Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremer
	Requirement Language Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and 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. 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		Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians wi practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed physicians. Graduate medical educa group of physicians brings to medica inclusive and psychologically safe le Fellows who have completed resider in their core specialty. The prior medica fellows distinguish them from physic care of patients within the subspecia faculty supervision and conditional i as role models of excellence, compa professionalism, and scholarship. Th knowledge, patient care skills, and e area of practice. Fellowship is an inte clinical and didactic education that fo of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows,
	members of the health care team.	[None]	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)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not ex- physicians, the fellowship experienc pursue hypothesis-driven scientific i the medical literature and patient car expertise achieved, fellows develop infrastructure that promotes collabor
Int.B.	Definition of Subspecialty Subspecialty programs in pediatric hematology-oncology provide an educational environment for fellows to develop an understanding of and competence in the pathophysiology, clinical diagnosis, and management of pediatric hematologic and oncologic disorders. (Core)	[None]	Definition of Subspecialty Subspecialty programs in pediatric hem environment for fellows to develop an u pathophysiology, clinical diagnosis, and and oncologic disorders.
	Length of Educational Program		Length of Program
Int.C.	The educational program must be 36 months in length. (Core)	4.1.	The educational program must be 36 m

cation

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

ency are able to practice autonomously edical experience and expertise of sicians entering residency. The fellow's stalty is undertaken with appropriate I independence. Faculty members serve bassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused intensive program of subspecialty focuses on the multidisciplinary care s often physically, emotionally, and the medical education and the wells, faculty members, students, and all

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

matology-oncology provide an educational understanding of and competence in the nd management of pediatric hematologic

months in length. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Boguiromon
	Oversight	Section 1	Requiremen Section 1: Oversight
	Sponsoring Institution		Sponsoring Institution
	The Sponsoring Institution is the organization or entity that assumes the		The Sponsoring Institution is the orga
	ultimate financial and academic responsibility for a program of graduate		ultimate financial and academic respo
	medical education consistent with the ACGME Institutional Requirements.		medical education consistent with the
	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the		When the Sponsoring Institution is no most commonly utilized site of clinication is not set the set of clinication of the set of the
I.A.	primary clinical site.	[None]	primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by o
I.A.1.	Institution. (Core)	1.1.	Institution. (Core)
	Participating Sites		Partiainating Sites
	A participating site is an organization providing educational experiences		Participating Sites
I.B.	or educational assignments/rotations for fellows.	[None]	A participating site is an organization or educational assignments/rotations
<u></u>	The program, with approval of its Sponsoring Institution, must designate a		The program, with approval of its Spo
I.B.1.	primary clinical site. (Core)	1.2.	primary clinical site. (Core)
	An accredited pediatric hematology-oncology program must be an integral part		An accredited pediatric hematology-onco
	of a core pediatric residency program, and should be sponsored by the same		of a core pediatric residency program, a
I.B.1.a)	ACGME-accredited Sponsoring Institution. (Core)	1.2.a.	ACGME-accredited Sponsoring Institution
$ \mathbf{D} 1 \rangle \langle 1 \rangle$	The pediatric hematology-oncology program should be geographically proximate		The pediatric hematology-oncology prog
I.B.1.a).(1)	to the core pediatric residency program. (Detail) There must be a program letter of agreement (PLA) between the program	1.2.a.1.	to the core pediatric residency program. There must be a program letter of agr
	and each participating site that governs the relationship between the		and each participating site that gover
I.B.2.	program and the participating site providing a required assignment. (Core)	1.3.	program and the participating site that gover
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 even
			The PLA must be approved by the des
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
	At each participating site there must be one faculty member, designated		At each participating site there must I
	by the program director, who is accountable for fellow education for that		the program director, who is account
I.B.3.a)	site, in collaboration with the program director. (Core)	1.5.	in collaboration with the program dire
	The program director must submit any additions or deletions of		
	participating sites routinely providing an educational experience, required		The program director must submit an
	for all fellows, of one month full time equivalent (FTE) or more through the		participating sites routinely providing
	ACGME's Accreditation Data System (ADS). (Core)	4.0	for all fellows, of one month full time
I.B.4.		1.6.	ACGME's Accreditation Data System

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

ancology program must be an integral part and should be sponsored by the same tion. (Core)

ogram should be geographically proximate n. (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

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

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement
	Workforce Recruitment and Retention		
			Workforce Recruitment and Retention
	The program, in partnership with its Sponsoring Institution, must engage		The program, in partnership with its S
	in practices that focus on mission-driven, ongoing, systematic recruitment		in practices that focus on mission-dri
	and retention of a diverse and inclusive workforce of residents (if present),		and retention of a diverse and inclusiv
	fellows, faculty members, senior administrative GME staff members, and		fellows, faculty members, senior adm
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ
			Resources
	Pagauraga	10	The program, in partnership with its S
I.D.	Resources	1.8.	the availability of adequate resources
	The preasure in partnership with its Spansaring Institution, must ensure		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.	The program, in partnership with its S the availability of adequate resources
I.D.1.a)	The program must provide access to outpatient infusion facilities. (Core)	1.8.a.	The program must provide access to out
	Facilities and services, including a comprehensive laboratory, pathology, and	1.0.a.	Facilities and services, including a comp
I.D.1.b)	imaging, must be available. (Core)	1.8.b.	imaging, must be available. (Core)
	The program must have access to laboratories in order to perform testing		The program must have access to labora
I.D.1.c)	specific to pediatric hematology-oncology. (Core)	1.8.c.	specific to pediatric hematology-oncolog
,	An adequate number and variety of both hematologic and oncologic patients		An adequate number and variety of both
	ranging in age from newborn through young adulthood must be available to		ranging in age from newborn through you
I.D.1.d)	provide a broad experience for the fellows. (Core)	1.8.d.	provide a broad experience for the fellow
	A sufficient number of patients must be available in inpatient and outpatient		A sufficient number of patients must be a
I.D.1.e)	settings to meet the educational needs of the program. (Core)	1.8.e.	settings to meet the educational needs o
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
	healthy and safe learning and working environments that promote fellow		healthy and safe learning and working
I.D.2.	well-being and provide for:	1.9.	well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
	safe, quiet, clean, and private sleep/rest facilities available and accessible		safe, quiet, clean, and private sleep/re
I.D.2.b)	for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	for fellows with proximity appropriate
	clean and private facilities for lactation that have refrigeration capabilities,	100	clean and private facilities for lactatio
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	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)
1.0.2.0)	accommodations for fellows with disabilities consistent with the	1.3.0.	accommodations for fellows with disa
I.D.2.e)	Sponsoring Institution's policy. (Core)	1.9.e.	Sponsoring Institution's policy. (Core
,	Fellows must have ready access to subspecialty-specific and other		Fellows must have ready access to su
	appropriate reference material in print or electronic format. This must		appropriate reference material in print
	include access to electronic medical literature databases with full text		include access to electronic medical I
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
	The presence of other learners and other health care personnel, including		The presence of other learners and of
	but not limited to residents from other programs, subspecialty fellows,		The presence of other learners and ot but not limited to residents from other
	and advanced practice providers, must not negatively impact the		advanced practice providers, must no
I.E.	appointed fellows' education. (Core)	1.11.	fellows' education. (Core)
<u></u> II.	Personnel	Section 2	Section 2: Personnel

on

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

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

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

outpatient infusion facilities. (Core) oprehensive laboratory, pathology, and

pratories in order to perform testing bgy. (Core)

th hematologic and oncologic patients young adulthood must be available to pws. (Core)

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

Sponsoring Institution, must ensure ng environments that promote fellow

)

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

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

priate to the participating site; and,

sabilities consistent with the re)

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

sonnel

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicat must be provided with support adequ based upon its size and configuration
	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)		Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direct director and one or more associate (or a
	Number of Approved Fellow Positions < 7 Minimum Support Required (FTE) 0.2 Number of Approved Fellow Positions 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 < 0.2 Number of Approved Fellow Positions 7- 0.4 Number of Approved Fellow Positions 1 ⁻ 0.5
II.A.2.a)	Number of Approved Fellow Positions > 15 Minimum Support Required (FTE) 0.6	2.3.a.	Number of Approved Fellow Positions > 0.6
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
	must include current certification in the subspecialty for which they are the program director by the American Board of Pediatrics or subspecialty qualifications that are acceptable to the Review Committee; and, (Core)		The program director must possess of subspecialty for which they are the pr Board of Pediatrics or subspecialty qu Review Committee. (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.A.3.c)	must include a record of ongoing involvement in scholarly activities. (Core)	2.4.b.	The program director must have a record activities. (Core)

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

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

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

able, 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 - assistant) program directors. (Core)

< 7 | Minimum Support Required (FTE)

7-10 | Minimum Support Required (FTE)

11-15 | Minimum Support Required (FTE)

> 15 | Minimum Support Required (FTE)

tor:

subspecialty expertise and iew Committee. (Core)

tor:

subspecialty expertise and view Committee. (Core)

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

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
	Program Director Responsibilities		
			Program Director Responsibilities
	The program director must have responsibility, authority, and		The program director must have resp
	accountability for: administration and operations; teaching and scholarly		accountability for: administration and
	activity; fellow recruitment and selection, evaluation, and promotion of		activity; fellow recruitment and select
	fellows, and disciplinary action; supervision of fellows; and fellow		fellows, and disciplinary action; supe
II.A.4.	education in the context of patient care. (Core)	2.5.	education in the context of patient ca
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role r
	design and conduct the program in a fashion consistent with the needs of		The program director must design an
	the community, the mission(s) of the Sponsoring Institution, and the		consistent with the needs of the com
II.A.4.a).(2)	mission(s) of the program; (Core)	2.5.b.	Sponsoring Institution, and the mission
			The program director must administe
	administer and maintain a learning environment conducive to educating		environment conducive to educating
II.A.4.a).(3)	the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	Competency domains. (Core)
	have the authority to approve or remove physicians and non-physicians as		physicians and non-physicians as fac
	faculty members at all participating sites, including the designation of		sites, including the designation of co
	core faculty members, and must develop and oversee a process to		develop and oversee a process to eva
II.A.4.a).(4)	evaluate candidates prior to approval; (Core)	2.5.d.	(Core)
	have the authority to remove fellows from supervising interactions and/or		The program director must have the a
	learning environments that do not meet the standards of the program;		supervising interactions and/or learni
II.A.4.a).(5)	(Core)	2.5.e.	standards of the program. (Core)
	submit accurate and complete information required and requested by the		The program director must submit ac
II.A.4.a).(6)	DIO, GMEC, and ACGME; (Core)	2.5.f.	required and requested by the DIO, G
	provide a learning and working environment in which fellows have the		The program director must provide a
	opportunity to raise concerns, report mistreatment, and provide feedback		which fellows have the opportunity to
	in a confidential manner as appropriate, without fear of intimidation or	25 a	and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(7)		2.5.g.	
	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure the
	policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the		Sponsoring Institution's policies and due process, including when action is
II.A.4.a).(8)	appointment of a fellow; (Core)	2.5.h.	promote, or renew the appointment of
II.A.4.a).(0)		2.3.11.	The program director must ensure the
	ensure the program's compliance with the Sponsoring Institution's		Sponsoring Institution's policies and
II.A.4.a).(9)	policies and procedures on employment and non-discrimination; (Core)	2.5.i.	discrimination. (Core)
	Fellows must not be required to sign a non-competition guarantee or		Fellows must not be required to sign
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
			The program director must document
	document verification of education for all fellows within 30 days of		fellows within 30 days of completion
II.A.4.a).(10)	completion of or departure from the program; (Core)	2.5.j.	(Core)
	provide verification of an individual fellow's education upon the fellow's	-	The program director must provide ve
II.A.4.a).(11)	request, within 30 days; and, (Core)	2.5.k.	education upon the fellow's request,

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

aculty members at all participating core faculty members, and must valuate candidates prior to approval.

e authority to remove fellows from ning environments that do not meet the

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

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

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

the program's compliance with the deprocedures on employment and non-

n a non-competition guarantee or

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

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

Roman Numeral		Reformatted	
Requirement Number	r Requirement Language	Requirement Number	Requiremen
	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		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an importar and become practice ready, ensuring quality of care. They are role models to by demonstrating compassion, comm
	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.		patient care, professionalism, and a commembers experience the pride and jour development of future colleagues. The opportunity to teach and model exischolarly approach to patient care, fair medical education system, improve the population.
ІІ.В.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	Faculty members ensure that patients from a specialist in the field. They rec the patients, fellows, community, and appropriate levels of supervision to p members create an effective learning professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.2	Faculty members must:	[None]	······································
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core) regularly participate in organized clinical discussions, rounds, journal	2.7.c.	Faculty members must administer and environment conducive to educating Faculty members must regularly parti
II.B.2.e)	clubs, and conferences; and, (Core) pursue faculty development designed to enhance their skills at least	2.7.d.	discussions, rounds, journal clubs, a
II.B.2.f)	annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.2.g)	mentor fellows in the application of scientific principles, epidemiology, biostatistics, and evidence-based medicine to the clinical care of patients. (Core)	2.7.f.	Faculty members must mentor fellows in epidemiology, biostatistics, and evidence patients. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint

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

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

of faculty members with competence to Core)

els of professionalism. (Core)

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

Ity development designed to enhance

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

oriate qualifications in their field and ntments. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropr
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
I.B.3.b)	Subspecialty physician faculty members must:	[None]	
			Subspecialty Physician Faculty Mem
	have current certification in the subspecialty by the American Board of		Subspecialty physician faculty memb
	Pediatrics or possess qualifications judged acceptable to the Review		the subspecialty by the American Bo
	Committee. (Core)		qualifications judged acceptable to the
	[Note that while the Common Program Requirements deem certification by a		[Note that while the Common Program I
	certifying board of the American Osteopathic Association (AOA) acceptable,		certifying board of the American Osteop
II.B.3.b).(1)	there is no AOA board that offers certification in this subspecialty]	2.9.	there is no AOA board that offers certific
	Any other specialty physician faculty members must have current		Any other specialty physician faculty
	certification in their specialty by the appropriate American Board of		certification in their specialty by the a
	Medical Specialties (ABMS) member board or American Osteopathic		Medical Specialties (ABMS) member
	Association (AOA) certifying board, or possess qualifications judged	2.0.0	Association (AOA) certifying board, o
II.B.3.c)	acceptable to the Review Committee. (Core)	2.9.a.	acceptable to the Review Committee.
	In addition to the pediatric hematology-oncology faculty members, ABP- or		In addition to the pediatric hematology-o
II.B.3.c).(1)	AOBP-certified faculty members and consultants in the following specialties/subspecialties must be available:	2.9.b.	AOBP-certified faculty members and co specialties/subspecialties must 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 medicine; (Core)	2.9.b.3.	pediatric critical care medicine; (Core)
II.B.3.c).(1).(d)	pediatric emergency medicine; (Core)	2.9.b.4.	pediatric emergency medicine; (Core)
II.B.3.c).(1).(e)	pediatric endocrinology; (Core)	2.9.b.5.	pediatric endocrinology; (Core)
II.B.3.c).(1).(f)	pediatric gastroenterology; (Core)	2.9.b.6.	pediatric gastroenterology; (Core)
II.B.3.c).(1).(g)	pediatric infectious diseases; (Core)	2.9.b.7.	pediatric infectious diseases; (Core)
II.B.3.c).(1).(h)	pediatric nephrology; and, (Core)	2.9.b.8.	pediatric nephrology; and, (Core)
I.B.3.c).(1).(i)	pediatric pulmonology. (Core)	2.9.b.9.	pediatric pulmonology. (Core)
	The faculty should also include the following specialists with substantial		The faculty should also include the follo
I.B.3.c).(2)	experience with pediatric problems:	2.9.c.	experience with pediatric problems:
I.B.3.c).(2).(a)	allergist and immunologist(s); (Core)	2.9.c.1.	allergist and immunologist(s); (Core)
I.B.3.c).(2).(b)	anesthesiologist(s); (Detail)	2.9.c.2.	anesthesiologist(s); (Detail)
I.B.3.c).(2).(c)	child abuse pediatrician(s); (Detail)	2.9.c.3.	child abuse pediatrician(s); (Detail)
I.B.3.c).(2).(d)	child and adolescent psychiatrist(s); (Detail)	2.9.c.4.	child and adolescent psychiatrist(s); (De
I.B.3.c).(2).(e)	child neurologist(s) (Detail)	2.9.c.5.	child neurologist(s) (Detail)
I.B.3.c).(2).(f)	hospice and palliative medicine specialist(s); (Core)	2.9.c.6.	hospice and palliative medicine speciali
I.B.3.c).(2).(g)	pathologist(s); (Detail)	2.9.c.7. 2.9.c.8.	pathologist(s); (Detail) medical geneticist(s); (Detail)
I.B.3.c).(2).(h) I.B.3.c).(2).(i)	medical geneticist(s); (Detail) neurological surgeon(s); (Core)	2.9.c.9.	neurological surgeon(s); (Core)
I.B.3.c).(2).(j)	neuroradiologist(s); (Detail)	2.9.c.10.	neuroradiologist(s); (Detail)
I.B.3.c).(2).(k)	orthopaedic surgeon(s); (Core)	2.9.c.11.	orthopaedic surgeon(s); (Core)
I.B.3.c).(2).(I)	obstetrician(s) and gynecologist(s) (Detail)	2.9.c.12.	obstetrician(s) and gynecologist(s) (Det
I.B.3.c).(2).(m)	ophthalmologist(s); (Detail)	2.9.c.13.	ophthalmologist(s); (Detail)
I.B.3.c).(2).(n)	pain medicine specialist(s); (Core)	2.9.c.14.	pain medicine specialist(s); (Core)
I.B.3.c).(2).(0)	pediatric surgeon(s); (Core)	2.9.c.15.	pediatric surgeon(s); (Core)
I.B.3.c).(2).(p)	radiation oncologist(s); (Detail)	2.9.c.16.	radiation oncologist(s); (Detail)
II.B.3.c).(2).(q)	radiologist(s); and, (Detail)	2.9.c.17.	radiologist(s); and, (Detail)

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priate qualifications in their field and intments. (Core)

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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 I, or possess qualifications judged ee. (Core)

y-oncology faculty members, ABP- or consultants in the following ailable:

llowing specialists with substantial

Detail)

alist(s); (Core)

etail)

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Requirement Number II.B.3.c).(2).(r)	Requirement Language urologist(s). (Detail)	Requirement Number 2.9.c.18.	urologist(s). (Detail)
11.D.3.0).(2).(1)		2.3.0.10.	
II.B.3.c).(3)	Consultants should be available for transition care of young adults. (Detail)	2.9.d.	Consultants should be available for tran
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)		Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or adm of their activities, teach, evaluate, an fellows. (Core)
	Faculty members must complete the annual ACGME Faculty Survey.		
II.B.4.a)	(Core)	2.10.a.	Faculty members must complete the
II.B.4.b)	To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least four core faculty members, inclusive of the program director, who are certified in pediatric hematology-oncology 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 faculty members, inclusive of the progra hematology-oncology by the ABP, or wh the Review Committee. (Core)
			Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinato
II.O. I.	The program coordinator must be provided with dedicated time and	2.11.	The program coordinator must be pro
	support adequate for administration of the program based upon its size		support adequate for administration
II.C.2.	and configuration. (Core)	2.11.a.	and configuration. (Core)
II.C.2.a)	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core) Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.3 Number of Approved Fellow Positions: 4-6 Minimum FTE: 0.5 Number of Approved Fellow Positions: 7-9 Minimum FTE: 0.68 Number of Approved Fellow Positions: 10-12 Minimum FTE: 0.74 Number of Approved Fellow Positions: 13-15 Minimum FTE: 0.74 Number of Approved Fellow Positions: 16-18 Minimum FTE: 0.8 Number of Approved Fellow Positions: 19-21 Minimum FTE: 0.92 Number of Approved Fellow Positions: 22-24 Minimum FTE: 0.98 Number of Approved Fellow Positions: 25-27 Minimum FTE: 1.04 Number of Approved Fellow Positions: 28-30 Minimum FTE: 1.1	2.11.b.	At a minimum, the program coordinator time and support specified below for add Number of Approved Fellow Positions: 1 Number of Approved Fellow Positions: 2 Number of Approved Fellow Positions: 1 Number of Approved Fellow Positions: 2 Number of Approved Fellow Positions: 2 Number of Approved Fellow Positions: 2 Number of Approved Fellow Positions: 2
	Other Program Personnel		
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its s ensure the availability of necessary p administration of the program. (Core)
	In order to enhance fellows' understanding of the multidisciplinary nature of the		In order to enhance fellows' understand
	pediatric hematology-oncology, the following personnel with pediatric focus and		pediatric hematology-oncology, the follo
II.D.1.	experience should be available:	2.12.a.	experience should be available:
II.D.1.a)	audiologist(s); (Detail)	2.12.a.1.	audiologist(s); (Detail)
II.D.1.b)	child life therapist(s); (Detail)	2.12.a.2.	child life therapist(s); (Detail)

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ansition care of young adults. (Detail)

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

e annual ACGME Faculty Survey. (Core)

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

tor. (Core)

tor. (Core)

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

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

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

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

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

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Requirement Number	Requirement Language	Requirement Number	Requiremer
II.D.1.c)	dietician(s); (Detail)	2.12.a.3.	dietician(s); (Detail)
	hospice and palliative medicine professional(s); (Detail)	2.12.a.4.	hospice and palliative medicine professi
II.D.1.e)	mental health professional(s); (Detail)	2.12.a.5.	mental health professional(s); (Detail)
	nurse(s); (Detail)	2.12.a.6.	nurse(s); (Detail)
II.D.1.g)	pain management professional(s); (Detail)	2.12.a.7.	pain management professional(s); (Deta
II.D.1.h)	pharmacist(s); (Detail)	2.12.a.8.	pharmacist(s); (Detail)
II.D.1.i)	physical and occupational therapist(s); (Detail)	2.12.a.9.	physical and occupational therapist(s); (
II.D.1.j)	respiratory therapist(s); (Detail)	2.12.a.10.	respiratory therapist(s); (Detail)
II.D.1.k)	school and special education contacts; (Detail)	2.12.a.11.	school and special education contacts;
II.D.1.I)	social worker(s); and, (Detail)	2.12.a.12.	social worker(s); and, (Detail)
II.D.1.m)	speech and language therapist(s). (Detail)	2.12.a.13.	speech and language therapist(s). (Deta
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	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		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 Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency		(ACGME-I) Advanced Specialty Accre Physicians and Surgeons of Canada Family Physicians of Canada (CFPC)
III.A.1.	program located in Canada. (Core)	3.2.	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)	322	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations fro
III.A.1.b)	Prerequisite education for entry into a pediatric hematology-oncology program must include the satisfactory completion of pediatrics or combined internal medicine-pediatrics residency program that satisfies the requirements listed in III.A.1. (Core)	3.2.a.1.	Prerequisite education for entry into a p must include the satisfactory completion medicine-pediatrics residency program 3.2. (Core)
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Pediatrics will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Pediatrics the fellowship eligibility requirements
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate appli eligibility requirements listed in 3.2, b additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)
	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 exc their performance by the Clinical Con of matriculation. (Core)
		V.2.V.2.	

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ip Programs ntry into ACGME-accredited fellowship ACGME-accredited residency program, am, a program with ACGME International reditation, or a Royal College of a (RCPSC)-accredited or College of C)-accredited residency program
verification of each entering fellow's field using ACGME, ACGME-I, or rom the core residency program. (Core)
pediatric hematology-oncology program on of pediatrics or combined internal n that satisfies the requirements listed in
s will allow the following exception to hts:
rogram may accept an exceptionally blicant who does not satisfy the , but who does meet all of the following ions: (Core)
and fellowship selection committee of ne program, based on prior training and is of training in the core specialty; and,
nt's exceptional qualifications by the
sion for Foreign Medical Graduates
xception must have an evaluation of ompetency Committee within 12 weeks

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	Fellow Complement		Fellow Complement
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	The program director must not appoin Review Committee. (Core)
	Fellow Transfers		
III.C.	The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, an matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is c and innovation in graduate medical ec organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on		It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu
IV.	community health.	Section 4	community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their		delineation of fellow responsibilities f responsibility for patient managemen
IV.A.3. IV.A.4.	subspecialty; (Core) structured educational activities beyond direct patient care; and, (Core)	4.2.c. 4.2.d.	subspecialty; (Core) 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 E Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that 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, xpected that the program aims will ic goals for it and its graduates; for am aiming to prepare physicianculum from one focusing on

llowing educational components:

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

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

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

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

ected time to participate in core

omote patient safety-related goals,

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	. Requiremen
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGN
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 commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide 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 hematology-oncology. (Core)	4.4.a.	Fellows must develop competence in the hematology-oncology. (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)		Fellows must demonstrate the ability to p 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 present the seamless transitions. (Core)
IV.B.1.b).(1).(d)	In order to promote emotional resilience in children, adolescents, and their families, fellows must:	4.4.d.	In order to promote emotional resilience families, fellows must provide care that is the patient with common behavioral and context of the patient and family. (Core)
IV.B.1.b).(1).(d).(i)	provide care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family; and, (Core)	4.4.d.	In order to promote emotional resilience families, fellows must provide care that is the patient with common behavioral and context of the patient and family. (Core)
IV.B.1.b).(1).(d).(ii)	demonstrate the ability to refer and/or co-manage patients with common behavioral and mental health issues along with appropriate specialists when indicated. (Core)	4.4.e.	Fellows must demonstrate the ability to r common behavioral and mental health is when indicated. (Core)
IV.B.1.b).(1).(e)	Fellows must demonstrate competence in providing or coordinating care with a medical home for patients with hematologic, oncologic, or stem cell transplant needs. (Core)	4.4.f.	Fellows must demonstrate competence i medical home for patients with hematolo needs. (Core)
IV.B.1.b).(1).(f)	Fellows must competently use and interpret of laboratory tests, imaging, and other diagnostic procedures. (Core)	4.4.g.	Fellows must competently use and interpotent other diagnostic procedures. (Core)
IV.B.1.b).(1).(g)	Fellows must have experience in enrolling and treating patients in clinical research trials. (Core)	4.4.h.	Fellows must have experience in enrollir research trials. (Core)
IV.B.1.b).(1).(h)	Fellows must develop competence in the management of children with hematologic and oncologic diseases, including: (Core)	4.4.i.	Fellows must develop competence in the hematologic and oncologic diseases, inc

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

GME Competencies into the curriculum.

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itment to professionalism and an re)

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

he clinical skills needed in pediatric

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

provide transfer of care that ensures

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

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

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

e in providing or coordinating care with a blogic, oncologic, or stem cell transplant

erpret of laboratory tests, imaging, and

ling and treating patients in clinical

he management of children with ncluding: (Core)

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IV.B.1.b).(1).(h).(i)	hematologic disorders of the newborn; (Core)	4.4.i.1.	hematologic disorders of the newborn; (
IV.B.1.b).(1).(h).(ii)	hemoglobinopathies, to include the thalassemia syndromes; (Core)	4.4.i.2.	hemoglobinopathies, to include the thala
IV.B.1.b).(1).(h).(iii)	inherited and acquired disorders of the red-blood-cell membrane and of red- blood cell metabolism; (Core)	4.4.i.3.	inherited and acquired disorders of the r blood cell metabolism; (Core)
IV.B.1.b).(1).(h).(iv)	autoimmune disorders, to include hemolytic anemia; (Core)	4.4.i.4.	autoimmune disorders, to include hemol
IV.B.1.b).(1).(h).(v)	nutritional anemia; (Core)	4.4.i.5.	nutritional anemia; (Core)
IV.B.1.b).(1).(h).(vi)	inherited and acquired disorders of white blood cells; (Core)	4.4.i.6.	inherited and acquired disorders of white
IV.B.1.b).(1).(h).(vii)	hemophilia, von Willebrand's disease, and other inherited and acquired coagulopathies; (Core)	4.4.i.7.	hemophilia, von Willebrand's disease, an coagulopathies; (Core)
	platelet disorders, to include idiopathic thrombocytopenic purpura (ITP) and		platelet disorders, to include idiopathic th
IV.B.1.b).(1).(h).(viii)	acquired and inherited platelet function defects; (Core)	4.4.i.8.	acquired and inherited platelet function of
IV.B.1.b).(1).(h).(ix)	congenital and acquired thrombotic disorders; (Core)	4.4.i.9.	congenital and acquired thrombotic diso
IV.B.1.b).(1).(h).(x)	leukemias, to include acute lymphoblastic leukemia, acute and chronic myeloid leukemias, and myelodysplastic syndromes; (Core)	4.4.i.10.	leukemias, to include acute lymphoblast leukemias, and myelodysplastic syndror
IV.B.1.b).(1).(h).(xi)	Hodgkin's disease and non-Hodgkin's lymphomas; (Core)	4.4.i.11.	Hodgkin's disease and non-Hodgkin's ly
IV.B.1.b).(1).(h).(xii)	solid tumors of organs, soft tissue, bone, and central nervous system; (Core)	4.4.i.12.	solid tumors of organs, soft tissue, bone
IV.B.1.b).(1).(h).(xiii)	bone marrow failure; and, (Core)	4.4.i.13.	bone marrow failure; and, (Core)
IV.B.1.b).(1).(h).(xiv)	graft versus host disease. (Core)	4.4.i.14.	graft versus host disease. (Core)
IV.B.1.b).(1).(i)	Fellows must integrate palliative care for patients with hematologic and oncologic conditions. (Core)	4.4.j.	Fellows must integrate palliative care for oncologic conditions. (Core)
IV.B.1.b).(1).(j)	Fellows must be able to apply new diagnostic techniques relevant to patient care. (Core)	4.4.k.	Fellows must be able to apply new diagr care. (Core)
IV.B.1.b).(1).(k)	Fellows must demonstrate competence in the diagnosis and management of complications of disease and therapy, including treatment of infections in the compromised host. (Core)	4.4.1.	Fellows must demonstrate competence complications of disease and therapy, in compromised host. (Core)
IV.B.1.b).(1).(I)	Fellows must demonstrate competence in the methods of physiologic support of the patient, including provision of nutrition (both enteral and parenteral), control of nausea and vomiting, and management of pain. (Core)		Fellows must demonstrate competence the patient, including provision of nutritic of nausea and vomiting, and manageme
IV.B.1.b).(1).(m)	Fellows must be able to recognize and manage psychosocial stresses and problems. (Core)	4.4.n.	Fellows must be able to recognize and r problems. (Core)
IV.B.1.b).(1).(n)	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)	4.4.0.	Fellows must demonstrate leadership sk learning environment, and/or the health the ultimate intent of improving care of p
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows must demonstrate the necessary procedural skills and develop an understanding of the indications, risks, and limitations, and interpretations as needed. (Core)	4.5.a.	Fellows must demonstrate the necessar understanding of the indications, risks, a needed. (Core)
IV.B.1.b).(2).(b)	Fellows must demonstrate competence in the performance and interpretation of: (Core)	4.5.b.	Fellows must demonstrate competence
IV.B.1.b).(2).(b).(i)	lumbar puncture with evaluation of cerebrospinal fluid; (Core)	4.5.b.1.	lumbar puncture with evaluation of cerea
IV.B.1.b).(2).(b).(ii)	microscopic interpretation of peripheral blood films; (Core)	4.5.b.2.	microscopic interpretation of peripheral l
IV.B.1.b).(2).(b).(iii)	hematologic laboratory diagnostic tests; (Core)	4.5.b.3.	hematologic laboratory diagnostic tests;
IV.B.1.b).(2).(b).(iv)	peripheral blood smear; and, (Core)	4.5.b.4.	peripheral blood smear; and, (Core)
IV.B.1.b).(2).(b).(v)	bone marrow aspiration and biopsy. (Core)	4.5.b.5.	bone marrow aspiration and biopsy. (Co

(Core)

lassemia syndromes; (Core)

red-blood-cell membrane and of red-

olytic anemia; (Core)

ite blood cells; (Core)

and other inherited and acquired

thrombocytopenic purpura (ITP) and defects; (Core)

sorders; (Core)

stic leukemia, acute and chronic myeloid omes; (Core)

lymphomas; (Core)

ne, and central nervous system; (Core)

for patients with hematologic and

agnostic techniques relevant to patient

ce in the diagnosis and management of , including treatment of infections in the

e in the methods of physiologic support of ition (both enteral and parenteral), control ment of pain. (Core)

manage psychosocial stresses and

skills to enhance team function, the h 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, and interpretations as

e in the performance and interpretation of: ebrospinal fluid; (Core) al blood films; (Core) s; (Core)

, (00

Core)

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IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of biostatistics, bioethics, 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 laboratory research methodology, study funding and/or approval of clinical resea principles of evidence-based medicine, of research, and teaching methods. (Core)
IV.B.1.c).(2)	Fellows must demonstrate knowledge of the indications and procedures for transfusion therapy. (Core)	4.6.b.	Fellows must demonstrate knowledge of transfusion therapy. (Core)
IV.B.1.c).(3)	Fellows must demonstrate knowledge of the indications and procedures for stem cell treatment. (Core)	4.6.c.	Fellows must demonstrate knowledge of cell treatment. (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 inf patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Ba Fellows must demonstrate an awaren larger context and system of health c social determinants of health, as well other resources to provide optimal he

nowledge

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

of biostatistics, bioethics, clinical and dy design, preparation of applications for earch protocols, critical literature review, e, ethical principles involving clinical e)

of the indications and procedures for

of the indications and procedures for stem

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

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

Based Practice

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

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Requirement Number	Requirement Language	Requirement Number	Requiremer
<u></u>			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical t events. (Core)
			4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	4.12. Curriculum Organization and Fe The program must provide instruction if applicable for the subspecialty, inclusion substance use disorder. (Core)
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow I The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)	4.10.a.	Assignment of rotations must be structu rotational transitions, and rotations must quality educational experience, defined supervision, longitudinal relationships w assessment and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with shared improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow I The program must provide instruction if applicable for the subspecialty, incl substance use disorder. (Core)
IV.C.3. IV.C.4.	Fellows must have a minimum of 12 months of clinical experience. (Core) The pediatric oncology component of the program must include education in the staging and classification of tumors, the application of multimodal therapy, the epidemiology and etiology of childhood cancer, making appropriate observations, and keeping accurate patient data. (Core)	4.11.a. 4.11.b.	Fellows must have a minimum of 12 mo The pediatric oncology component of the staging and classification of tumors, the epidemiology and etiology of childhood observations, and keeping accurate pati
IV.C.4.a)	The experience should include learning to function as a member of a multidisciplinary team serving patients with cancer and chronic hematologic disorders, and should ensure that fellows demonstrate competence in the uses and management of chemotherapy, as well as the pertinent aspects of surgical therapy and radiotherapy in managing patients with malignant diseases. (Detail)	4.11.b.1.	The experience should include learning multidisciplinary team serving patients w disorders, and should ensure that fellow and management of chemotherapy, as w therapy and radiotherapy in managing p

Fellow Experiences – Curriculum

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

Fellow Experiences – Didactic and

ected time to participate in core

Fellow Experiences – Pain Management on and experience in pain management cluding recognition of the signs of

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

tured to minimize the frequency of 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 on and experience in pain management cluding recognition of the signs of

nonths of clinical experience. (Core)

the program must include education in the ne application of multimodal therapy, the d cancer, making appropriate atient data. (Core)

g to function as a member of a with cancer and chronic hematologic bws demonstrate competence in the uses s well as the pertinent aspects of surgical patients with malignant diseases. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.4.a).(1)	The program must include formal education in the elements of long-term, follow- up care, including monitoring for late effects of treatment or disease. (Core)	4.11.b.2.	The program must include formal education up care, including monitoring for late effe
IV.C.5.	Each fellow must have continuing responsibility for the care of patients with cancer and blood disorders over the duration of their educational program. (Core)	4.11.c.	Each fellow must have continuing responsion cancer and blood disorders over the dur (Core)
IV.C.6.	Fellows must have responsibility throughout their educational program for providing longitudinal outpatient care that is supervised by one or more members of the pediatric hematology-oncology faculty. (Core)	4.11.d.	Fellows must have responsibility through providing longitudinal outpatient care the members of the pediatric hematology-or
IV.C.7.	Fellows must have structured educational experiences in psychological and social support of patients, families, and staff members. (Core)	4.11.e.	Fellows must have structured education social support of patients, families, and s
IV.C.8.	The program must document that each fellow participates in the activities of the tumor board. (Core)	4.11.f.	The program must document that each f tumor board. (Core)
IV.C.9.	Fellows must have appropriate structured educational experiences in the laboratories, including blood bank and tissue pathology. (Core) Fellow education must include experience in serving as a role model and	4.11.g.	Fellows must have appropriate structure laboratories, including blood bank and tis Fellow education must include experience
IV.C.10.	providing supervision to residents and/or medical students. (Core)	4.11.h.	providing supervision to residents and/or
IV.C.11.	Fellows must have a formally structured educational program in the clinical and basic sciences related to pediatric hematology-oncology. (Core)	4.11.i.	Fellows must have a formally structured basic sciences related to pediatric hema
IV.C.11.a)	The program must utilize didactic and clinical experience for fellow education. (Core)	4.11.i.1.	The program must utilize didactic and cli (Core)
IV.C.11.b) IV.C.11.c)	Pediatric hematology-oncology conferences must occur regularly, and must involve active fellow participation in planning and implementation. (Core) Fellow education must include instruction in:	4.11.i.2.	Pediatric hematology-oncology conferent involve active fellow participation in plan
IV.C.11.c).(1)	basic and fundamental disciplines, as appropriate to pediatric hematology- oncology, such as anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism; (Core)	[None] 4.11.i.3.	Fellow education must include instructio as appropriate to pediatric hematology-c biochemistry, embryology, pathology, mi genetics, and nutrition/metabolism. (Cor
IV.C.11.c).(1).(a)	This should include, but not be limited to the structure and function of hemoglobin and iron metabolism, the phagocytic system, splenic function, cell kinetics, immunology, coagulation, genetics, the principles of radiation therapy, the characteristics of malignant cells, tissue typing, blood groups, pharmacology of chemotherapeutic agents, molecular biology, microbiology and anti-infective agents in the compromised host, and nutrition. (Detail)	4.11.i.3.a.	This should include, but not be limited to hemoglobin and iron metabolism, the ph kinetics, immunology, coagulation, gene the characteristics of malignant cells, tise of chemotherapeutic agents, molecular b agents in the compromised host, and nu
IV.C.11.c).(2)	pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, conferences dealing with complications and death, as well as the scientific, ethical, and legal implications of confidentiality and informed consent; and, (Core)	4.11.i.4.	Fellow education must include instruction of recent advances in clinical medicine a dealing with complications and death, as implications of confidentiality and inform
IV.C.11.c).(3)	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.i.5.	Fellow education must include instructio current health care management issues practice management, preventive care, presource allocation, and clinical outcome
IV.C.11.d)	Within research conferences and clinical experiences, the program must address multi-site or multi-center collaborative clinical and research activities, such as those exemplified by the pediatric oncology cooperative groups, regional hemophilia, or thalassemia programs, as well as the problems and issues of data collection and analysis. (Core)	4.11.i.6.	Within research conferences and clinica address multi-site or multi-center collabo such as those exemplified by the pediate hemophilia, or thalassemia programs, as data collection and analysis. (Core)

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cation in the elements of long-term, followffects of treatment or disease. (Core)

onsibility for the care of patients with uration of their educational program.

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

nal experiences in psychological and d staff members. (Core)

n fellow participates in the activities of the

red educational experiences in the tissue pathology. (Core)

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

ed educational program in the clinical and natology-oncology. (Core)

clinical experience for fellow education.

ences must occur regularly, and must anning and implementation. (Core)

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

to the structure and function of bhagocytic system, splenic function, cell netics, the principles of radiation therapy, issue typing, blood groups, pharmacology r biology, microbiology and anti-infective nutrition. (Detail)

ion in pathophysiology of disease, reviews and biomedical research, conferences as well as the scientific, ethical, and legal med consent. (Core)

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

cal experiences, the program must borative clinical and research activities, atric oncology cooperative groups, regional as well as the problems and issues of

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
Requirement Number		Requirement Number	Kequiremer
	Scholarship		
	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expec will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, pop other programs might choose to utili
IV.D.		[None]	research as the focus for scholarship Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, educatio or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation too 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 gram and faculty must create an sition of such skills through fellow as defined in the subspecialty-specific activities may include discovery, ing.

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

idence of scholarly activities, consistent

idence of scholarly activities, consistent

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

grams must demonstrate of the following domains: (Core) 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	Poquiromont Longuago	Reformatted	Doguiromon
Requirement Number	Requirement Language	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 t
	•Research in basic science, education, translational science, patient care, or population health		 Research in basic science, education or population health
	•Peer-reviewed grants		•Peer-reviewed grants
	•Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical		 Quality improvement and/or patient s Systematic reviews, meta-analyses, it
	textbooks, or case reports		textbooks, or case reports
	•Creation of curricula, evaluation tools, didactic educational activities, or		•Creation of curricula, evaluation tool
	electronic educational materials •Contribution to professional committees, educational organizations, or		electronic educational materials •Contribution to professional commit
	editorial boards		editorial boards
IV.D.2.a)	•Innovations in education	4.14.	 Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fo
	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;		faculty participation in grand rounds, improvement presentations, podium p peer-reviewed print/electronic resource chapters, textbooks, webinars, servic serving as a journal reviewer, journal
IV.D.2.b).(1)	(Outcome)	4.14.a.1.	(Outcome)
V(D,2,b)(1)(2)	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 hematology-oncology. (Core)	4.14.a.1.a.	Scholarly activity must be in a field such services, health policy, quality improvem pediatric hematology-oncology. (Core)
IV.D.2.b).(1).(a)	peer-reviewed publication. (Outcome)	4. 14.d. 1.d.	pediatric riematology-oncology. (Core)
IV.D.2.b).(2)		4.14.a.2.	peer-reviewed publication. (Outcome)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Where appropriate, the core curriculum i collaborative effort involving all of the pe institution. (Detail)
IV.D.3.a)	Where appropriate, the core curriculum in scholarly activity should be a collaborative effort involving all of the pediatric subspecialty programs at the institution. (Detail)	4.15.	Fellow Scholarly Activity Where appropriate, the core curriculum i collaborative effort involving all of the pe institution. (Detail)
	Each fellow must design and conduct a scholarly project under the guidance of		Each fellow must design and conduct a s
IV.D.3.b)	the program director and a designated mentor. (Core)	4.15.a.	the program director and a designated m
IV.D.3.c)	The program must provide a scholarship oversight committee for each fellow to oversee and evaluate their progress as related to the scholarly project. (Core)	4.15.b.	The program must provide a scholarship oversee and evaluate their progress as r
IV.D.3.c).(1)	Where applicable, the process of establishing fellow scholarship oversight committees should be a collaborative effort involving other pediatric subspecialty programs or other experts. (Detail)	4.15.b.1.	Where applicable, the process of establi committees should be a collaborative eff programs or other experts. (Detail)
IV.D.3.d)	The scholarly experience must begin in the first year and continue throughout the duration of the educational program. (Core)	4.15.c.	The scholarly experience must begin in the duration of the educational program.

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

t safety initiatives , review articles, chapters in medical

ols, didactic educational activities, or

ittees, educational organizations, or

semination of scholarly activity within following methods:

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

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

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

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

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

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

blishing fellow scholarship oversight effort involving other pediatric subspecialty

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

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IV.D.3.d).(1)	Fellows must have a minimum of 12 months dedicated to research and scholarly activity, including the development of requisite skills, project completion, and presentation of results to the scholarship oversight committee. (Core)	4.15.c.1.	Fellows must have a minimum of 12 mor activity, including the development of rec presentation of results to the scholarship
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 durir 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)
	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)		Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin
V.A.1.a) V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1. 5.1.a.	educational assignment. (Core) Evaluation must be documented at th (Core)
V.A.1.D)	For block rotations of greater than three months in duration, evaluation	J. I.d.	
V.A.1.b).(1)	must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than the must be documented at least every the
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)		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 scholarly requisite skills, project completion, and hip oversight committee. (Core)

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

the completion of the assignment.

three 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 ialty-specific Milestones, and must:

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

ical Competency Committee for its formance and improvement toward

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

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

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

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	At least annually, there must be a summative evaluation of each fellow		At least annually, there must be a sur
	that includes their readiness to progress to the next year of the program, if		includes their readiness to progress t
V.A.1.e)	applicable. (Core)	5.1.f.	applicable. (Core)
V A 4 F)	The evaluations of a fellow's performance must be accessible for review	510	The evaluations of a fellow's perform
V.A.1.f)	by the fellow. (Core)	5.1.g.	by the fellow. (Core)
			Fellow Evaluation: Final Evaluation The program director must provide a
V.A.2.	Final Evaluation	5.2.	completion of the program. (Core)
		0.2.	Fellow Evaluation: Final Evaluation
	The program director must provide a final evaluation for each fellow upon		The program director must provide a
V.A.2.a)	completion of the program. (Core)	5.2.	completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, mu
	are able to engage in autonomous practice upon completion of the		are able to engage in autonomous pra
V.A.2.a).(1)	program. (Core)	5.2.a.	program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
	become part of the fellow's permanent record maintained by the		The final evaluation must become par
	institution, and must be accessible for review by the fellow in accordance		maintained by the institution, and mu
V.A.2.a).(2).(a)	with institutional policy; (Core)	5.2.b.	fellow in accordance with institutiona
			The final evaluation must verify that t
	verify that the fellow has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors nec
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
	he shared with the follow when completion of the pressure (Oore)		The final evaluation must be shared v
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	program. (Core)
	A Clinical Competency Committee must be appointed by the program		Clinical Competency Committee A Clinical Competency Committee mu
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	director. (Core)
۷.۸.3.		5.5.	
	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must		At a minimum the Clinical Competence members, at least one of whom is a c
	be faculty members from the same program or other programs, or other		be faculty members from the same pr
	health professionals who have extensive contact and experience with the		health professionals who have extens
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
			The Clinical Competency Committee
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	least semi-annually. (Core)
	determine each fellow's progress on achievement of the subspecialty-		The Clinical Competency Committee
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.c.	progress on achievement of the subs
			The Clinical Competency Committee
	meet prior to the fellows' semi-annual evaluations and advise the program		annual evaluations and advise the pro
V.A.3.b).(3)	director regarding each fellow's progress. (Core)	5.3.d.	fellow's progress. (Core)
			Faculty Evaluation
			The program must have a process to
		F 4	performance as it relates to the educa
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
	The program must have a process to evaluate each faculty member's		The program must have a process to performance as it relates to the education of the educat
V.B.1.	performance as it relates to the educational program at least annually. (Core)	5.4.	(Core)
V.D.I.		17.4.	

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

es, and when applicable the 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 the

must be appointed by the program

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

e must review all fellow evaluations at

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

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

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement Language
	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)
v .D. n.aj	This evaluation must include written, confidential evaluations by the	0.4.0.	This evaluation must include written, confidential evaluations by the
V.B.1.b)	fellows. (Core)	5.4.b.	fellows. (Core)
,	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedback on their evaluations at least
	annually. (Core)	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement 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)
	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
	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 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)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities must include review of the program's self-determined goals and progress toward meeting them. (Core)
	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities must include guiding ongoing program improvement, including development of new goals, based upon outcomes. (Core)
	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 responsibilities must include review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)
	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)
	The Program Evaluation Committee must evaluate the program's mission		The Program Evaluation Committee must evaluate the program's mission
V.C.1.d)	•	5.5.f.	and aims, strengths, areas for improvement, and threats. (Core)
	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 he submitted to the DIO. (Core)	5 5 a	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)
V.C.1.e)	teaching faculty, and be submitted to the DIO. (Core) The program must participate in a Self-Study and submit it to the DIO.	5.5.g.	teaching faculty, and be submitted to the DIO. (Core) The program must participate in a Self-Study and submit it to the DIO.
V.C.2.		5.5.h.	(Core)

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

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

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

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

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

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

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

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremer
	The Learning and Working Environment		Section 6: The Learning and Working
			The Learning and Working Environm
	Fellowship education must occur in the context of a learning and working		Fellowship education must occur in
	environment that emphasizes the following principles:		environment that emphasizes the fol
	•Excellence in the safety and quality of care rendered to patients by		•Excellence in the safety and quality
	fellows today		fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality today's fellows in their future practic
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
	•Commitment to the well-being of the students, residents, fellows, faculty		•Commitment to the well-being of the
VI.	members, and all members of the health care team	Section 6	members, and all members of the he
VI.A.		[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 a willingness to transparently deal wi has formal mechanisms to assess th its personnel toward safety in order t
, , ,	The program, its faculty, residents, and fellows must actively participate in		The program, its faculty, residents, a
VI.A.1.a).(1).(a)	patient safety systems and contribute to a culture of safety. (Core)	6.1.	patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow- unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
, , ,	Residents, fellows, faculty members, and other clinical staff members		
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary info safety reports. (Core)

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the context of a learning and working blowing principles:

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y of care rendered to patients by ice

oviding care for patients

ne students, residents, fellows, faculty ealth care team

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

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

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

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

Roman Numeral	_	Reformatted	
Requirement Number		Requirement Number	
	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities,		Fellows must participate as team mer interprofessional clinical patient safe
	such as root cause analyses or other activities that include analysis, as		such as root cause analyses or other
VI.A.1.a).(2).(b)	well as formulation and implementation of actions. (Core)	6.3.	well as formulation and implementation
	Quality Metrics		
			Quality Metrics
VI.A.1.a).(3)	Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Access to data is essential to prioritiz and evaluating success of improvement
vi.A. i.a).(3)	Fellows and faculty members must receive data on quality metrics and		Fellows and faculty members must re
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4.	benchmarks related to their patient po
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of can with their Sponsoring Institutions, de monitor a structured chain of respons to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes
VI.A.2.	Supervision and Accountability	[None]	professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of can with their Sponsoring Institutions, dei monitor a structured chain of respons to the supervision of all patient care.
VI.A.2.a)	Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
		· ·	Fellows and faculty members must in
			roles in that patient's care when prov
	Fellows and faculty members must inform each patient of their respective	G F	information must be available to fellow
VI.A.2.a).(1)	roles in that patient's care when providing direct patient care. (Core)	6.5.	of the health care team, and patients.
	This information must be available to fellows, faculty members, other	e e	Fellows and faculty members must in roles in that patient's care when provi information must be available to fellow
VI.A.2.a).(1).(a)	members of the health care team, and patients. (Core)	6.5.	of the health care team, and patients.

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

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

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

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

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

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

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	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
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.
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or pat fellow and the supervising physician patient care through appropriate teleo
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or path fellow and the supervising physician patient care through appropriate telec
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or path fellow and the supervising physician patient care through appropriate teleo
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 available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi 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.		The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr
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 the n is concurrently monitoring the lecommunication technology.

cally present with the fellow during the on.

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

cally present with the fellow during the on.

atient is not physically present with the n 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 ck provided after care is delivered. sical 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)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as supe
	portions of care to fellows based on the needs of the patient and the skills	C 0 h	portions of care to fellows based on t
VI.A.2.d).(2)	of each fellow. (Core)	6.9.b.	of each fellow. (Core)
	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs		Fellows should serve in a supervisory 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 the
	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 mus
VI.A.2.f)	the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	the knowledge and skills of each fello appropriate level of patient care author
•		V.11.	
			Professionalism Programs, in partnership with their S
			fellows and faculty members concern
			responsibilities of physicians, includi
			to be appropriately rested and fit to p
VI.B.	Professionalism	6.12.	patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their S
	fellows and faculty members concerning the professional and ethical		fellows and faculty members concern
	responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their		responsibilities of physicians, includi 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 program
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on fellows to fulfill
			The learning objectives of the program
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
			The learning objectives of the program
	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients,		meaning that each fellow finds in the 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		provide a culture of professionalism t
VI.B.3.	personal responsibility. (Core)	6.12.d.	personal responsibility. (Core)
	Fellows and faculty members must demonstrate an understanding of their		Fellows and faculty members must de
	personal role in the safety and welfare of patients entrusted to their care,	0.40 -	personal role in the safety and welfare
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 Sponsoring Institutions, must provide		Programs, in partnership with their Sp
	a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other		professional, equitable, respectful, an psychologically safe and that is free f
	forms of harassment, mistreatment, abuse, or coercion of students,		forms of harassment, mistreatment, a
VI.B.5.	fellows, faculty, and staff. (Core)	6.12.f.	fellows, faculty, and staff. (Core)

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

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

supervising faculty member(s). (Core) their scope of authority, and the ow is permitted to act with conditional

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

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

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

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

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

o with the Sponsoring Institution, must I that supports patient safety and

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

Sponsoring Institutions, must provide a and civil environment that is e from discrimination, sexual and other

abuse, or coercion of students,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	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		Programs, in partnership with their Sp process for education of fellows and t behavior and a confidential process for
VI.B.6.	addressing such concerns. (Core)	6.12.g.	addressing such concerns. (Core)
	Well-Being		
			Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, caring
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and o
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the joy
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and re
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and		professionalism; they are also skills t
	nurtured in the context of other aspects of fellowship training.		nurtured in the context of other aspec
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at ri
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		responsibility to address well-being a
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and		clinical learning environment models
	prepares fellows with the skills and attitudes needed to thrive throughout		prepares fellows with the skills and a
VI.C.	their careers.	[None]	their careers.
	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in I
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourage
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunit
	and dental care appointments, including those scheduled during their		and dental care appointments, includi
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of burn
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek appropriate		recognition of these symptoms in the
VI.C.1.d).(2)	care; and, (Core)	6.13.d.2.	care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-so
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affor
	counseling, and treatment, including access to urgent and emergent care		counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (C

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

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

risk for burnout and depression. Sponsoring Institutions, have the same 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

d addressing the safety of fellows and

ge optimal fellow and faculty member

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

mbers in:

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

nemselves and how to seek appropriate

screening. (Core)

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

Roman Numeral		Reformatted	
Requirement Number		Requirement Number	
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fell
	including but not limited to fatigue, illness, family emergencies, and		including but not limited to fatigue, ill
	medical, parental, or caregiver leave. Each program must allow an		medical, parental, or caregiver leave.
VI.C.2.	appropriate length of absence for fellows unable to perform their patient	6.14.	appropriate length of absence for fello
VI.G.Z.	care responsibilities. (Core)	0.14.	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
v1.0.2.d)		0.14.d.	
1	These policies must be implemented without fear of negative		These policies must be implemented
VI.C.2.b)	consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	consequences for the fellow who is o work. (Core)
VI.G.Z.D)		0.14.0.	
			Fatigue Mitigation
			Programs must educate all fellows an
VI.D.	Estigue Mitigation	6 1 5	the signs of fatigue and sleep depriva
עו.ע.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
			Fatigue Mitigation
	Programs must educate all fellows and faculty members in recognition of		Programs must educate all fellows an
VI.D.1.	the signs of fatigue and sleep deprivation, alertness management, and	6.15.	the signs of fatigue and sleep depriva
VI.D.1.	fatigue mitigation processes. (Detail)	0.15.	fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
VI.D.2.	adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	may be too ratigued to salely return in
♥1.⊏.	• • •	Inouel	
	Clinical Responsibilities		
	The eligibely service in this famous highly service to be a set on DOV lossel		Clinical Responsibilities
	The clinical responsibilities for each fellow must be based on PGY level,		The clinical responsibilities for each f
VI.E.1.	patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	patient safety, fellow ability, severity a illness/condition, and available support
		0.17.	,
1	The program director must have the authority and responsibility to set and		The program director must have the auth
VI.E.1.a)	adjust the clinical responsibilities and ensure that fellows have appropriate clinical responsibilities and an appropriate patient load. (Core)	6.17.a.	the clinical responsibilities and ensure the responsibilities and an appropriate patient
vi.⊏. i.a)		0.17.a.	
	This must include progressive clinical, technical, and consultative experiences		This must include progressive clinical, te
VI.E.1.a).(1)	that will enable each fellow to develop expertise as a pediatric hematology- oncology consultant. (Core)	6.17.a.1.	that will enable each fellow to develop ex oncology consultant. (Core)
VI.E.1.a).(1) VI.E.1.a).(2)	Lines of responsibility for the fellows must be clearly defined. (Core)	6.17.a.2.	Lines of responsibility for the fellows mus
v		0.17.a.2.	
	Teamwork		Teemwork
	Follows must care for actions in an anyironment that maximizes		Teamwork Fellows must care for patients in an e
	Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in		communication and promotes safe, ir
VI.E.2.	the subspecialty and larger health system. (Core)	6.18.	the subspecialty and larger health sys
VI.E.2.	the subspecially and larger health system. (Core)	0.10.	Transitions of Care
			Programs must design clinical assign
VI.E.3.	Transitions of Care	6.19.	patient care, including their safety, free
TI.L.V.		v. iv.	
	Programs must design clinical assignments to entimize transitions in		Transitions of Care
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Programs must design clinical assign patient care, including their safety, free
vi.E.J.a)		0.13.	
	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both		Programs, in partnership with their Sp and monitor effective, structured hand
VI.E.3.b)	continuity of care and patient safety. (Core)	6.19.a.	continuity of care and patient safety.
VI.L.J.DJ	Continuity of care and patient salety. (Core)	0.13.a.	continuity of care and patient safety.

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 I)

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

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

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

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

technical, and consultative experiences expertise as a pediatric hematology-

nust be clearly defined. (Core)

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

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

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

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

Roman Numeral		Reformatted	
Requirement Number		Requirement Number	
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows ar team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience of opportunities for rest and personal ad
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours r hours per week, averaged over a four clinical and educational activities, clin moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)		Up to four hours of additional time map patient safety, such as providing effec- education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give a patient or patient's family; or to atte (Detail)
VI.F.4.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.	In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to contine severely ill or unstable patient; to give a patient or patient's family; or to atter (Detail)

ent Language are competent in communicating with ess. (Outcome)

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

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

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). Atese free days. (Core)

ion Period Length

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

ion Period Length

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Requirement Number	These additional hours of care or education must be counted toward the	Requirement Number	These additional hours of care or edu
VI.F.4.b)	80-hour weekly limit. (Detail)	6.23.a.	80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sound
VI.F.4.c)	The Review Committee for Pediatrics will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Pediatrics will the 80-hour limit to the fellows' work week
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
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 third night (when averaged over a fou
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities to toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities to toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fell

ducation must be counted toward the

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

will not consider requests for exceptions to eek.

n the ability of the fellow to achieve the onal program, and must not interfere r 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

at be counted toward the 80-hour

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

ncy

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

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

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

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