foreign bodies; (Core)
IV.B.1.b).(2).(c).(xi)	hemostatic techniques for variceal and nonvariceal gastrointestinal bleeding; and, (Core)	4.5.c.9.	hemostatic techniques for variceal and n and, (Core)
IV.B.1.b).(2).(c).(x)	percutaneous liver biopsy. (Core)	4.5.c.10.	percutaneous liver biopsy. (Core)
IV.B.1.c)	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 demonstrate knowledge of the methods of initial evaluation and criteria for referral and follow-up care of the patient requiring liver transplantation and those with intestinal failure/requiring small bowel transplantation. (Core)	4.6.b.	Fellows must demonstrate knowledge of criteria for referral and follow-up care of transplantation and those with intestinal transplantation. (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 ba lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of info patients, their families, and health pro

e in the performance of medical and liver disease for screening, on. (Core)

e in the performance of procedures,

th diagnostic and therapeutic; (Core) apeutic; (Core) ore)

s, to include percutaneous endoscopic

nonvariceal gastrointestinal bleeding;

nowledge

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

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

of the methods of initial evaluation and of the patient requiring liver al failure/requiring small bowel

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

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

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.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 instruction management if applicable for the sub- the signs of substance use disorder.
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with share improvement. (Core)
IV.C.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 structure rotational transitions, and rotations mus quality educational experience, defined supervision, longitudinal relationships we assessment and feedback. (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 continuity. These educational experie supervised patient care responsibility educational events. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	 4.10. Curriculum Organization and Ferstructure The curriculum must be structured to experiences, the length of the experiences on the length of the experiences on the supervised patient care responsibilities educational events. (Core) 4.11. Curriculum Organization and Ferstructure Clinical Experiences Fellows must be provided with protect didactic activities. (Core) 4.12. Curriculum Organization and Ferstructure Core for the program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Ba Fellows must demonstrate an awarer larger context and system of health o social determinants of health, as well other resources to provide optimal he
Roman Numeral Requirement Number	· Requirement Language	Reformatted Requirement Number	Requiremen

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

Fellow Experiences – Curriculum

to optimize fellow educational riences, and the supervisory riences include an appropriate blend of ities, clinical teaching, and didactic

Fellow Experiences – Didactic and

ected time to participate in core

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

v Experiences – Curriculum Structure to optimize fellow educational riences, and the supervisory riences include an appropriate blend of ities, clinical teaching, and didactic

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 ubspecialty, including recognition of r. (Core) nonths of clinical experience. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.4.	Fellows must have responsibility throughout their educational program for providing longitudinal outpatient care that is supervised by one or more members of the pediatric gastroenterology faculty. (Core)	4.11.b.	Fellows must have responsibility through providing longitudinal outpatient care that members of the pediatric gastroenterolo
IV.C.5.	Fellow education must include experience in serving as a role model and providing supervision to residents and/or medical students. (Core)	4.11.c.	Fellow education must include experience providing supervision to residents and/o
IV.C.6.	Fellows must have a formally structured educational program in the clinical and basic sciences related to pediatric gastroenterology. (Core)	4.11.d.	Fellows must have a formally structured basic sciences related to pediatric gastro
IV.C.6.a)	The program must utilize didactic and clinical experience for fellow education. (Core)	4.11.d.1.	The program must utilize didactic and cli (Core)
IV.C.6.b)	Pediatric gastroenterology conferences must occur regularly, and must involve active fellow participation in planning and implementation. (Core)	4.11.d.2.	Pediatric gastroenterology conferences active fellow participation in planning and
IV.C.6.c)	Fellow education must include instruction in:	[None]	
IV.C.6.c).(1)	basic and fundamental disciplines, as appropriate to pediatric gastroenterology, such as anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism; (Core)	4.11.d.3.	Fellow education must include instructio as appropriate to pediatric gastroenterol biochemistry, embryology, pathology, mi genetics, and nutrition/metabolism. (Cor
IV.C.6.c).(2)	pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, conferences dealing with complications and death, and the scientific, ethical, and legal implications of confidentiality and informed consent; (Core)	4.11.d.4.	Fellow education must include instructio reviews of recent advances in clinical me conferences dealing with complications and legal implications of confidentiality a
IV.C.6.c).(3)	bioethics; and, (Core)	4.11.d.5.	Fellow education must include instruction
IV.C.6.c).(3).(a)	This should include attention to physician-patient, physician-family, physician-physician/allied health professional, and physician-society relationships. (Detail)	4.11.d.5.a.	This should include attention to physicial physician/allied health professional, and
IV.C.6.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)	4.11.d.6.	Fellow education must include instruction current health care management issues, practice management, preventive care, presource allocation, and clinical outcome
IV.C.7.	Structured and scheduled interdisciplinary conferences with pediatric radiology, pediatric pathology, and pediatric surgery must be included in the didactic curriculum. (Core)	4.11.e.	Structured and scheduled interdisciplina pediatric pathology, and pediatric surger curriculum. (Core)

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

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

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

clinical experience for fellow education.

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

tion in basic and fundamental disciplines, ^rology, such as anatomy, physiology, microbiology, pharmacology, immunology, ore)

tion in pathophysiology of disease, medicine and biomedical research, s and death, and the scientific, ethical, and informed consent. (Core) tion in bioethics. (Core)

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

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

nary conferences with pediatric radiology, jery must be included in the didactic

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Scholarship		Requirement
	Medicine is both an art and a science. The physician is a humanistic		Scholarship
	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.		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, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)		Program Responsibilities The program must demonstrate evide consistent with its mission(s) and air
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow scholarly activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education

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

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

idence of scholarly activities, aims. (Core)

idence of scholarly activities, aims. (Core)

Sponsoring Institution, must allocate low and faculty involvement in

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

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

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

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

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

ds, posters, workshops, quality m presentations, grant leadership, nonburces, articles or publications, book vice on professional committees, or nal editorial board member, or editor;

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

ie)

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

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

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

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

ablishing fellow scholarship oversight effort involving other pediatric ts. (Detail)

in the first year and throughout the (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.D.3.d).(1)	Fellows must have a minimum of 12 months dedicated to research and scholarly activity, including the development of requisite skills, project completion, and presentation of results to the scholarship oversight committee. (Core)		Fellows must have a minimum of 12 mor scholarly activity, including the developm completion, and presentation of results t (Core)
V.	Evaluation	Section 5	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 durir 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 durir 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 thr must be documented at least every th
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as cor clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic

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

valuation

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

aluation

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

aluation

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

the completion of the assignment.

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

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

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

/ 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 lop plans for fellows failing to icies and procedures. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
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)		At least annually, there must be a sur that includes their readiness to progr applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's perform by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and must 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 w the 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 co- 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 I 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 gress to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

eart 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

nust be appointed by the program

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

e must review all fellow evaluations at

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

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

Roman Numeral	Denvironent Lenonen	Reformatted Requirement	
Requirement Number	Requirement Language	Number	Requiremen
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)
<u></u>	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical		This evaluation must include a review teaching abilities, engagement with the in faculty development related to thei
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	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 feedb annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee response program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee response ongoing program improvement, inclui based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee response current operating environment to idea opportunities, and threats as related (Core)
	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of	5.5.0	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program (Core)
V.C.1.c)	the program. (Core) The Program Evaluation Committee must evaluate the program's mission	5.5.e.	the program. (Core) The Program Evaluation Committee n
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Se (Core)

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

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

n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

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

ent

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

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

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

ponsibilities must include guiding luding development of new goals,

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

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

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

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

Self-Study and submit it to the DIO.

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination 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 for the first time must be higher than the programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than to programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the both 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 both that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period 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

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

AS 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)

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

AS 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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environm Fellowship education must occur in environment that emphasizes the fol
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality today's fellows in their future practic
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of pro
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 heat
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuo and a willingness to transparently de organization has formal mechanisms attitudes of its personnel toward safe improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, a patient safety systems and contribute
	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		Patient Safety Events Reporting, investigation, and follow- unsafe conditions are pivotal mechai and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities. Residents, fellows, faculty members, and other clinical staff members	[None]	changes to ameliorate patient safety
VI.A.1.a).(2).(a)		[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

ng Environment

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

ty of care rendered to patients by

ty of care rendered to patients by tice

roviding care for patients

he students, residents, fellows, faculty health care team

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
	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	6 2	Fellows must participate as team men interprofessional clinical patient safe such as root cause analyses or other
VI.A.1.a).(2).(b)	well as formulation and implementation of actions. (Core) Quality Metrics Access to data is essential to prioritizing activities for care improvement	6.3.	well as formulation and implementation Quality Metrics Access to data is essential to prioritize
VI.A.1.a).(3) VI.A.1.a).(3).(a)	and evaluating success of improvement efforts. Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	[None] 6.4.	and evaluating success of improvement Fellows and faculty members must re benchmarks related to their patient pe
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structur accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a)	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 professional growth.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p programs, in partnership with their Sp communicate, and monitor a structur accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.

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

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

tizing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

a ultimately responsible for the care of in the responsibility and e provision of care. Effective Sponsoring Institutions, define, widely ured chain of responsibility and upervision of all patient care.

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

a ultimately responsible for the care of in the responsibility and e provision of care. Effective Sponsoring Institutions, define, widely ured chain of responsibility and upervision of all patient care.

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

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

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

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
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)		The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
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 pat the fellow and the supervising physic patient care through appropriate televi
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 pat the fellow and the supervising physic patient care through appropriate televi
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 physica key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate televi
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
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core) 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.	6.8.	The program must define when physi physician is required. (Core) The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the program
VI.A.2.d) VI.A.2.d).(1)	(Core) The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9. 6.9.a.	(Core) The program director must evaluate e specific criteria, guided by the Milesto

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

ervision while providing for graded ogram must use the following

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

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

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

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

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

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Requirement Number		Number	Requiremen
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as supe
VI.A.2.d).(2)	portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	portions of care to fellows based on t of each fellow. (Core)
VI.A.2.0).(2)	Fellows should serve in a supervisory role to junior fellows and residents	0.9.0.	Fellows should serve in a supervisor
	in recognition of their progress toward independence, based on the needs		in recognition of their progress towar
VI.A.2.d).(3)	of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	of each patient and the skills of the in
,,,,	Programs must set guidelines for circumstances and events in which		Programs must set guidelines for circ
VI.A.2.e)	fellows must communicate with the supervising faculty member(s). (Core)	6.10.	fellows must communicate with the s
	Each fellow must know the limits of their scope of authority, and the		Each fellow must know the limits of t
	circumstances under which the fellow is permitted to act with conditional		circumstances under which the fellow
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)
	Faculty supervision assignments must be of sufficient duration to assess		Faculty supervision assignments mu
	the knowledge and skills of each fellow and to delegate to the fellow the		the knowledge and skills of each fello
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care authors
			Professionalism
			Programs, in partnership with their S
			fellows and faculty members concern
			responsibilities of physicians, includi
VI.B.	Professionalism	6.12.	to be appropriately rested and fit to p patients. (Core)
<u>vi.d.</u>		0.12.	· · · ·
	Dreaments in partnership with their Creansering Institutions, must advecte		Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical		Programs, in partnership with their S fellows and faculty members concern
	responsibilities of physicians, including but not limited to their obligation		responsibilities of physicians, includi
	to be appropriately rested and fit to provide the care required by their		to be appropriately rested and fit to p
VI.B.1.	patients. (Core)	6.12.	patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
	be accomplished without excessive reliance on fellows to fulfill non-		The learning objectives of the progra
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on fellows to fulfil
			The learning objectives of the progra
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
			The learning objectives of the progra
	include efforts to enhance the meaning that each fellow finds in the		the meaning that each fellow finds in
	experience of being a physician, including protecting time with patients,		including protecting time with patient
	providing administrative support, promoting progressive independence		promoting progressive independence
VI.B.2.c)	and flexibility, and enhancing professional relationships. (Core)	6.12.c.	professional relationships. (Core)
	The program director, in partnership with the Sponsoring Institution, must		The program director, in partnership
	provide a culture of professionalism that supports patient safety and	6.12.d.	provide a culture of professionalism
VI.B.3.	personal responsibility. (Core)		personal responsibility. (Core)
	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care,		Fellows and faculty members must de personal role in the safety and welfar
VI.B.4.	including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	including the ability to report unsafe
			Programs, in partnership with their S
	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is		a professional, equitable, respectful,
	psychologically safe and that is free from discrimination, sexual and other		psychologically safe and that is free f
	forms of harassment, mistreatment, abuse, or coercion of students,		forms of harassment, mistreatment, a
	fellows, faculty, and staff. (Core)	6.12.f.	fellows, faculty, and staff. (Core)

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

bry role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail) ircumstances and events in which supervising faculty member(s). (Core) i their scope of authority, and the ow is permitted to act with conditional

lust be of sufficient duration to assess llow 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

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

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

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VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)
	 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 		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and of 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 r Programs, in partnership with their Sp same responsibility to address well-b
VI.C.	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]	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:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burn disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-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, affor counseling, and treatment, including 24 hours a day, seven days a week. (0

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 pects of fellowship training.

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

ge optimal fellow and faculty member

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

mbers in:

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

nemselves and how to seek

screening. (Core)

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

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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 fell care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows ar the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows ar the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who	6.46	The program, in partnership with its s adequate sleep facilities and safe tran
VI.D.2. VI.E.	may be too fatigued to safely return home. (Core) Clinical Responsibilities, Teamwork, and Transitions of Care	6.16. [None]	may be too fatigued to safely return h
	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 t patient safety, fellow ability, severity
VI.E.1.	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available suppo
VI.E.1.a)	The program director must have the authority and responsibility to set and adjust the clinical responsibilities and ensure that fellows have appropriate clinical responsibilities and an appropriate patient load. (Core)	6.17.a.	The program director must have the aut adjust the clinical responsibilities and en clinical responsibilities and an appropria
VI.E.1.a).(1)	This must include progressive clinical, technical, and consultative experiences that will enable each fellow to develop expertise as a pediatric gastroenterology consultant. (Core)	6.17.a.1.	This must include progressive clinical, te that will enable each fellow to develop e consultant. (Core)
VI.E.1.a).(2)	Lines of responsibility for the fellows must be clearly defined. (Core)	6.17.a.2.	Lines of responsibility for the fellows mu
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre

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

d procedures in place to ensure e continuity of patient care. (Core) d without fear of negative or was unable to provide the clinical

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

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

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

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

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

technical, and consultative experiences expertise as a pediatric gastroenterology

nust be clearly defined. (Core)

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

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

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

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	Programs, in partnership with their Sponsoring Institutions, must ensure		Programs, in partnership with their S
	and monitor effective, structured hand-off processes to facilitate both	0.40 -	and monitor effective, structured han
VI.E.3.b)	continuity of care and patient safety. (Core)	6.19.a.	continuity of care and patient safety.
	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.E.3.c)		0.19.0.	
	Clinical Experience and Education		
	Brograms, in partnership with their Spensoring Institutions, must design		Clinical Experience and Education
	Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with		Programs, in partnership with their Sp an effective program structure that is
	educational and clinical experience opportunities, as well as reasonable		educational and clinical experience o
VI.F.	opportunities for rest and personal activities.	[None]	opportunities for rest and personal ad
VI.I .	··· ·		
	Maximum Hours of Clinical and Educational Work per Week		Maximum Hours of Clinical and Educa
	Clinical and educational work hours must be limited to no more than 80		Clinical and educational work hours n
	hours per week, averaged over a four-week period, inclusive of all in-		hours per week, averaged over a four
	house clinical and educational activities, clinical work done from home,		house clinical and educational activit
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core)
			Mandatory Time Free of Clinical Work
			Fellows should have eight hours off b
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	education periods. (Detail)
			Mandatory Time Free of Clinical Work
	Fellows should have eight hours off between scheduled clinical work and		Fellows should have eight hours off b
VI.F.2.a)	education periods. (Detail)	6.21.	education periods. (Detail)
	Fellows must have at least 14 hours free of clinical work and education		Fellows must have at least 14 hours f
VI.F.2.b)	after 24 hours of in-house call. (Core)	6.21.a.	after 24 hours of in-house call. (Core)
	Fellows must be scheduled for a minimum of one day in seven free of		Fellows must be scheduled for a mini
	clinical work and required education (when averaged over four weeks). At-		clinical work and required education (
VI.F.2.c)	home call cannot be assigned on these free days. (Core)	6.21.b.	home call cannot be assigned on thes
			Maximum Clinical Work and Educatio
			Clinical and educational work periods
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	hours of continuous scheduled clinic
			Maximum Clinical Work and Educatio
	Clinical and educational work periods for fellows must not exceed 24		Clinical and educational work periods
VI.F.3.a)	hours of continuous scheduled clinical assignments. (Core)	6.22.	hours of continuous scheduled clinic
	Up to four hours of additional time may be used for activities related to		Up to four hours of additional time ma
	patient safety, such as providing effective transitions of care, and/or fellow		patient safety, such as providing effe
	education. Additional patient care responsibilities must not be assigned to		fellow education. Additional patient ca
VI.F.3.a).(1)	a fellow during this time. (Core)	6.22.a.	assigned to a fellow during this time.
			Clinical and Educational Work Hour E
			In rare circumstances, after handing o
			on their own initiative, may elect to re
			the following circumstances: to conti
			severely ill or unstable patient; to give
			of a patient or patient's family; or to a
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	(Detail)

ent Language Sponsoring Institutions, must ensure and-off processes to facilitate both /. (Core) are competent in communicating with ess. (Outcome)

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

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

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

free of clinical work and education e)

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

ion Period Length

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

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

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

Exceptions

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

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requirement
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Pediatrics will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Pediatrics wi to the 80-hour limit to the fellows' work w
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor

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

ducation must be counted toward the

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

will not consider requests for exceptions week.

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

h the ability of the fellow to achieve the onal program, and must not interfere or compromise patient safety. (Core) d external moonlighting (as defined in st be counted toward the 80-hour

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

ncy

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

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

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

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

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