Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement L
	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 members of the health care team.	[None]	Definition of Graduate Medical Educa Fellowship is advanced graduate med residency program for physicians wh specialized practice. Fellowship-train by providing subspecialty care, which care, acting as a community resource creating and integrating new knowled future generations of physicians. Gra the strength that a diverse group of p care, and the importance of inclusive learning environments. Fellows who have completed resident autonomously in their core specialty. and expertise of fellows distinguish th residency. The fellow's care of patien undertaken with appropriate faculty s independence. Faculty members serv compassion, cultural sensitivity, prof The fellow develops deep medical kne expertise applicable to their focused an intensive program of subspecialty that focuses on the multidisciplinary education is often physically, emotion demanding, and occurs in a variety of committed to graduate medical educat patients, residents, fellows, faculty m members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, many fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience to pursue hypothesis-driven scientific contributions to the medical literature clinical subspecialty expertise achiev relationships built on an infrastructur research.
Int.B.	Definition of Subspecialty Pediatric nephrology programs provide fellows with the capability and experience to understand, diagnose, and manage renal diseases, fluids and electrolytes, and acid-base disorders.	[None]	Definition of Subspecialty Pediatric nephrology programs provide f experience to understand, diagnose, and and electrolytes, and acid-base disorder

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edical education beyond a core who desire to enter more ined physicians serve the public ich may also include core medical ce for expertise in their field, edge into practice, and educating raduate medical education values physicians brings to medical we and psychologically safe

ency are able to practice y. The prior medical experience them from physicians entering ents within the subspecialty is supervision and conditional rve as role models of excellence, ofessionalism, and scholarship. nowledge, patient care skills, and d area of practice. Fellowship is ty clinical and didactic education y care of patients. Fellowship onally, and intellectually of clinical learning environments cation and the well-being of members, students, and all

ny fellowship programs advance ts. While the ability to create new exclusive to fellowship-educated ce expands a physician's abilities fic inquiry that results in the and patient care. Beyond the eved, fellows develop mentored ure that promotes collaborative

e fellows with the capability and and manage renal diseases, fluids ers.

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement Language
	Length of Educational Program		
Int.C.	The educational program must be 36 months in length. (Core)	4.1.	Length of Program The educational program must be 36 months in length. (Core)
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.		Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.
I.A.	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)
I.B.1.a)	An accredited pediatric nephrology program must be an integral part of a core pediatric residency program, and should be sponsored by the same ACGME-accredited Sponsoring Institution. (Core)	1.2.a.	An accredited pediatric nephrology program must be an integral part of a core pediatric residency program, and should be sponsored by the same ACGME-accredited Sponsoring Institution. (Core)
I.B.1.a).(1)	The pediatric nephrology program should be geographically proximate to the core pediatric residency program. (Detail)	1.2.a.1.	The pediatric nephrology program should be geographically proximate to the core pediatric residency program. (Detail)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least every 10 years. (Core)
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the designated institutional official (DIO). (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 clinical learning and working environment at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement La
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retention The program, in partnership with its S engage in practices that focus on miss systematic recruitment and retention o workforce of residents (if present), fell administrative GME staff members, an academic community. (Core)
I.D.	Resources	1.8.	Resources The program, in partnership with its S ensure the availability of adequate res (Core)
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S ensure the availability of adequate res (Core)
I.D.1.a)	There must be facilities for renal replacement therapy, renal biopsy, and renal transplantation. (Core)	1.8.a.	There must be facilities for renal replacer renal transplantation. (Core)
I.D.1.b)	Facilities and services, including a comprehensive laboratory, pathology and imaging, must be available. (Core)	1.8.b.	Facilities and services, including a compr and imaging, must be available. (Core)
I.D.1.c)	The program must have access to laboratories in order to perform testing specific to pediatric nephrology. (Core)	1.8.c.	The program must have access to labora specific to pediatric nephrology. (Core)
l.D.1.d)	An adequate number and variety of pediatric nephrology patients ranging in age from newborn through young adulthood, must be available to provide a broad experience for the fellows. (Core)	1.8.d.	An adequate number and variety of pedia in age from newborn through young adult provide a broad experience for the fellows
I.D.1.d).(1).	A sufficient number of patients must be available in inpatient and outpatient settings to meet the educational needs of the program. (Core)	1.8.e.	A sufficient number of patients must be a settings to meet the educational needs of
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its Spectrum ensure healthy and safe learning and version promote fellow well-being and provide
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/res accessible for fellows with proximity a (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation capabilities, with proximity appropriate
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures appropriand, (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core)
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in print include access to electronic medical li capabilities. (Core)

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Sponsoring Institution, must
ssion-driven, ongoing,
of a diverse and inclusive
ellows, faculty members, senior and other relevant members of its
Sponsoring Institution, must
esources for fellow education.
Sponsoring Institution, must
esources for fellow education.
ement therapy, renal biopsy, and
prehensive laboratory, pathology
ratories in order to perform testing
liatric nephrology patients ranging
ulthood, must be available to
ws. (Core)
available in inpatient and outpatient
of the program. (Core)
Sponsoring Institution, must
l working environments that de for:
est facilities available and
appropriate for safe patient care;
on that have refrigeration
ate for safe patient care; (Core)
priate to the participating site;
abilities consistent with the
e)
subspecialty-specific and other
nt or electronic format. This must
literature databases with full text

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement Language
Number	Other Learners and Health Care Personnel	Humber	Other Learners and Health Care Personnel
	Other Learners and Health Care Personnel		Other Learners and Health Care Personnel
	The presence of other learners and other health care personnel, including		The presence of other learners and other health care personnel,
	but not limited to residents from other programs, subspecialty fellows,		including but not limited to residents from other programs,
. –	and advanced practice providers, must not negatively impact the	1.11.	subspecialty fellows, and advanced practice providers, must not
I.E. II.	appointed fellows' education. (Core) Personnel	Section 2	negatively impact the appointed fellows' education. (Core) Section 2: Personnel
II.A.	Program Director	2.1.	Program Director 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)
			Program Director
	There must be one faculty member appointed as program director with authority and accountability for the overall program, including		There must be one faculty member appointed as program director with authority and accountability for the overall program, including
II.A.1.		2.1.	compliance with all applicable program requirements. (Core)
	The Spansoring Institution's Graduate Medical Education Committee		The Sponsoring Institution's Graduate Medical Education Committee
	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the		(GMEC) must approve a change in program director and must verify
II.A.1.a)		2.2.	the program director's licensure and clinical appointment. (Core)
	The program director and, as applicable, the program's leadership team,		
	must be provided with support adequate for administration of the		The program director and, as applicable, the program's leadership
II.A.2.	program based upon its size and configuration. (Core)	2.3.	team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)
	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 be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)
	Number of Approved Fellow Positions < 7 Minimum Support Required (FTE) 0.2		Number of Approved Fellow Positions < 7 Minimum Support Required (FTE) 0.2
	Number of Approved Fellow Positions 7-10 Minimum Support Required (FTE) 0.4		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 11-15 Minimum Support Required (FTE) 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 > 15 Minimum Support Required (FTE) 0.6
,			Qualifications of the Program Director:
II.A.3.	Qualifications of the program director:	2.4.	The program director must possess subspecialty expertise and qualifications acceptable to the Review Committee. (Core)

Roman Numeral		Reformatted	
Requirement		Requirement	
Number	Requirement Language	Number	Requirement Language
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 subspecialty expertise and qualifications acceptable to the Review Committee. (Core)
II.A.3.b)	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) [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.	The program director must possess 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. (Core)[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]
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 of ongoing involvement in scholarly activities. (Core)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)
II.A.4.a)	The program director must:	[None]	
	be a role model of professionalism; (Core) design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the		The program director must be a role model of professionalism. (Core) The program director must design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of
II.A.4.a).(2)	mission(s) of the program; (Core) administer and maintain a learning environment conducive to educating	2.5.b.	the Sponsoring Institution, and the mission(s) of the program. (Core)The program director must administer and maintain a learning environment conducive to educating the fellows in each of the
II.A.4.a).(3) II.A.4.a).(4)	the fellows in each of the ACGME Competency domains; (Core) have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.c. 2.5.d.	ACGME Competency domains. (Core) The program director must have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval. (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit accurate and complete information required and requested by the DIO, GMEC, and ACGME. (Core)

Pediatric Nephrology Crosswalk

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement L
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a environment in which fellows have th report mistreatment, and provide feed as appropriate, without fear of intimic
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and grievances and due process, includin suspend or dismiss, not to promote, of fellow. (Core)
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and non-discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion of program. (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve fellow's education upon the fellow's r
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an importar grow and become practice ready, ens highest quality of care. They are role if physicians by demonstrating compass in teaching and patient care, profession lifelong learning. Faculty members ex fostering the growth and development they provide is enhanced by the opport exemplary behavior. By employing a scare, faculty members, through the gro system, improve the health of the indu- Faculty members ensure that patients expected from a specialist in the field the needs of the patients, fellows, con
II.B.	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]	members provide appropriate levels of patient safety. Faculty members creat environment by acting in a profession well-being of the fellows and themsel

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a learning and working he opportunity to raise concerns, edback in a confidential manner idation or retaliation. (Core)

ne program's compliance with the d procedures related to ng when action is taken to or renew the appointment of a

ne program's compliance with the d procedures on employment and

a non-competition guarantee or

nt verification of education for all of or departure from the

verification of an individual request, within 30 days. (Core)

element of graduate medical fellows how to care for patients. ant bridge allowing fellows to suring that patients receive the e models for future generations of assion, commitment to excellence sionalism, and a dedication to experience the pride and joy of ent of future colleagues. The care portunity to teach and model a scholarly approach to patient graduate medical education dividual and the population.

ts receive the level of care d. They recognize and respond to community, and institution. Faculty of supervision to promote ate an effective learning conal manner and attending to the elves.

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Requirement Number	Requirement Language	Requirement Number	Requirement Language
	There must be a sufficient number of faculty members with competence		There must be a sufficient number of faculty members with
II.B.1.	to instruct and supervise all fellows. (Core)	2.6.	competence to instruct and supervise all fellows. (Core)
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 models of professionalism. (Core)
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 commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care. (Core)
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 strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. (Core)
	administer and maintain an educational environment conducive to		Faculty members must administer and maintain an educational
II.B.2.d)	educating fellows; (Core)	2.7.c.	environment conducive to educating fellows. (Core)
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Core)
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty development designed to enhance 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 the application of scientific principles, epidemiology, biostatistics, and evidence-based medicine to the clinical care of patients. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Members Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Pediatrics or possess qualifications judged acceptable to the Review Committee. (Core)
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program 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]
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
	In addition to the pediatric nephrology faculty members, ABP- or AOBP-		In addition to the pediatric nephrology fac
	certified faculty members and consultants in the following subspecialties must		certified faculty members and consultant
I.B.3.c).(1)	be available:	2.9.b.	must be available:
II.B.3.c).(1).(a)	adolescent medicine; (Core)	2.9.b.1.	adolescent medicine; (Core)
I.B.3.c).(1).(b)	developmental-behavioral pediatrics; (Core)	2.9.b.2.	developmental-behavioral pediatrics; (Co
I.B.3.c).(1).(c)	neonatal-perinatal medicine; (Core)	2.9.b.3.	neonatal-perinatal medicine; (Core)
I.B.3.c).(1).(d)	pediatric cardiology; (Core)	2.9.b.4.	pediatric cardiology; (Core)
I.B.3.c).(1).(e)	pediatric critical care medicine; (Core)	2.9.b.5.	pediatric critical care medicine; (Core)
I.B.3.c).(1).(f)	pediatric emergency medicine; (Core)	2.9.b.6.	pediatric emergency medicine; (Core)
I.B.3.c).(1).(g)	pediatric endocrinology; (Core)	2.9.b.7.	pediatric endocrinology; (Core)
I.B.3.c).(1).(h)	pediatric gastroenterology; (Core)	2.9.b.8.	pediatric gastroenterology; (Core)
I.B.3.c).(1).(i)	pediatric hematology-oncology; (Core)	2.9.b.9.	pediatric hematology-oncology; (Core)
I.B.3.c).(1).(j)	pediatric infectious diseases; (Core)	2.9.b.10.	pediatric infectious diseases; (Core)
I.B.3.c).(1).(k)	pediatric pulmonology; and, (Core)	2.9.b.11.	pediatric pulmonology; and, (Core)
I.B.3.c).(1).(I)	pediatric rheumatology. (Core)	2.9.b.12.	pediatric rheumatology. (Core)
	The faculty should also include the following specialists with substantial		The faculty should also include the follow
I.B.3.c).(2)	experience with pediatric problems:	2.9.c.	experience with pediatric problems:
I.B.3.c).(2).(a)	anesthesiologist(s); (Detail)	2.9.c.1.	anesthesiologist(s); (Detail)
I.B.3.c).(2).(b)	child and adolescent psychiatrist(s); (Detail)	2.9.c.2.	child and adolescent psychiatrist(s); (Det
I.B.3.c).(2).(c)	child neurologist(s); (Detail)	2.9.c.3.	child neurologist(s); (Detail)
I.B.3.c).(2).(d)	medical geneticist(s); (Detail)	2.9.c.4.	medical geneticist(s); (Detail)
I.B.3.c).(2).(e)	pathologist(s); (Detail)	2.9.c.5.	pathologist(s); (Detail)
I.B.3.c).(2).(f)	pediatric surgeon(s); (Detail)	2.9.c.6.	pediatric surgeon(s); (Detail)
I.B.3.c).(2).(g)	pediatric urologist(s); (Detail)	2.9.c.7.	pediatric urologist(s); (Detail)
I.B.3.c).(2).(h)	radiologist(s); and, (Detail)	2.9.c.8.	radiologist(s); and, (Detail)
II.B.3.c).(2).(i)	transplant surgeon(s). (Core)	2.9.c.9.	transplant surgeon(s). (Core)
II.B.3.c).(3)	Consultants should be available for transition care of young adults. (Detail)	2.9.d.	Consultants should be available for trans
	Core Faculty		
	Care faculty members must have a significant value in the education and		Core Faculty
	Core faculty members must have a significant role in the education and		Core faculty members must have a signand supervision of fellows and must of
	supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a		their entire effort to fellow education a
	component of their activities, teach, evaluate, and provide formative		as a component of their activities, tea
	feedback to fellows. (Core)		formative feedback to fellows. (Core)
I.B.4.		2.10.	
	Faculty members must complete the annual ACGME Faculty Survey.		Faculty members must complete the a
I.B.4.a)		2.10.a.	(Core)
	To ensure the quality of the educational and scholarly activity of the program,		To ensure the quality of the educational
	and to provide adequate supervision of fellows, there must be at least two core		program, and to provide adequate super
	faculty members, inclusive of the program director, who are certified in pediatric		least two core faculty members, inclusive
	nephrology by the ABP, or who have other qualifications acceptable to the		certified in pediatric nephrology by the Al
I.B.4.b)	Review Committee. (Core)	2.10.b.	qualifications acceptable to the Review C
			Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinator.

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aculty members, ABP- or AOBP-
nts in the following subspecialties
Core)
owing specialists with substantial
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etail)
nsition care of young adults. (Detail)
ignificant role in the education
devote a significant portion of
and/or administration, and must,
ach, evaluate, and provide
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annual ACGME Faculty Survey.
, ,
l and scholarly activity of the
ervision of fellows, there must be at
ve of the program director, who are
ABP, or who have other
Committee. (Core)
<u> </u>
or. (Core)

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			Program Coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration of size and configuration. (Core)
		2.11.0.	
	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core)		At a minimum, the program coordinator n dedicated time and support specified belo program: (Core)
II.C.2.a)	Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.3 Number of Approved Fellow Positions: 4-6 Minimum FTE: 0.5 Number of Approved Fellow Positions: 7-9 Minimum FTE: 0.68 Number of Approved Fellow Positions: 10-12 Minimum FTE: 0.74 Number of Approved Fellow Positions: 13-15 Minimum FTE: 0.8 Number of Approved Fellow Positions: 16-18 Minimum FTE: 0.86 Number of Approved Fellow Positions: 19-21 Minimum FTE: 0.92 Number of Approved Fellow Positions: 22-24 Minimum FTE: 0.98 Number of Approved Fellow Positions: 25-27 Minimum FTE: 1.04 Number of Approved Fellow Positions: 28-30 Minimum FTE: 1.1	2.11.b.	Number of Approved Fellow Positions: 1- Number of Approved Fellow Positions: 4- Number of Approved Fellow Positions: 7- Number of Approved Fellow Positions: 10 Number of Approved Fellow Positions: 10 Number of Approved Fellow Positions: 10 Number of Approved Fellow Positions: 20 Number of Approved Fellow Positions: 20
	Other Program Personnel	2.11.0.	
II.D.	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S jointly ensure the availability of neces administration of the program. (Core)
	In order to enhance fellows' understanding of the multidisciplinary nature of		In order to enhance fellows' understandir
	pediatric nephrology, the following personnel with pediatric focus and		pediatric nephrology, the following person
II.D.1.	experience should be available:	2.12.a.	experience should be available:
II.D.1.a)	child life therapist(s); (Detail)	2.12.a.1.	child life therapist(s); (Detail)
II.D.1.b)	dialysis support staff; (Core)	2.12.a.2.	dialysis support staff; (Core)
II.D.1.c)	dietician(s); (Detail)	2.12.a.3.	dietician(s); (Detail)
II.D.1.d)	mental health professional(s); (Detail)	2.12.a.4.	mental health professional(s); (Detail)
II.D.1.e)	nurse(s); (Detail)	2.12.a.5.	nurse(s); (Detail)
II.D.1.f)	pharmacist(s); (Detail)	2.12.a.6.	pharmacist(s); (Detail)
II.D.1.g)	physical and occupational therapist(s); (Detail)	2.12.a.7.	physical and occupational therapist(s); (
II.D.1.h)	respiratory therapist(s); (Detail)	2.12.a.8.	respiratory therapist(s); (Detail)
II.D.1.i)	school and special education contacts; (Detail)	2.12.a.9.	school and special education contacts; (I
II.D.1.j)	social worker(s); and, (Detail)	2.12.a.10.	social worker(s); and, (Detail)
II.D.1.k)	speech and language therapist(s). (Detail)	2.12.a.11.	speech and language therapist(s). (Detai
Ⅲ.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	

Language
or. (Core)
ovided with dedicated time and of the program based upon its
must be provided with the elow for administration of the
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
Sponsoring Institution, must essary personnel for the effective
ling of the multidisciplinary nature of connel with pediatric focus and
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Number		Number	Requirement La
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
	All required clinical education for entry into ACGME-accredited fellowship		All required clinical education for entr fellowship programs must be complet
	programs must be completed in an ACGME-accredited residency		residency program, an AOA-approved
	program, an AOA-approved residency program, a program with ACGME		with ACGME International (ACGME-I)
	International (ACGME-I) Advanced Specialty Accreditation, or a Royal		Accreditation, or a Royal College of Pl
	College of Physicians and Surgeons of Canada (RCPSC)-accredited or		Canada (RCPSC)-accredited or Colleg
	College of Family Physicians of Canada (CFPC)-accredited residency		Canada (CFPC)-accredited residency
III.A.1.	program located in Canada. (Core)	3.2.	(Core)
	Fellowship programs must receive verification of each entering fellow's		Fellowship programs must receive ver
	level of competence in the required field using ACGME, ACGME-I, or		fellow's level of competence in the rec
	CanMEDS Milestones evaluations from the core residency program.	0.0 -	ACGME-I, or CanMEDS Milestones eva
III.A.1.a)	(Core)	3.2.a.	residency program. (Core)
	Prerequisite education for entry into a pediatric nephrology program must		Prerequisite education for entry into a pe
	include the satisfactory completion of a pediatrics or combined internal		include the satisfactory completion of a p
III.A.1.b)	medicine-pediatrics residency program that satisfies the requirements listed in III.A.1. (Core)	3.2.a.1.	medicine-pediatrics residency program the listed in 3.2. (Core)
III.A. 1.0)		J.Z.a.T.	
	Fellow Eligibility Exception		Fellow Eligibility Exception
	The Review Committee for Pediatrics will allow the following exception to		The Review Committee for Pediatrics w
III.A.1.c)	the fellowship eligibility requirements:	3.2.b.	to the fellowship eligibility requiremen
	An ACGME-accredited fellowship program may accept an exceptionally		An ACGME-accredited fellowship prog
	qualified international graduate applicant who does not satisfy the		exceptionally qualified international g
	eligibility requirements listed in III.A.1., but who does meet all of the		satisfy the eligibility requirements liste
III.A.1.c).(1)	following additional qualifications and conditions: (Core)	3.2.b.1.	of the following additional qualification
l	evaluation by the program director and fellowship selection committee of		evaluation by the program director and
	the applicant's suitability to enter the program, based on prior training		committee of the applicant's suitability
	and review of the summative evaluations of training in the core specialty;	0044-	on prior training and review of the sun
III.A.1.c).(1).(a)	and, (Core)	3.2.b.1.a.	in the core specialty; and, (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's the GMEC; and, (Core)
	verification of Educational Commission for Foreign Medical Graduates	0.2.0.1.0.	verification of Educational Commissio
III.A.1.c).(1).(c)	(ECFMG) certification. (Core)	3.2.b.1.c.	Graduates (ECFMG) certification. (Cor
	Applicants accepted through this exception must have an evaluation of		Applicants accepted through this exce
	their performance by the Clinical Competency Committee within 12 weeks		of their performance by the Clinical Co
III.A.1.c).(2)	of matriculation. (Core)	3.2.b.2.	weeks of matriculation. (Core)
	Fellow Complement		
l			Fellow Complement
l	The program director must not appoint more fellows than approved by		The program director must not appoin
III.B.	the Review Committee. (Core)	3.3.	by the Review Committee. (Core)
	Fellow Transfers		
			Fellow Transfers
	The program must obtain verification of previous educational		The program must obtain verification
	experiences and a summative competency-based performance evaluation		experiences and a summative compete
	prior to acceptance of a transferring fellow, and Milestones evaluations	2 4	evaluation prior to acceptance of a tra
III.C.	upon matriculation. (Core)	3.4.	evaluations upon matriculation. (Core)

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Programs
try into ACGME-accredited
eted in an ACGME-accredited
d residency program, a program
Advanced Specialty
Physicians and Surgeons of
ge of Family Physicians of
program located in Canada.
erification of each entering
equired field using ACGME,
valuations from the core
ediatric nephrology program must
pediatrics or combined internal
that satisfies the requirements
will allow the following exception
ents:
ogram may accept an
graduate applicant who does not
ted in 3.2, but who does meet all
ons and conditions: (Core)
nd fellowship selection ity to enter the program, based
immative evaluations of training
s exceptional qualifications by
s exceptional qualifications by
s exceptional qualifications by
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ion for Foreign Medical ore) ception must have an evaluation Competency Committee within 12 int more fellows than approved
ion for Foreign Medical ore) ception must have an evaluation Competency Committee within 12 int more fellows than approved of previous educational etency-based performance
ion for Foreign Medical ore) ception must have an evaluation Competency Committee within 12 int more fellows than approved

		Requirement	
Number	Requirement Language	Number	Requirement La
E	Educational Program		Section 4: Educational Program
a	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 de excellence and innovation in graduate of the organizational affiliation, size, or
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppor knowledgeable, skillful physicians who
le re S	t is recognized that programs may place different emphasis on research, eadership, public health, etc. It is expected that the program aims will eflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pla research, leadership, public health, etc program aims will reflect the nuanced and its graduates; for example, it is ex to prepare physician-scientists will hav one focusing on community health.
E	Educational Components		Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follow
m Ci	a set of program aims consistent with the Sponsoring Institution's nission, 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 if distinctive capabilities of its graduates to program applicants, fellows, and fac
d tr	competency-based goals and objectives for each educational experience lesigned to promote progress on a trajectory to autonomous practice in heir subspecialty. These must be distributed, reviewed, and available to ellows and faculty members; (Core)	4.2.b.	competency-based goals and objective experience designed to promote progr autonomous practice in their subspeci reviewed, and available to fellows and
re	lelineation of fellow responsibilities for patient care, progressive esponsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities fo responsibility for patient management, their subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyor (Core)
	Fellows must be provided with protected time to participate in core	4.11.	Curriculum Organization and Fellow Ex Clinical Experiences Fellows must be provided with protector didactic activities. (Core)
fc	ormal educational activities that promote patient safety-related goals,	4.2.e.	formal educational activities that prom tools, and techniques. (Core)

.anguage designed to encourage te medical education regardless or location of the program. ort the development of ho provide compassionate care. lace different emphasis on etc. It is expected that the d program-specific goals for it expected that a program aiming nave a different curriculum from owing educational components: h the Sponsoring Institution's it serves, and the desired es, which must be made available aculty members; (Core) ives for each educational gress on a trajectory to cialty. These must be distributed, d faculty members; (Core) for patient care, progressive it, and graded supervision in ond direct patient care; and, Experiences – Didactic and cted time to participate in core omote patient safety-related goals,

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Requirement		Requirement	
Number	Requirement Language	Number	Requirement La
			ACGME Competencies
			The Competencies provide a concept
			required domains for a trusted physic
			practice. These Competencies are cor
			physicians, although the specifics are
			subspecialty. The developmental traje Competencies are articulated through
			subspecialty. The focus in fellowship
			patient care and medical knowledge, a
IV.B.	ACGME Competencies	[None]	competencies acquired in residency.
	The program must integrate the following ACGME Competencies into the		The program must integrate all ACGM
IV.B.1.	curriculum:	[None]	curriculum.
	Professionalism		
			ACGME Competencies – Professional
	Fellows must demonstrate a commitment to professionalism and an	4.2	Fellows must demonstrate a commitm
IV.B.1.a) IV.B.1.b)	adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	adherence to ethical principles. (Core)
IV.D.I.D)			
			ACGME Competencies – Patient Care
	Fellows must be able to provide patient care that is patient- and family-		Fellows must be able to provide patien family-centered, compassionate, equit
	centered, compassionate, equitable, appropriate, and effective for the		for the treatment of health problems a
IV.B.1.b).(1)	treatment of health problems and the promotion of health. (Core)	4.4.	(Core)
	Fellows must develop competence in the clinical skills needed in pediatric		Fellows must develop competence in the
IV.B.1.b).(1).(a)	nephrology. (Core)	4.4.a.	nephrology. (Core)
	Fellows must demonstrate the ability to provide consultation, perform a history		Fellows must demonstrate the ability to p
	and physical examination, make informed diagnostic and therapeutic decisions		history and physical examination, make i
IV.B.1.b).(1).(b)	that result in optimal clinical judgement, and develop and carry out management plans. (Core)	4.4.b.	therapeutic decisions that result in optima and carry out management plans. (Core)
14.0.1.0).(1).(0)	Fellows must demonstrate the ability to provide transfer of care that ensures	4.4.0.	Fellows must demonstrate the ability to p
IV.B.1.b).(1).(c)	seamless transitions. (Core)	4.4.c.	ensures seamless transitions. (Core)
			In order to promote emotional resilience
			families, fellows must provide care that is
	In order to promote emotional resilience in children, adolescents and their		stage of the patient with common behavi
IV.B.1.b).(1).(d)	families, fellows must:	4.4.d.	the cultural context of the patient and fan
			In order to promote emotional resilience
	provide care that is sensitive to the developmental stage of the patient with		families, fellows must provide care that is
IV.B.1.b).(1).(d).(i)	common behavioral and mental health issues, and the cultural context of the patient and family; and, (Core)	4.4.d.	stage of the patient with common behavior the cultural context of the patient and fan
······································	demonstrate the ability to refer and/or co-manage patients with common		Fellows must demonstrate the ability to re
	behavioral and mental health issues along with appropriate specialists when		with common behavioral and mental hea
IV.B.1.b).(1).(d).(ii)	indicated. (Core)	4.4.e.	specialists when indicated. (Core)
· · · ·			Fellows must demonstrate competence in
	Fellows must demonstrate competence in providing or coordinating care with a		with a medical home for patients with cor
IV.B.1.b).(1).(e)	medical home for patients with complex and chronic diseases. (Core)	4.4.f.	(Core)
	Fellows must competently use and interpret laboratory tests, imaging, and		Fellows must competently use and interp
IV.B.1.b).(1).(f)	other diagnostic procedures. (Core)	4.4.g.	other diagnostic procedures. (Core)

Language otual framework describing the ician to enter autonomous ore to the practice of all re further defined by each jectories in each of the gh the Milestones for each p is on subspecialty-specific as well as refining the other ME Competencies into the alism ment to professionalism and an e) re ient care that is patient- and uitable, appropriate, and effective and the promotion of health. ne clinical skills needed in pediatric provide consultation, perform a informed diagnostic and mal clinical judgement, and develop e) provide transfer of care that e in children, adolescents and their is sensitive to the developmental vioral and mental health issues, and amily. (Core) e in children, adolescents and their is sensitive to the developmental vioral and mental health issues, and amily. (Core) refer and/or co-manage patients ealth issues along with appropriate e in providing or coordinating care omplex and chronic diseases. rpret laboratory tests, imaging, and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
IV.B.1.b).(1).(g)	Fellows must demonstrate the ability to evaluate the psychosocial aspects of life-threatening and chronic diseases as they affect the patient and the family, and to counsel both acutely ill and chronically-ill patients and their families. (Core)	4.4.h.	Fellows must demonstrate the ability to e of life-threatening and chronic diseases a family, and to counsel both acutely ill and families. (Core)
IV.B.1.b).(1).(h)	Fellows must demonstrate competence in the prevention, evaluation, and management of the following: (Core)	4.4.i.	Fellows must demonstrate competence in management of the following: (Core)
IV.B.1.b).(1).(h).(i)	acute electrolyte and kidney disorders, including hypertension and disorders of the urinary tract; (Core)	4.4.i.1.	acute electrolyte and kidney disorders, in disorders of the urinary tract; (Core)
IV.B.1.b).(1).(h).(ii)	chronic electrolyte and kidney disorders, including hypertension and disorders of the urinary tract; and, (Core)	4.4.i.2.	chronic electrolyte and kidney disorders, disorders of the urinary tract; and, (Core)
IV.B.1.b).(1).(h).(iii)	end-stage renal disease and kidney transplant. (Core)	4.4.i.3.	end-stage renal disease and kidney trans
IV.B.1.b).(1).(i)	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.j.	Fellows must demonstrate leadership ski learning environment, and/or the health c with the ultimate intent of improving care
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 me procedures considered essential for th
IV.B.1.b).(2).(a)	Fellows must demonstrate the necessary procedural skills and develop an understanding of the indications, risks, and limitations of kidney-related procedures, including native and transplant kidney biopsy, acute and chronic peritoneal dialysis, acute and chronic hemodialysis, and continuous renal replacement therapy. (Core)	4.5.a.	Fellows must demonstrate the necessary understanding of the indications, risks, ar procedures, including native and transpla chronic peritoneal dialysis, acute and chro renal replacement therapy. (Core)
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 Know Fellows must demonstrate knowledge biomedical, clinical, epidemiological, a including scientific inquiry, as well as knowledge to patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate knowledge of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and teaching methods. (Core)	4.6.a.	Fellows must demonstrate knowledge of laboratory research methodology, study of for funding and/or approval of clinical rese review, principles of evidence-based med clinical research, and teaching methods.
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-Base Fellows must demonstrate the ability t care of patients, to appraise and assim continuously improve patient care bas and 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 – Interpersonal Fellows must demonstrate interpersor that result in the effective exchange of with patients, their families, and health

evaluate the psychosocial aspects s as they affect the patient and the nd chronically-ill patients and their

in the prevention, evaluation, and

including hypertension and

s, including hypertension and e)

nsplant. (Core)

skills to enhance team function, the n care delivery system/environment re of patients. (Core)

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

ary procedural skills and develop an and limitations of kidney-related plant kidney biopsy, acute and hronic hemodialysis, and continuous

owledge

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

of biostatistics, clinical and y design, preparation of applications esearch protocols, critical literature edicine, ethical principles involving s. (Core)

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

nal and Communication Skills onal and communication skills of information and collaboration Ith professionals. (Core)

Roman Numeral Requirement		Reformatted Requirement	
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IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awarene the larger context and system of healt and social determinants of health, as effectively on other resources to prov
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	 4.10. Curriculum Organization and Fel Structure The curriculum must be structured to experiences, the length of the experience continuity. These educational experiences blend of supervised patient care respondent and didactic educational events. (Core 4.11. Curriculum Organization and Fel Clinical Experiences Fellows must be provided with protection didactic activities. (Core) 4.12. Curriculum Organization and Fel Management The program must provide instruction management if applicable for the substance use disorder
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)	4.10.	Curriculum Organization and Fellow E Structure The curriculum must be structured to experiences, the length of the experience continuity. These educational experience blend of supervised patient care respondent and didactic educational 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 structure rotational transitions, and rotations must quality educational experience, defined b ongoing supervision, longitudinal relation meaningful assessment and feedback. (0
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 structured that allows fellows to function as part of a that works together longitudinally with sha quality 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 E The program must provide instruction management if applicable for the subs of the signs of substance use disorder

Language
ased Practice eness of and responsiveness to alth care, including the structural s well as the ability to call ovide optimal health care. (Core)
ellow Experiences – Curriculum
to optimize fellow educational iences, and the supervisory iences include an appropriate ponsibilities, clinical teaching, ore)
ellow Experiences – Didactic and
ected time to participate in core
ellow Experiences – Pain
on and experience in pain bspecialty, including recognition der. (Core)
Experiences – Curriculum
to optimize fellow educational iences, and the supervisory iences include an appropriate ponsibilities, clinical teaching, pre)
ured to minimize the frequency of st be of sufficient length to provide a d by continuity of patient care, onships with faculty members, and (Core)
red to facilitate learning in a manner f an effective interprofessional team shared goals of patient safety and
Experiences – Pain Management on and experience in pain bspecialty, including recognition

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
IV.C.3.	Fellows must have a minimum of 12 months of clinical experience. (Core)	4.11.a.	Fellows must have a minimum of 12 months of clinical experience. (Core)
IV.C.4.	Fellows must participate in the management of care for patients with renal and other related disorders in the intensive care unit setting. (Detail)	4.11.b.	Fellows must participate in the management of care for patients with renal and other related disorders in the intensive care unit setting. (Detail)
IV.C.5.	Fellows must have responsibility throughout their educational program for providing longitudinal outpatient care that is supervised by one or more members of the pediatric nephrology faculty. (Core)	4.11.c.	Fellows must have responsibility throughout their educational program for providing longitudinal outpatient care that is supervised by one or more members of the pediatric nephrology faculty. (Core)
IV.C.6.	Fellow education must include experience in serving as a role model and providing supervision to residents and/or medical students. (Core)	4.11.d.	Fellow education must include experience in serving as a role model and providing supervision to residents and/or medical students. (Core)
IV.C.7.	Fellows must have a formally structured educational program in the clinical and basic sciences related to pediatric nephrology. (Core)	4.11.e.	Fellows must have a formally structured educational program in the clinical and basic sciences related to pediatric nephrology. (Core)
IV.C.7.a)	The program must utilize didactic and clinical experience for fellow education. (Core)	4.11.e.1.	The program must utilize didactic and clinical experience for fellow education. (Core)
IV.C.7.b)	Pediatric nephrology conferences must occur regularly, and must involve active fellow participation in planning and implementation. (Core)	4.11.e.2.	Pediatric nephrology conferences must occur regularly, and must involve active fellow participation in planning and implementation. (Core)
IV.C.7.c)	Fellow education must include instruction in:	[None]	
IV.C.7.c).(1)	basic and fundamental disciplines, as appropriate to pediatric nephrology, such as anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism; (Core)	4.11.e.3.	Fellow education must include instruction in basic and fundamental disciplines, as appropriate to pediatric nephrology, such as anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism. (Core)
IV.C.7.c).(2)	pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, conferences dealing with complications and death as well as the scientific, ethical, and legal implications of confidentiality and informed consent; (Core)	4.11.e.4.	Fellow education must include instruction in pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, conferences dealing with complications and death as well as the scientific, ethical, and legal implications of confidentiality and informed consent. (Core)
IV.C.7.c).(3)	bioethics; and, (Core)	4.11.e.5.	Fellow education must include instruction in bioethics. (Core)
IV.C.7.c).(3).(a)	This should include attention to physician-patient, physician-family, physician-physician/allied health professional, and physician-society relationships. (Detail)	4.11.e.5.a.	This should include attention to physician-patient, physician-family, physician-physician/allied health professional, and physician-society relationships. (Detail)
IV.C.7.c).(4)	the economics of health care and current health care management issues, such as cost-effective patient care, practice management, preventive care, population health, quality improvement, resource allocation, and clinical outcomes. (Core)	4.11.e.6.	Fellow education must include instruction in 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)
IV.C.7.d)	Fellow education should include the system-based aspects of the economics, regulations, and practice management issues involved with dialysis and renal transplantation. (Detail)	4.11.e.7.	Fellow education should include the system-based aspects of the economics, regulations, and practice management issues involved with dialysis and renal transplantation. (Detail)
IV.C.7.e)	The program must offer instruction, through courses, workshops, seminars, and laboratory experience, to educate fellows in laboratory diagnostic techniques, radiologic imaging, renal development and physiology, pathophysiology, immunopathology, cell and molecular biology, and genetics. (Core)	4.11.e.8.	The program must offer instruction, through courses, workshops, seminars, and laboratory experience, to educate fellows in laboratory diagnostic techniques, radiologic imaging, renal development and physiology, pathophysiology, immunopathology, cell and molecular biology, and genetics. (Core)

Roman Numeral Requirement		Reformatted Requirement	
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IV.D.	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.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This critically, evaluate the literature, appr knowledge, and practice lifelong lear must create an environment that fost through fellow participation in schola subspecialty-specific Program Requi may include discovery, integration, a The ACGME recognizes the diversity that programs prepare physicians for clinicians, scientists, and educators. scholarship will reflect its mission(s) community it serves. For example, so their scholarly activity on quality imp and/or teaching, while other program classic forms of biomedical research
			Program Responsibilities The program must demonstrate evide
IV.D.1.	Program Responsibilities	4.13.	consistent with its mission(s) and ain
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
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 allocate adequate resources to facilit involvement in scholarly activities. (C
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education care, or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, medical textbooks, or case reports •Creation of curricula, evaluation tool or electronic educational materials •Contribution to professional commit or 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 propriately assimilate new arning. The program and faculty osters the acquisition of such skills plarly activities as defined in the puirements. Scholarly activities , application, and teaching.

ity of fellowships and anticipates for a variety of roles, including rs. It is expected that the program's (s) and aims, and the needs of the some programs may concentrate inprovement, population health, ams might choose to utilize more ch as the focus for scholarship.

dence of scholarly activities, nims. (Core)

idence of scholarly activities, aims. (Core)

Sponsoring Institution, must litate fellow and faculty (Core)

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

nt safety initiatives s, review articles, chapters in

ols, didactic educational activities,

nittees, educational organizations,

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
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 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)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Evaluation Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the completion of the assignment. (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and 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 performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (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 members, peers, patients, self, and other professional staff members); and, (Core)
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 Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward 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) assist fellows in developing individualized learning plans to capitalize on	5.1.c.	The program director or their designee, with input from the Clinical Competency Committee, must meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones. (Core) The program director or their designee, with input from the Clinical Competency Committee, must assist fellows in developing individualized learning plans to capitalize on their strengths and
V.A.1.d).(2)	their strengths and identify areas for growth; and, (Core)	5.1.d.	identify areas for growth. (Core)

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement Language
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 designee, with inp Competency Committee, must develop plans fo progress, following institutional policies and pr
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a summative ev fellow that includes their readiness to progress program, if applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performance must review by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a final evalu upon completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a final evalu upon completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, and when subspecialty-specific Case Logs, must be used fellows are able to engage in autonomous pract of the program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)		The final evaluation must become part of the fel record maintained by the institution, and must b review by the fellow in accordance with instituti
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the fellow h knowledge, skills, and behaviors necessary to e practice. (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared with the fell of the program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee must be appo director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competency Commit members, at least one of whom is a core faculty must be faculty members from the same progra or other health professionals who have extensiv experience with the program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee must review evaluations at least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee must deter progress on achievement of the subspecialty-sp (Core)
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee must meet semi-annual evaluations and advise the program each fellow's progress. (Core)

ee, with input from the Clinical op plans for fellows failing to cies and procedures. (Core)

mmative evaluation of each o progress to the next year of the

nance must be accessible for

a final evaluation for each fellow pre)

a final evaluation for each fellow pre)

s, and when applicable the ist be used as tools to ensure mous practice upon completion

art of the fellow's permanent and must be accessible for /ith institutional policy. (Core)

the fellow has demonstrated the cessary to enter autonomous

with the fellow upon completion

nust be appointed by the program

cy Committee must include three core faculty member. Members ame program or other programs, ave extensive contact and vs. (Core)

must review all fellow Core)

must determine each fellow's specialty-specific Milestones.

must meet prior to the fellows' the program director regarding

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement La
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to e performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to e performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th participation in faculty development re educator, clinical performance, profes activities. (Core)
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, of fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eval into program-wide faculty developmer
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Committee to conduct and document as part of the program's continuous in
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core) The Program Evaluation Committee must be composed of at least two	5.5.	Program Evaluation and Improvement The program director must appoint the Committee to conduct and document as part of the program's continuous in The Program Evaluation Committee m
V.C.1.a)	program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	program faculty members, at least one member, and at least one fellow. (Core
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respon of the program's self-determined goals them. (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respon- ongoing program improvement, incluc based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee response of the current operating environment to challenges, opportunities, and threats mission and aims. (Core)

Language evaluate each faculty member's cational program at least annually. evaluate each faculty member's cational program at least annually. w of the faculty member's clinical the educational program, related to their skills as an essionalism, and scholarly confidential evaluations by the back on their evaluations at least aluations should be incorporated ent plans. (Core) nt he Program Evaluation t the Annual Program Evaluation improvement process. (Core) nt he Program Evaluation t the Annual Program Evaluation improvement process. (Core) must be composed of at least two ne of whom is a core faculty ore) onsibilities must include review als and progress toward meeting onsibilities must include guiding uding development of new goals, onsibilities must include review t to identify strengths,

ts as related to the program's

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Number	Requirement Language	Number	Requirement Language
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee should cons from prior Annual Program Evaluation(s), aggree faculty written evaluations of the program, and c its assessment of the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must evalua mission and aims, strengths, areas for improver (Core)
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including the a distributed to and discussed with the fellows an teaching faculty, and be submitted to the DIO. (
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Self-Study an (Core)
V.C.3.	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. 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]	Board Certification One goal of ACGME-accredited education is to e who seek and achieve board certification. One n effectiveness of the educational program is the The program director should encourage all eligit graduates to take the certifying examination offe American Board of Medical Specialties (ABMS) in American Osteopathic Association (AOA) certify
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)		Board Certification For subspecialties in which the ABMS member to certifying board offer(s) an annual written exam, three years, the program's aggregate pass rate of examination for the first time must be higher that percentile of programs in that subspecialty. (Our
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 member to certifying board offer(s) a biennial written exam, years, the program's aggregate pass rate of those examination for the first time must be higher that percentile of programs in that subspecialty. (Our
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 member is certifying board offer(s) an annual oral exam, in years, the program's aggregate pass rate of those examination for the first time must be higher that percentile of programs in that subspecialty. (Our
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 member to certifying board offer(s) a biennial oral exam, in years, the program's aggregate pass rate of those examination for the first time must be higher that percentile of programs in that subspecialty. (Our

should consider the outcomes on(s), aggregate fellow and ogram, and other relevant data in e)

must evaluate the program's or improvement, and threats.

luding the action plan, must be e fellows and the members of the o the DIO. (Core)

elf-Study and submit it to the DIO.

ation is to educate physicians ation. One measure of the gram is the ultimate pass rate.

age all eligible program nination offered by the applicable es (ABMS) member board or AOA) certifying board.

S member board and/or AOA ritten exam, in the preceding e pass rate of those taking the e higher than the bottom fifth ecialty. (Outcome)

S member board and/or AOA ritten exam, in the preceding six rate of those taking the e higher than the bottom fifth ecialty. (Outcome)

S member board and/or AOA ral exam, in the preceding three s rate of those taking the e higher than the bottom fifth recialty. (Outcome)

S member board and/or AOA ral exam, in the preceding six rate of those taking the e higher than the bottom fifth ecialty. (Outcome)

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Number		Number	Requirement Language
	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		For each of the exams referenced in 5.6. – 5.6.c., 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		achieved an 80 percent pass rate will have met this requirement, no
	matter the percentile rank of the program for pass rate in that		matter the percentile rank of the program for pass rate in that
V.C.3.e)	subspecialty. (Outcome)	5.6.d.	subspecialty. (Outcome)
			Programs must report, in ADS, board certification status annually for
	Programs must report, in ADS, board certification status annually for the		the cohort of board-eligible fellows that graduated seven years
V.C.3.f)	cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	earlier. (Core)
			Section 6: The Learning and Working Environment
	The Learning and Working Environment		Section 6. The Learning and Working Linvironment
			The Learning and Working Environment
	Fellowship education must occur in the context of a learning and working		Fellowship education must occur in the context of a learning and
	environment that emphasizes the following principles:		working environment that emphasizes the following principles:
	•Excellence in the safety and quality of care rendered to patients by		•Excellence in the safety and quality of care rendered to patients by
	fellows today		fellows today
	•Excellence in the safety and quality of care rendered to patients by		•Excellence in the safety and quality of care rendered to patients by
	today's fellows in their future practice		today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of providing care for patients
	•Commitment to the well-being of the students, residents, fellows, faculty		•Commitment to the well-being of the students, residents, fellows,
	members, and all members of the health care team		faculty members, and all members of the health care team
VI.		Section 6	
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1. VI.A.1.a)	Patient Safety and Quality Improvement Patient Safety	[None] [None]	
VI.A. I.a)	· · ·		
	Culture of Safety		
	A culture of safety requires continuous identification of vulnerabilities		Culture of Safety A culture of safety requires continuous identification of
	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective		vulnerabilities and a willingness to transparently deal with them. An
	organization has formal mechanisms to assess the knowledge, skills,		effective organization has formal mechanisms to assess the
	and attitudes of its personnel toward safety in order to identify areas for		knowledge, skills, and attitudes of its personnel toward safety in
VI.A.1.a).(1)	improvement.	[None]	order to identify areas for improvement.
			The program, its faculty, residents, and fellows must actively
	The program, its faculty, residents, and fellows must actively participate	C 4	participate in patient safety systems and contribute to a culture of
VI.A.1.a).(1).(a)	in patient safety systems and contribute to a culture of safety. (Core)	6.1.	safety. (Core)

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement La
	Patient Safety Events		Patient Safety Events
	Reporting, investigation, and follow-up of safety events, near misses,		Reporting, investigation, and follow-up and unsafe conditions are pivotal mec
	and unsafe conditions are pivotal mechanisms for improving patient		safety, and are essential for the succe
	safety, and are essential for the success of any patient safety program.		program. Feedback and experiential le
	Feedback and experiential learning are essential to developing true		developing true competence in the ab
	competence in the ability to identify causes and institute sustainable		institute sustainable systems-based c
VI.A.1.a).(2)	systems-based changes to ameliorate patient safety vulnerabilities.	[None]	safety vulnerabilities.
	Residents, fellows, faculty members, and other clinical staff members		
VI.A.1.a).(2).(a)	must:	[None]	
			Residents, fellows, faculty members, a
	know their responsibilities in reporting patient safety events and unsafe		must know their responsibilities in rep
	conditions at the clinical site, including how to report such events; and,	6.2.	unsafe conditions at the clinical site, in
VI.A.1.a).(2).(a).(i)	(Core)	0.2.	events. (Core)
	be provided with summary information of their institution's patient safety		Residents, fellows, faculty members, a must be provided with summary inform
VI.A.1.a).(2).(a).(ii)	reports. (Core)	6.2.a.	patient safety reports. (Core)
	Fellows must participate as team members in real and/or simulated		Fellows must participate as team mem
	interprofessional clinical patient safety and quality improvement		interprofessional clinical patient safet
	activities, such as root cause analyses or other activities that include		activities, such as root cause analyses
VI.A.1.a).(2).(b)	analysis, as well as formulation and implementation of actions. (Core)	6.3.	analysis, as well as formulation and in
	Quality Metrics		
			Quality Metrics
V/ A 1 a) (2)	Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[Nono]	Access to data is essential to prioritizi improvement and evaluating success
VI.A.1.a).(3)		[None]	Fellows and faculty members must rec
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	and benchmarks related to their patier
VI.A. 1.4).(0).(4)		0.4.	
			Supervision and Accountability
			Although the attending physician is ul
			care of the patient, every physician sh
			accountability for their efforts in the p
			programs, in partnership with their Sp
			widely communicate, and monitor a st and accountability as it relates to the s
			Supervision in the setting of graduate
			safe and effective care to patients; ens
l			development of the skills, knowledge,
			the unsupervised practice of medicine
VI.A.2.	Supervision and Accountability	[None]	for continued professional growth.

up of safety events, near misses, echanisms for improving patient cess of any patient safety learning are essential to ability to identify causes and changes to ameliorate patient

, and other clinical staff members eporting patient safety events and , including how to report such

, and other clinical staff members prmation of their institution's

embers in real and/or simulated ety and quality improvement ses or other activities that include implementation of actions. (Core)

izing activities for care s of improvement efforts.

receive data on quality metrics ent populations. (Core)

ultimately responsible for the shares in the responsibility and provision of care. Effective Sponsoring Institutions, define, structured chain of responsibility e supervision of all patient care.

te medical education provides nsures each fellow's e, and attitudes required to enter ne; and establishes a foundation

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement L
	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 care of the patient, every physician sl accountability for their efforts in the p programs, in partnership with their Sp widely communicate, and monitor a s and accountability as it relates to the
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 safe and effective care to patients; en development of the skills, knowledge the unsupervised practice of medicin for continued professional growth.
		[]	
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in respective roles in that patient's care care. This information must be availal other members of the health care tear
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in respective roles in that patient's care care. This information must be availal other members of the health care tear
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 supervision in place for all fellows is l training and ability, as well as patient Supervision may be exercised throug appropriate to the situation. (Core)
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
			Direct Supervision The supervising physician is physical during the key portions of the patient
			The supervising physician and/or path with the fellow and the supervising pl monitoring the patient care through a
VI.A.2.b).(1)	Direct Supervision:	6.7.	-

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ultimately responsible for the
shares in the responsibility and
provision of care. Effective Sponsoring Institutions, define,
structured chain of responsibility
e supervision of all patient care.
te medical education provides
ensures each fellow's le, and attitudes required to enter
ine; and establishes a foundation
inform each patient of their
e when providing direct patient
able to fellows, faculty members,
am, and patients. (Core)
inform each patient of their e when providing direct patient
able to fellows, faculty members,
am, and patients. (Core)
the appropriate level of
s based on each fellow's level of
nt complexity and acuity. Igh a variety of methods, as
ign a variety of methods, as
rvision while providing for graded
gram must use the following
ally present with the fellow
nt interaction.
atient is not physically present
physician is concurrently
appropriate telecommunication

Roman Numeral		Reformatted	
Requirement		Requirement	
Number	Requirement Language	Number	Requirement Language
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physically present with the fellow during the key portions of the patient interaction. 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.
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	Direct Supervision The supervising physician is physically present with the fellow during the key portions of the patient interaction. 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.
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 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.
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 to provide review of procedures/encounters with feedback provided after care is delivered.
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 physical presence of a supervising physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)

Pediatric Nephrology Crosswalk

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement La
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mus assess the knowledge and skills of ea fellow the appropriate level of patient responsibility. (Core)
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp educate fellows and faculty members and ethical responsibilities of physicia their obligation to be appropriately res required by their patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp educate fellows and faculty members and ethical responsibilities of physicia their obligation to be appropriately res required by their patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	The learning objectives of the program
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	without excessive reliance on fellows obligations. (Core)
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program patient care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program enhance the meaning that each fellow a physician, including protecting time administrative support, promoting pro flexibility, and enhancing professional
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership v must provide a culture of professional and personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de their personal role in the safety and we their care, including the ability to repo events. (Core)
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp provide a professional, equitable, resp that is psychologically safe and that is sexual and other forms of harassment coercion of students, fellows, faculty,
V/ D 0	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 have a process for education of fellow unprofessional behavior and a confide
VI.B.6.	addressing such concerns. (Core)	6.12.g.	investigating, and addressing such co

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ust be of sufficient duration to each fellow and to delegate to the at care authority and

Sponsoring Institutions, must is concerning the professional cians, including but not limited to rested and fit to provide the care

Sponsoring Institutions, must is concerning the professional cians, including but not limited to rested and fit to provide the care

am must be accomplished vs to fulfill non-physician

am must ensure manageable

am must include efforts to w finds in the experience of being ne with patients, providing rogressive independence and nal relationships. (Core)

with the Sponsoring Institution, alism that supports patient safety

demonstrate an understanding of welfare of patients entrusted to port unsafe conditions and safety

Sponsoring Institutions, must spectful, and civil environment is free from discrimination, nt, mistreatment, abuse, or y, and staff. (Core)

Sponsoring Institutions, should ows and faculty regarding dential process for reporting, concerns. (Core)

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

Language ical well-being are critical in the ng, and resilient physician and side and outside of medicine. Wellin the joy in medicine while es. Self-care and responsibility to h care team are important ey are also skills that must be he context of other aspects of risk for burnout and depression. Sponsoring Institutions, have the -being as other aspects of nd all members of the health care ell-being of each other. A positive ment models constructive h the skills and attitudes needed partnership with the Sponsoring sity, and work compression that nd addressing the safety of fellows ge optimal fellow and faculty nity to attend medical, mental ts, including those scheduled mbers in: urnout, depression, and substance potential for violence, including nce these conditions; (Core) nemselves and how to seek screening. (Core) fordable mental health nent, including access to urgent seven days a week. (Core)

VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.2.	communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	communication and promotes safe, in care in the subspecialty and larger hea
	Teamwork Fellows must care for patients in an environment that maximizes		Teamwork Fellows must care for patients in an er
VI.E.1.a).(2)	Lines of responsibility for the fellows must be clearly defined. (Core)	6.17.a.2.	Lines of responsibility for the fellows mus
VI.E.1.a).(1)	This must include progressive clinical, technical, and consultative experiences that will enable each fellow to develop expertise as a pediatric nephrology consultant. (Core)	6.17.a.1.	This must include progressive clinical, teo experiences that will enable each fellow to nephrology consultant. (Core)
VI.E.1.a)	The program director must have the authority and responsibility to set and adjust the clinical responsibilities and ensure that fellows have appropriate clinical responsibilities and an appropriate patient load. (Core)	6.17.a.	The program director must have the auth adjust the clinical responsibilities and ens clinical responsibilities and an appropriate
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fe level, patient safety, fellow ability, seve illness/condition, and available suppor
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S ensure adequate sleep facilities and sa fellows who may be too fatigued to sat
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows and recognition of the signs of fatigue and management, and fatigue mitigation p
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows and recognition of the signs of fatigue and management, and fatigue mitigation p
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented w consequences for the fellow who is or clinical work. (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 p coverage of patient care and ensure co
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fello work, including but not limited to fatig and medical, parental, or caregiver lea an appropriate length of absence for fe patient care responsibilities. (Core)
Requirement Number	Requirement Language	Requirement Number	Requirement La
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llows may be unable to attend igue, illness, family emergencies, eave. Each program must allow r fellows unable to perform their

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

I without fear of negative or was unable to provide the

nd faculty members in nd sleep deprivation, alertness processes. (Detail)

nd faculty members in nd sleep deprivation, alertness processes. (Detail)

Sponsoring Institution, must safe transportation options for safely return home. (Core)

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

thority and responsibility to set and nsure that fellows have appropriate ate patient load. (Core)

technical, and consultative v to develop expertise as a pediatric

ust be clearly defined. (Core)

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

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

Roman Numeral Requirement		Reformatted Requirement	
Number	Requirement Language	Number	Requirement Language
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)
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 are competent in communicating with team members in the hand-off process. (Outcome)
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 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.
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 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)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work and Education Fellows should have eight hours off between scheduled clinical work and 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 and Education Fellows should have eight hours off between scheduled clinical work and 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 free of clinical work and education after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At home call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Period Length Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Period Length Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)
	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	6 22 0	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
VI.F.3.a).(1)	assigned to a fellow during this time. (Core)	6.22.a.	not be assigned to a fellow during this time. (Core)

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VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o fellow, on their own initiative, may elec clinical site in the following circumsta care to a single severely ill or unstable attention to the needs of a patient or p unique educational events. (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour Ex In rare circumstances, after handing of fellow, on their own initiative, may elec clinical site in the following circumsta care to a single severely ill or unstable attention to the needs of a patient or p unique educational events. (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or educe the 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. The Review Committee for Pediatrics will not consider requests for exceptions		A Review Committee may grant rotation 10 percent or a maximum of 88 clinica individual programs based on a sound The Review Committee for Pediatrics will
VI.F.4.c)		6.24.	exceptions to the 80-hour limit to the fello
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with t achieve the goals and objectives of th must not interfere with the fellow's fitr patient safety. (Core)
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 the achieve the goals and objectives of the must not interfere with the fellow's fithe patient safety. (Core)
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 e defined in the ACGME Glossary of Ter the 80-hour maximum weekly limit. (Co
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 off-in-seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than	6.27.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house every third night (when averaged over

Exceptions off all other responsibilities, a lect to remain or return to the tances: to continue to provide ole patient; to give humanistic patient's family; or to attend

Exceptions

off all other responsibilities, a lect to remain or return to the tances: to continue to provide ble patient; to give humanistic patient's family; or to attend

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vill not consider requests for llows' work week.

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the ability of the fellow to the educational program, and itness for work nor compromise

d external moonlighting (as erms) must be counted toward Core)

ntext of the 80-hour and one-day-

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

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

by fellows on at-home call must weekly limit. The frequency of atr-third-night limitation, but must in seven free of clinical work and weeks. (Core)

s by fellows on at-home call must weekly limit. The frequency of aty-third-night limitation, but must in seven free of clinical work and r weeks. (Core)

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