Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requi Lanç
	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.		Definition of Graduate Medical Educa Fellowship is advanced graduate me residency program for physicians wh practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed physicians. Graduate medical educat group of physicians brings to medical inclusive and psychologically safe le
Int.A.	Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.		Fellows who have completed resident in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional in serve as role models of excellence, c professionalism, and scholarship. The knowledge, patient care skills, and ex- area of practice. Fellowship is an inter- clinical and didactic education that for of patients. Fellowship education is c intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not ex- physicians, the fellowship experienc pursue hypothesis-driven scientific i the medical literature and patient car expertise achieved, fellows develop infrastructure that promotes collabo
Int.B.	<b>Definition of Subspecialty</b> Pediatric rehabilitation medicine utilizes an interdisciplinary approach to address the prevention, diagnosis, treatment, and management of congenital and childhood-onset physical disabilities, including related or secondary medical, physical, functional, cognitive, psychosocial, educational, vocational, and avocational limitations or conditions, with an understanding of the life course of the disability.		<b>Definition of Subspecialty</b> Pediatric rehabilitation medicine utilizes address the prevention, diagnosis, treat and childhood-onset physical disabilities medical, physical, functional, cognitive, and avocational limitations or conditions course of the disability.

## cation

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

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

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

es an interdisciplinary approach to atment, and management of congenital ies, including related or secondary e, psychosocial, educational, vocational, ns, with an understanding of the life

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir Lang
	Length of Educational Program		
			Length of Program
	The educational program in pediatric rehabilitation medicine must be 24 months in length. (Core)		The educational program in pediatric reh
Int.C.		4.1.	The educational program in pediatric reh in length. (Core)
I.	Oversight	Section 1	Section 1: Oversight
<u></u>			
	Sponsoring Institution		Sponsoring Institution
	The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate		The Sponsoring Institution is the orga ultimate financial and academic respo
	medical education consistent with the ACGME Institutional Requirements.		medical education consistent with the
	When the Sponsoring Institution is not a rotation site for the program, the		When the Sponsoring Institution is no
I.A.	most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. <sup>(Core)</sup>	1.1.	The program must be sponsored by o Institution. (Core)
	Participating Sites	1.1.	
			Participating Sites
	A participating site is an organization providing educational experiences		A participating site is an organization
I.B.	or educational assignments/rotations for fellows.	[None]	or educational assignments/rotations
	The program, with approval of its Sponsoring Institution, must designate a		The program, with approval of its Spo
I.B.1.	primary clinical site. (Core)	1.2.	primary clinical site. (Core)
	The Sponsoring Institution should sponsor an ACGME-accredited residency	4.0 -	The Sponsoring Institution should spons
I.B.1.a)	program in physical medicine and rehabilitation. (Core)	1.2.a.	program in physical medicine and rehab
	There should be close collaboration between the associated physical medicine and rehabilitation residency and the pediatric rehabilitation medicine fellowship.		There should be close collaboration betw and rehabilitation residency and the ped
I.B.1.b)	(Core)	1.2.b.	(Core)
1.0.1.0)	There must be a program letter of agreement (PLA) between the program	1.2.0.	There must be a program letter of agr
	and each participating site that governs the relationship between the		and each participating site that gover
I.B.2.	program and the participating site providing a required assignment. (Core)	1.3.	program and the participating site pro
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 eve
			The PLA must be approved by the des
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
	The program must monitor the clinical learning and working environment		The program must monitor the clinica
I.B.3.	at all participating sites. (Core)	1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated by		At each participating site there must h
	the program director, who is accountable for fellow education for that site,		by the program director, who is accou
I.B.3.a)	in collaboration with the program director. (Core)	1.5.	site, in collaboration with the program

rehabilitation medicine must be 24 months

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

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

one ACGME-accredited Sponsoring

# on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

nsor an ACGME-accredited residency abilitation. (Core)

etween the associated physical medicine ediatric rehabilitation medicine fellowship.

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

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

cal learning and working environment

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requi Lanç
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 ar participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.B.5.	All participating sites providing clinical experiences should be geographically proximate to the primary clinical site, limited to a travel time of no more than one hour each way for rotations requiring daily attendance, unless appropriate overnight accommodations are provided by the program or institution. (Detail)	1.6.a.	All participating sites providing clinical e proximate to the primary clinical site, lim hour each way for rotations requiring da overnight accommodations are provided
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its in practices that focus on mission-dr and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its s the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its the availability of adequate resources
I.D.1.a)	The program must have access to resources dedicated to the care of patients with pediatric rehabilitation medicine disorders, including: (Core)	1.8.a.	The program must have access to resolution with pediatric rehabilitation medicine dis
I.D.1.a).(1) I.D.1.a).(2)	inpatient pediatric rehabilitation beds; (Core) a designated outpatient clinic or examination area for patients with pediatric rehabilitation medicine disorders; (Core)	1.8.a1. 1.8.a2.	inpatient pediatric rehabilitation beds; (C a designated outpatient clinic or examin rehabilitation medicine disorders; (Core)
I.D.1.a).(3)	transitional services for home care, community entry, and schooling; (Core) equipment, electrodiagnostic devices, imaging services, laboratory services, and clinical rehabilitation facilities necessary to provide appropriate care for patients with pediatria rehabilitation medicine disorders; (Core)		transitional services for home care, com equipment, electrodiagnostic devices, in and clinical rehabilitation facilities neces
I.D.1.a).(4) I.D.1.a).(5)	with pediatric rehabilitation medicine disorders; (Core) space and technology for teaching; (Core)	1.8.a4. 1.8.a5.	patients with pediatric rehabilitation med space and technology for teaching; (Con
I.D.1.a).(6)	a medical records system that allows for efficient case retrieval; and, (Core)	1.8.a6.	a medical records system that allows for
I.D.1.a).(7)	specialty and subspecialty pediatric consulting services essential to the care of patients with pediatric rehabilitation medicine disorders. (Core)	1.8.a7.	specialty and subspecialty pediatric con patients with pediatric rehabilitation med
I.D.1.a).(7).(a)	This should include anesthesiology, diagnostic radiology, emergency medicine, general surgery, medical genetics, neurological surgery, neurology, ophthalmology, orthopaedic surgery, otolaryngology, pediatrics, pediatric surgery, plastic surgery, psychiatry/psychology, pulmonary medicine, and urology. (Detail)	1.8.a7.a.	This should include anesthesiology, diag general surgery, medical genetics, neur ophthalmology, orthopaedic surgery, oto surgery, plastic surgery, psychiatry/psyc urology. (Detail)

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

I experiences should be geographically limited to a travel time of no more than one daily attendance, unless appropriate led by the program or institution. (Detail)

## ion

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

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

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

sources dedicated to the care of patients disorders, including: (Core)

(Core)

nination area for patients with pediatric re)

ommunity entry, and schooling; (Core)

imaging services, laboratory services, essary to provide appropriate care for edicine disorders; (Core)

Core)

for efficient case retrieval; and, (Core)

onsulting services essential to the care of edicine disorders. (Core)

iagnostic radiology, emergency medicine, urological surgery, neurology, otolaryngology, pediatrics, pediatric

sychology, pulmonary medicine, and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requi Lang
I.D.1.b)	The patient population must be of sufficient size and diversity of pediatric age groups to allow fellows to care for an adequate number of patients, in both inpatient and outpatient settings, in all pediatric rehabilitative diagnostic categories (as per Program Requirements IV.B.1.b).(1).(a).(viii).(a)-IV.B.1.b).(1).(a).(viii).(g)). (Core)	1.8.b.	The patient population must be of suffici groups to allow fellows to care for an ad- inpatient and outpatient settings, in all pe categories (as per Program Requirement
I.D.1.b).(1)	Fellows must see infants, toddlers, children, and adolescents during their clinical experiences. (Core)	1.8.b.1.	Fellows must see infants, toddlers, child clinical experiences. (Core)
I.D.1.b).(2)	For the common delineated pediatric rehabilitation diagnostic categories, a fellow must provide care for no fewer than five patients in inpatient or outpatients settings. (Core)	1.8.b.2.	For the common delineated pediatric reh fellow must provide care for no fewer tha outpatients settings. (Core)
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core) safe, quiet, clean, and private sleep/rest facilities available and accessible	1.9.a.	access to food while on duty; (Core) safe, quiet, clean, and private sleep/re
I.D.2.b)	for fellows with proximity appropriate for safe patient care; (Core) clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.b. 1.9.c.	for fellows with proximity appropriate clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical l capabilities. (Core)
I.E. II.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core) Personnel	1.11. Section 2	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe and advanced practice providers, mus appointed fellows' education. (Core) Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduat (GMEC) must approve a change in pro program director's licensure and clini

icient size and diversity of pediatric age adequate number of patients, in both pediatric rehabilitative diagnostic ents 4.4.h.1-7. (Core)

Idren, and adolescents during their

ehabilitation diagnostic categories, a than five patients in inpatient or

Sponsoring Institution, must ensure ng environments that promote fellow

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

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

priate to the participating site; and,

isabilities consistent with the ore)

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

### rsonnel

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir Lang
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applicat must be provided with support adequ based upon its size and configuration
II.A.2.a)	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. This may be time spent by the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)	2.3.a.	Program leadership, in aggregate, must dedicated minimum of 0.2 FTE for admir time spent by the program director only and one or more associate (or assistant)
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a).(1)	The program director should have experience as a faculty member in pediatric rehabilitation medicine for a minimum of three years prior to appointment as program director. (Core)	2.4.b.	The program director should have exper rehabilitation medicine for a minimum of program director. (Core)
II.A.3.b)	<ul> <li>must include current certification in the subspecialty for which they are the program director by the American Board of Physical Medicine and Rehabilitation or subspecialty qualifications that are acceptable to the Review Committee. (Core)</li> <li>[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]</li> </ul>	2.4.a.	The program director must possess of subspecialty for which they are the pro- Board of Physical Medicine and Rehabi- that are acceptable to the Review Cor [Note that while the Common Program F certifying board of the American Osteopa there is no AOA board that offers certific
II.A.3.b).(1)	Dual primary certifications through both the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation and the American Board of Pediatrics or the American Osteopathic Board of Pediatrics are considered acceptable qualifications. (Detail)	2.4.a.1.	Dual primary certifications through both Medicine and Rehabilitation or the Amer Medicine and Rehabilitation and the Am American Osteopathic Board of Pediatric qualifications. (Detail)
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and select fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)	The program director must:	[None]	The program disector must be a rate
II.A.4.a).(1) II.A.4.a).(2)	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 mission(s) of the program; (Core)	2.5.a. 2.5.b.	The program director must be a role r The program director must design an consistent with the needs of the com Sponsoring Institution, and the mission

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

st be provided with support equal to a ninistration of the program. This may be ly or divided among the program director nt) program directors. (Core)

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s subspecialty expertise and view Committee. (Core)

### tor

s subspecialty expertise and view Committee. (Core)

berience as a faculty member in pediatric of three years prior to appointment as

# s current certification in the program director by the American abilitation or subspecialty qualifications ommittee. (Core)

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

th the American Board of Physical herican Osteopathic Board of Physical merican Board of Pediatrics or the trics are considered acceptable

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

e model of professionalism. (Core)

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

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II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)		The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learn the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the Sponsoring Institution's policies and and due process, including when acti not to promote, or renew the appoint
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign 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 (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request,
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide a interview with information related to t specialty board examination(s). (Core

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

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

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

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

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

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

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

n a non-competition guarantee or

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

verification of an individual fellow's t, within 30 days. (Core)

applicants who are offered an o their eligibility for the relevant ore)

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-	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the		Faculty Faculty members are a foundational of education – faculty members teach for Faculty members provide an importa- and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a of Faculty members experience the prid development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, fa- graduate medical education system, fa-
II.B.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	and the population. Faculty members ensure that patient from a specialist in the field. They red the patients, fellows, community, and provide appropriate levels of supervi Faculty members create an effective professional manner and attending to themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient number of
II.B.1. II.B.2	instruct and supervise all fellows. (Core)	2.6.	instruct and supervise all fellows. (Co
II.D.2	Faculty members must:	[None]	Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching
11.0.2.0	administer and maintain an educational environment conducive to	2.7.0.	Faculty members must administer an
II.B.2.d)	educating fellows; (Core)	2.7.c.	environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropr hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint

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

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

of faculty members with competence to Core)

els of professionalism. (Core) e commitment to the delivery of safe, /e, patient-centered care. (Core) e a strong interest in the education of

nt time to the educational program to g responsibilities. (Core)

and maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

oriate qualifications in their field and ntments. (Core)

oriate qualifications in their field and ntments. (Core)

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II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of Physical Medicine and Rehabilitation or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa Rehabilitation or possess qualification Committee. (Core)
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the AOA acceptable, there is no AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program F certifying board of the AOA acceptable, certification in this subspecialty]
II.B.3.b).(1).(a)	Dual primary certifications through both the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation and the American Board of Pediatrics or the American Osteopathic Board of Pediatrics are considered acceptable qualifications. (Detail)	2.9.b.	Dual primary certifications through both Medicine and Rehabilitation or the Amer Medicine and Rehabilitation and the Am American Osteopathic Board of Pediatric qualifications. (Detail)
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member I Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a si supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)
II.B.4.b)	To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in pediatric rehabilitation medicine by the ABPMR, or have qualifications acceptable to the Review Committee. (Core)	2.10.b.	To ensure the quality of the educational and to provide adequate supervision of f faculty members, inclusive of the progra rehabilitation medicine by the ABPMR, o Review Committee. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program 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 and configuration. (Core)
II.C.2.a)	The program coordinator must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. (Core)	2.11.b.	The program coordinator must be provid minimum of 0.2 FTE for administration o

### mbers

nbers must have current certification in coard of Physical Medicine and cons judged acceptable to the Review

Requirements deem certification by a e, there is no AOA board that offers

th the American Board of Physical nerican Osteopathic Board of Physical merican Board of Pediatrics or the trics are considered acceptable

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

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

# e annual ACGME Faculty Survey.

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

# or. (Core)

# or. (Core)

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

vided with support equal to a dedicated of the program. (Core)

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Requirement Number	Requirement Language	Requirement Number	Lang
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria Eligibility Requirements – Fellowship Programs	[None]	
III.A.1.	All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)		Eligibility Requirements – Fellowship All required clinical education for ent programs must be completed in an Ad an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Cana- program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required find CanMEDS Milestones evaluations from
III.A.1.b)	Prerequisite education for entry into a pediatric rehabilitation medicine program must include the satisfactory completion of a physical medicine and rehabilitation residency program that satisfies the requirements in III.A.1. (Core)	3.2.a.1.	Prerequisite education for entry into a permust include the satisfactory completion rehabilitation residency program that satisfication program that program th
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Physical Medicine and Rehabilitation will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Physical M the following exception to the fellows
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate applic eligibility requirements listed in 3.2, b additional qualifications and conditio
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissie (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)

# Sponsoring Institution, must jointly personnel for the effective e)

# ip Programs

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

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

pediatric rehabilitation medicine program on of a physical medicine and satisfies the requirements in 3.2. (Core)

Medicine and Rehabilitation will allow wship eligibility requirements:

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

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requi Lang
Requirement Number	Fellow Complement		Lang
III.B.	The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoi Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a matriculation. (Core)
III.C.		5.4.	
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
IV.	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectin designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that prop tools, and techniques. (Core)

oint more fellows than approved by the

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

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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

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

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

ected time to participate in core

romote patient safety-related goals,

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Requirement Number	Requirement Language	Requirement Number	Lang
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqui
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGN
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in:	[None]	
IV.B.1.b).(1).(a).(i)	completing an initial patient evaluation, including pertinent information relevant to the patient's impairments, medical conditions, functional limitations, cognition,	4.4.a.	Fellows must demonstrate competence evaluation, including pertinent informatic medical conditions, functional limitations educational, vocational and avocational
IV.B.1.b).(1).(a).(ii)	implementing general pediatric rehabilitative therapeutic management, including early intervention, age-appropriate functional training, programs of therapy, avocation, therapeutic exercise, electrical stimulation and other modalities, communication strategies, oral motor interventions, discharge planning, educational and vocational planning, transitional planning, adjustment to disability support, and prevention strategies; (Core)	4.4.b.	Fellows must demonstrate competence rehabilitative therapeutic management, i appropriate functional training, programs exercise, electrical stimulation and other oral motor interventions, discharge plann planning, transitional planning, adjustme strategies. (Core)
IV.B.1.b).(1).(a).(iii)	incorporating psychological, social, and behavioral aspects of rehabilitation management, including family-centered care for pediatric patients; (Core)	4.4.c.	Fellows must demonstrate competence and behavioral aspects of rehabilitation care for pediatric patients. (Core)

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

SME Competencies into the curriculum.

nalism itment to professionalism and an pre)

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

e in completing an initial patient ation relevant to the patient's impairments, ns, cognition, psychosocial issues, al limitations. (Core)

ce in implementing general pediatric t, including early intervention, agems of therapy, avocation, therapeutic her modalities, communication strategies, anning, educational and vocational ment to disability support, and prevention

e in incorporating psychological, social, m management, including family-centered

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requi Lanç
	engaging in the management of common pediatric rehabilitation medical conditions and complications, including identification of sick children and the triage of their care, fluid and nutritional support, bowel and bladder management, gastroesophageal reflux, skin protection, pain disorders, pulmonary hygiene and protection, ventilator and tracheostomy management, sensory impairments, sleep disorders, spasticity, thromboembolism prophylaxis, swallowing dysfunction, and behavioral problems; (Core)	4.4.d.	Fellows must demonstrate competence common pediatric rehabilitation medical identification of sick children and the tria support, bowel and bladder managemen protection, pain disorders, pulmonary hy tracheostomy management, sensory im thromboembolism prophylaxis, swallowi problems. (Core)
IV.B.1.b).(1).(a).(v)	providing seamless transitions of care; (Core)	4.4.e.	Fellows must demonstrate competence care. (Core)
	prescribing age-appropriate assistive devices and technology for environmental accessibility, including orthotics, prosthetics, wheelchairs and positioning, activities of daily living (ADL) aids, interfaces and environmental controls, augmentative/alternative communication, and electrical stimulation; (Core)	4.4.f.	Fellows must demonstrate competence assistive devices and technology for envo orthotics, prosthetics, wheelchairs and p aids, interfaces and environmental contr communication, and electrical stimulatio
IV.B.1.b).(1).(a).(vii)	providing appropriate inpatient consultation services considered essential for the area of practice; and, (Core)	4.4.g.	Fellows must demonstrate competence consultation services considered essent
IV.B.1.b).(1).(a).(viii)	rehabilitation management of common pediatric rehabilitation diagnostic categories, including: (Core)	4.4.h.	Fellows must demonstrate competence common pediatric rehabilitation diagnos
	musculoskeletal disorders and trauma, to include sports injuries and limb deficiencies; (Core)	4.4.h.1.	musculoskeletal disorders and trauma, t deficiencies; (Core)
, , , , , , , , , , , , , , , , , , , ,	brain disorders, to include acquired traumatic brain injuries, non-traumatic brain injuries, and congenital conditions, including cerebral palsy; (Core)	4.4.h.2.	brain disorders, to include acquired trau brain injuries, and congenital conditions
	spinal cord disorders, to include acquired traumatic and non-traumatic spinal cord injuries, as well as congenital conditions, including spinal dysraphism; (Core)	4.4.h.3.	spinal cord disorders, to include acquire cord injuries, as well as congenital cond (Core)
IV.B.1.b).(1).(a).(viii).(d )	neuromuscular disorders; (Core)	4.4.h.4.	neuromuscular disorders; (Core)
IV.B.1.b).(1).(a).(viii).(e	peripheral nerve injuries (i.e., isolated nerve injuries and brachial plexus injuries); (Core)	4.4.h.5.	peripheral nerve injuries (i.e., isolated ne
	developmental disabilities, to include genetic disorders and pervasive developmental disorders; and, (Core)	4.4.h.6.	developmental disabilities, to include ge developmental disorders; and, (Core)
IV.B.1.b).(1).(a).(viii).(g	debility and deconditioning conditions, to include chronic pain disorders and functional neurologic disorders. (Core)	4.4.h.7.	debility and deconditioning conditions, to functional neurologic disorders. (Core)
IV.B.1.b).(1).(b)	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.i.	Fellows must demonstrate leadership sk learning environment, and/or the health the ultimate intent of improving care of p
	Fellows must demonstrate competence in selecting and interpreting diagnostic studies commonly ordered in pediatric rehabilitation medicine, including radiographic imaging, laboratory data, urodynamics, and electrodiagnostic studies. (Core)	4.4.j.	Fellows must demonstrate competence studies commonly ordered in pediatric re radiographic imaging, laboratory data, u studies. (Core)
	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural S Fellows must be able to perform all m procedures considered essential for t

e in engaging in the management of al conditions and complications, including riage of their care, fluid and nutritional ent, gastroesophageal reflux, skin hygiene and protection, ventilator and mpairments, sleep disorders, spasticity, wing dysfunction, and behavioral

e in providing seamless transitions of

e in prescribing age-appropriate environmental accessibility, including d positioning, activities of daily living (ADL) entrols, augmentative/alternative tion. (Core)

e in providing appropriate inpatient ential for the area of practice. (Core)

e in rehabilitation management of ostic categories, including: (Core)

, to include sports injuries and limb

aumatic brain injuries, non-traumatic ns, including cerebral palsy; (Core)

red traumatic and non-traumatic spinal nditions, including spinal dysraphism;

nerve injuries and brachial plexus

genetic disorders and pervasive

to include chronic pain disorders and

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

e in selecting and interpreting diagnostic rehabilitation medicine, including urodynamics, and electrodiagnostic

# l Skills

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requi Lang	
IV.B.1.b).(2).(a)	Fellows must demonstrate the necessary procedural skills and develop an understanding of the indications, risks, limitations, and interpretations as needed. (Core)	4.5.a.	Fellows must demonstrate the necessar understanding of the indications, risks, lineeded. (Core)	
IV.B.1.b).(2).(a).(i)	This must include performing or directing the performance of pediatric rehabilitation medicine procedures, including tone management, such as chemodenervation and intrathecal pumps. (Core)	4.5.a.1.	This must include performing or directing rehabilitation medicine procedures, inclu chemodenervation and intrathecal pump	
<b>IV.B.1.c)</b> IV.B.1.c).(1)	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) Fellows must demonstrate basic knowledge of:	<b>4.6</b> . [None]	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)	
IV.B.1.с).(1). IV.B.1.с).(1).(а)	normal growth and development, including physical growth, developmental skills- attainment (language and communication skills, physical skills, cognitive skills, emotional skills and maturity, and academic achievement/learning skills), transitional issues, metabolic status, biomechanics, the effects of musculoskeletal development on function, sexuality, avocational interest development, wellness and health promotion, and aging issues for adults with congenital or childhood onset disabilities; (Core)		Fellows must demonstrate basic knowle including physical growth, developmenta communication skills, physical skills, cog maturity, and academic achievement/lea metabolic status, biomechanics, the effe function, sexuality, avocational interest of promotion, and aging issues for adults w disabilities. (Core)	
IV.B.1.c).(1).(b)	growth and development for children with congenital and childhood onset disabilities, throughout the life course; (Core)	4.6.b.	Fellows must demonstrate basic knowle children with congenital and childhood o course. (Core)	
IV.B.1.c).(1).(c)	medicolegal aspects of care, including child protective services and guardianship; (Core)	4.6.c.	Fellows must demonstrate basic knowle including child protective services and g	
IV.B.1.c).(1).(d)	the clinical course of, and functional prognosis for, common pediatric rehabilitation problems, as well as burns and rheumatologic and connective tissue disorders that are common in the pediatric population; (Core)	4.6.d.	Fellows must demonstrate basic knowle functional prognosis for, common pediat burns and rheumatologic and connective the pediatric population. (Core)	
IV.B.1.c).(1).(e)	applications, efficacy, and selection of pediatric rehabilitation medicine assessment tools, including general health measures, developmental attainment measures, general functional measures, and specific outcomes measures; and, (Core)	4.6.e.	Fellows must demonstrate basic knowle selection of pediatric rehabilitation medio health measures, developmental attainm measures, and specific outcomes measures	
IV.B.1.c).(1).(f)	administration and principles of organizational behaviors and leadership, quality assurance, cost efficiency, and regulations pertaining to systems of care, including external reviews, inpatient services, outpatient services, home care, and school-based programs. (Core)	4.6.f.	Fellows must demonstrate basic knowle organizational behaviors and leadership regulations pertaining to systems of care services, outpatient services, home care	
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care ba lifelong learning. (Core)	

ary procedural skills and develop an , limitations, and interpretations as

ing the performance of pediatric cluding tone management, such as mps. (Core)

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

Aledge of normal growth and development, ntal skills-attainment (language and cognitive skills, emotional skills and earning skills), transitional issues, ffects of musculoskeletal development on at development, wellness and health is with congenital or childhood onset

ledge of growth and development for onset disabilities, throughout the life

ledge of medicolegal aspects of care, guardianship. (Core)

rledge of the clinical course of, and iatric rehabilitation problems, as well as ive tissue disorders that are common in

vledge of applications, efficacy, and dicine assessment tools, including general nment measures, general functional asures. (Core)

ledge of administration and principles of ip, quality assurance, cost efficiency, and are, including external reviews, inpatient are, and school-based programs. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
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 and Co Fellows must demonstrate interpersonal and result in the effective exchange of information patients, their families, and health profession
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-Based Prac Fellows must demonstrate an awareness of a larger context and system of health care, inclu social determinants of health, as well as the a other resources to provide optimal health care
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	<ul> <li>4.10. Curriculum Organization and Fellow Exp Structure</li> <li>The curriculum must be structured to optimize experiences, the length of the experiences, and These educational experiences include an app patient care responsibilities, clinical teaching, events. (Core)</li> <li>4.11. Curriculum Organization and Fellow Exp Clinical Experiences</li> <li>Fellows must be provided with protected time didactic activities. (Core)</li> <li>4.12. Curriculum Organization and Fellow Exp The program must provide instruction and exp management if applicable for the subspecialty the signs of substance use disorder. (Core)</li> </ul>
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow Experien The curriculum must be structured to optimize experiences, the length of the experiences, an These educational experiences include an app patient care responsibilities, clinical teaching, events. (Core)

onal and Communication Skills ersonal and communication skills that information and collaboration with professionals. (Core)
-Based Practice preness of and responsiveness to the th care, including the structural and well as the ability to call effectively on al health care. (Core)
l Fellow Experiences – Curriculum
d to optimize fellow educational eriences, and the supervisory continuity. clude an appropriate blend of supervised cal teaching, and didactic educational
I Fellow Experiences – Didactic and
otected time to participate in core

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

w Experiences – Curriculum Structure I to optimize fellow educational eriences, and the supervisory continuity. clude an appropriate blend of supervised al teaching, and didactic educational

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir Lang
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 structur rotational transitions, and rotations must quality educational experience, defined supervision, longitudinal relationships wi assessment and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with shared improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow I The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.3.	Written objectives for each clinical rotation at each level of education must be provided to each fellow. (Detail)	4.11.a.	Written objectives for each clinical rotation provided to each fellow. (Detail)
IV.C.4.	Fellows must have an assigned faculty advisor/mentor who must meet regularly with the fellow for activities such as monitoring and feedback, facilitation of scholarly activity, and career counseling. (Core)	4.11.b.	Fellows must have an assigned faculty a with the fellow for activities such as mon scholarly activity, and career counseling
IV.C.5.	Fellows must follow individual patients longitudinally, and have experience with a	4.11.c.	Fellows must follow individual patients lo with a wide variety of patient problems.
IV.C.5.a)	Longitudinal management must include providing care for patients from acute inpatient care to inpatient rehabilitation and/or into outpatient care, as well as following outpatients over time. (Core)	4.11.c.1.	Longitudinal management must include inpatient care to inpatient rehabilitation a following outpatients over time. (Core)
IV.C.6.	Fellows must have an inpatient and outpatient pediatric rehabilitation medicine experience. (Core)	4.11.d.	Fellows must have an inpatient and outperpendence. (Core)
IV.C.6.a)	The inpatient experience should be a minimum of six months. (Core)	4.11.d.1.	The inpatient experience should be a mi
IV.C.6.a).(1)	Fellows must assume direct responsibility for the rehabilitative management of patients on the inpatient pediatric rehabilitation medicine service. (Core)	4.11.d.1.a.	Fellows must assume direct responsibility patients on the inpatient pediatric rehabition of the inpatient pe
IV.C.6.a).(2)	Each fellow assigned to the inpatient pediatric rehabilitation medicine service should be responsible for an average minimum of four pediatric rehabilitation medicine patients. (Core)	4.11.d.1.b.	Each fellow assigned to the inpatient per should be responsible for an average mi medicine patients. (Core)
IV.C.6.a).(3)	Fellows should progress to a role of supervising residents or junior fellows providing inpatient care once the faculty has determined they have the competence to provide this supervision. (Detail)		Fellows should progress to a role of sup providing inpatient care once the faculty competence to provide this supervision.
IV.C.6.a).(4)	Fellows should have inpatient rounds to evaluate patients with faculty members at least five times per week. (Core)	4.11.d.1.d.	Fellows should have inpatient rounds to at least five times per week. (Core)
IV.C.6.b)	Fellows must have a minimum of six months of outpatient pediatric	4.11.d.2.	Fellows must have a minimum of six mo rehabilitation medicine experience. (Cor
IV.C.6.c)	The remaining months of the educational program should include additional experiences in pediatric rehabilitation medicine and relevant pediatric subspecialties, surgical subspecialties, or electives. (Detail)	4.11.d.3.	The remaining months of the educationa experiences in pediatric rehabilitation me subspecialties, surgical subspecialties, o

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

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

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

ation at each level of education must be

y advisor/mentor who must meet regularly onitoring and feedback, facilitation of ng. (Core)

longitudinally, and have experience (Core)

e providing care for patients from acute n and/or into outpatient care, as well as

utpatient pediatric rehabilitation medicine

minimum of six months. (Core)

ility for the rehabilitative management of bilitation medicine service. (Core)

pediatric rehabilitation medicine service minimum of four pediatric rehabilitation

upervising residents or junior fellows Ity has determined they have the n. (Detail)

to evaluate patients with faculty members

nonths of outpatient pediatric ore)

nal program should include additional medicine and relevant pediatric , or electives. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir Lang	
IV.C.6.d)	Fellows must have experience in providing consultation for patients in otherC.6.d)inpatient services.(Core)		Fellows must have experience in providin inpatient services. (Core)	
IV.C.6.e)	Fellows must have clinical rotations and a didactic curriculum that ensure competence in medical management of common pediatric problems. (Detail) 4.1		Fellows must have clinical rotations and competence in medical management of	
IV.C.7.	Fellows must have a minimum of two FTE months of dedicated research time which may be scheduled as a block of time or distributed over time. (Core)	4.11.e.	Fellows must have a minimum of two FT which may be scheduled as a block of tir	
IV.C.8.	Didactic Curriculum	4.11.f.	Didactic Curriculum The program must have a minimum of tw didactic lectures, case-oriented multidisc quality management seminars relevant to medicine. (Core)	
The program must have a minimum of twice-monthly conferences, includidactic lectures, case-oriented multidisciplinary conferences, journal cl quality management seminars relevant to clinical care in pediatric rehal medicine. (Core)		4.11.f.	Didactic Curriculum The program must have a minimum of tw didactic lectures, case-oriented multidisc quality management seminars relevant to medicine. (Core)	
IV.C.8.b)	The program must have a curriculum taught by faculty members and augmented by a guided reading program to address the fundamentals of managing patients with pediatric rehabilitation medicine disorders, including pathophysiology, clinical manifestations, and problem management. (Core)		The program must have a curriculum tau augmented by a guided reading program managing patients with pediatric rehability pathophysiology, clinical manifestations,	
IV.C.8.c)	The curriculum must provide in-depth coverage of the major topics in pediatric rehabilitation medicine. (Core)	4.11.f.2.	The curriculum must provide in-depth correhabilitation medicine. (Core)	
IV.C.8.d)	The program should provide instruction in the economics of health care and current health care management issues, including cost-effective patient care, practice management, preventive care, quality improvement, prevention of medical error, resource allocation, and clinical and rehabilitation outcomes. (Detail)		The program should provide instruction in current health care management issues, practice management, preventive care, c medical error, resource allocation, and cl (Detail)	
IV.C.8.d).(1)	(Detail) Quality improvement seminars must include discussion of initial, discharge, and follow-up data that have been analyzed regarding the functional outcomes of patients, as well as other practice improvement activities. (Detail)		Quality improvement seminars must inclu follow-up data that have been analyzed r patients, as well as other practice improv	
IV.C.8.e)	The program must provide opportunities in administration through the use of specific approaches, including: (Detail)	4.11.f.4.	The program must provide opportunities specific approaches, including: (Detail)	
IV.C.8.e).(1)	guided reading and discussion of issues related to regional and national access to care, resources, workforce, and financing appropriate to the		guided reading and discussion of issues to care, resources, workforce, and financ and, (Detail)	
IV.C.8.e).(2)	active participation by fellows in discussions about organization and management of a subspecialty service within the local delivery system. (Detail)	4.11.f.4.b.	active participation by fellows in discussion management of a subspecialty service w	

iding consultation for patients in other

nd a didactic curriculum that ensure of common pediatric problems. (Detail) FTE months of dedicated research time time or distributed over time. (Core)

f twice-monthly conferences, including isciplinary conferences, journal clubs, and it to clinical care in pediatric rehabilitation

twice-monthly conferences, including isciplinary conferences, journal clubs, and t to clinical care in pediatric rehabilitation

aught by faculty members and am to address the fundamentals of bilitation medicine disorders, including ns, and problem management. (Core) coverage of the major topics in pediatric

n in the economics of health care and es, including cost-effective patient care, e, quality improvement, prevention of d clinical and rehabilitation outcomes.

clude discussion of initial, discharge, and d regarding the functional outcomes of rovement activities. (Detail)

es in administration through the use of )

es related to regional and national access ancing appropriate to the subspecialty;

ssions about organization and within the local delivery system. (Detail)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requi Lan
	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		Scholarship Medicine is both an art and a science scientist who cares for patients. This
	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.		evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching
IV.D.155:162	The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity programs prepare physicians for a vis scientists, and educators. It is expec will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop other programs might choose to utili research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evid consistent with its mission(s) and air
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 air
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellor scholarly activities. (Core)
			Faculty Scholarly Activity Among their scholarly activity, progr accomplishments in at least three of •Research in basic science, educatio or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation too electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	<ul> <li>Innovations in education</li> </ul>

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

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

idence of scholarly activities, aims. (Core)

idence of scholarly activities, aims. (Core)

s Sponsoring Institution, must allocate low and faculty involvement in

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

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requi Lanç
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of
	•Research in basic science, education, translational science, patient care, or population health		•Research in basic science, education or population health
	<ul> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient safety initiatives</li> <li>Systematic reviews, meta-analyses, review articles, chapters in medical</li> </ul>		<ul> <li>Peer-reviewed grants</li> <li>Quality improvement and/or patient s</li> <li>Systematic reviews, meta-analyses,</li> </ul>
	textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards		textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.a) IV.D.2.b)	<ul> <li>Innovations in education</li> <li>The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:</li> </ul>	4.14. 4.14.a.	<ul> <li>Innovations in education</li> <li>The program must demonstrate disseand external to the program by the formation of the program by the</li></ul>
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome
			Fellow Scholarly Activity The curriculum must advance fellows' ki
IV.D.3.	Fellow Scholarly Activity	4.15.	research, including how research is con and applied to patient care. (Core)
			Fellow Scholarly Activity
IV.D.3.a)	The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)	4.15	The curriculum must advance fellows' ke research, including how research is con and applied to patient care. (Core)
IV.D.3.b)	Fellows should participate in structured, supervised research education. (Detail)	4.15.a.	Fellows should participate in structured, (Detail)
IV.D.3.c)	Each fellow should demonstrate scholarship through at least one scientific presentation, abstract, or publication. (Outcome)	4.15.b.	Each fellow should demonstrate scholar presentation, abstract, or publication. (C
V.	Evaluation	Section 5	Section 5: Evaluation
			Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance duri educational assignment. (Core)
V.A.	Fellow Evaluation	5.1.	

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

it safety initiatives s, review articles, chapters in medical

ols, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

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

ıe)

knowledge of the basic principles of onducted, evaluated, explained to patients,

knowledge of the basic principles of onducted, evaluated, explained to patients,

ed, supervised research education.

larship through at least one scientific (Outcome)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requi Lan <u>c</u>	
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obse feedback on fellow performance duri 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) (A.1.a)		Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)	
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)	
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than the must be documented at least every the	
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as con clinical responsibilities must be evalu at completion. (Core)	
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objecti the Competencies and the subspecia (Core)	
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty i other professional staff members); ar	
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfo unsupervised practice. (Core)	
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]		
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet v documented semi-annual evaluation along the subspecialty-specific Miles	
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)	
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic	
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sur that includes their readiness to progr applicable. (Core)	
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's perform by the fellow. (Core)	
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)	

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valuation

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

the completion of the assignment.

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

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

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

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

ical Competency Committee for its formance and improvement toward

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

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

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

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

mance must be accessible for review

a final evaluation for each fellow upon

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

a final evaluation for each fellow upon

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

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

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

l with the fellow upon completion of the

nust be appointed by the program

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

e must review all fellow evaluations at

e must determine each fellow's ospecialty-specific Milestones. (Core)

e must meet prior to the fellows' semiprogram director regarding each

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

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

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

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Requirement Number	Requirement Language	Requirement Number	Language
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback on the annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational evaluations
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development plans. (Co
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Progra conduct and document the Annual Program E program's continuous improvement process.
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Progra conduct and document the Annual Program E program's continuous improvement process.
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee must be or program faculty members, at least one of who 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 responsibilitie program's self-determined goals and progres (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 responsibilitie ongoing program improvement, including dev 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 C.1.b).(3) and aims. (Core)		Program Evaluation Committee responsibilitie current operating environment to identify stree opportunities, and threats as related to the pr (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee should co prior Annual Program Evaluation(s), aggregat evaluations of the program, and other relevan 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 eva and aims, strengths, areas for improvement, a
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 distributed to and discussed with the fellows 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 (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited education is t seek and achieve board certification. One me the educational program is the ultimate pass
	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.		The program director should encourage all el take the certifying examination offered by the of Medical Specialties (ABMS) member board
V.C.3.		[None]	Association (AOA) certifying board.

their evaluations at least

ons should be incorporated into Core)

gram Evaluation Committee to Evaluation as part of the s. (Core)

gram Evaluation Committee to Evaluation as part of the s. (Core)

e composed of at least two hom is a core faculty member,

ities must include review of the ess toward meeting them.

lities must include guiding levelopment of new goals,

ities must include review of the trengths, challenges, program's mission and aims.

consider the outcomes from gate fellow and faculty written ant data in its assessment of

valuate the program's mission , and threats. (Core)

the action plan, must be vs and the members of the IO. (Core)

dy and submit it to the DIO.

to educate physicians who easure of the effectiveness of ss rate.

eligible program graduates to he applicable American Board rd or American Osteopathic

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requir Lang
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 certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)		For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)		For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g

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MS member board and/or AOA written exam, in the preceding three as rate of those taking the examination in the bottom fifth percentile of acome)

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requi Lanç
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environmo Fellowship education must occur in t environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
VI.	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently de organization has formal mechanisms attitudes of its personnel toward safe improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, an patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechar and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

## ng Environment

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n the context of a learning and working ollowing principles:

of care rendered to patients by

y of care rendered to patients by ice

oviding care for patients

he students, residents, fellows, faculty ealth care team

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

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

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

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

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Requirement Number	Requirement Language	Requirement Number	Lang
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
	Fellows must participate as team members in real and/or simulated		Fellows must participate as team mer
	interprofessional clinical patient safety and quality improvement activities,		interprofessional clinical patient safe
	such as root cause analyses or other activities that include analysis, as		such as root cause analyses or other
VI.A.1.a).(2).(b)	well as formulation and implementation of actions. (Core)	6.3.	well as formulation and implementation
	Quality Metrics		
			Quality Metrics
	Access to data is essential to prioritizing activities for care improvement		Access to data is essential to prioritiz
VI.A.1.a).(3)	and evaluating success of improvement efforts.	[None]	and evaluating success of improveme
	Fellows and faculty members must receive data on quality metrics and		Fellows and faculty members must re
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4.	benchmarks related to their patient pe
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is us the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the super Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a)	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
			Fellows and faculty members must in roles in that patient's care when prov
	Fellows and faculty members must inform each patient of their respective		information must be available to fello

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

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

itizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

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

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

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

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

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

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Roman Numeral	Poquiroment Lenguege	Reformatted	Requi
Requirement Number	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	Requirement Number	Lang Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as app
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
			Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic
VI.A.2.b).(1) VI.A.2.b).(1).(a)	Direct Supervision: the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	patient care through appropriate tele Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate tele
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.		Direct Supervision The supervising physician is physica key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teled
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)

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

It the appropriate level of supervision in ch fellow's level of training and ability, cuity. Supervision may be exercised ppropriate to the situation. (Core)

ervision while providing for graded ogram must use the following

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

cally present with the fellow during the on.

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

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

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Requirement Number		Requirement Number	-
	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each		The privilege of progressive authority independence, and a supervisory role
	fellow must be assigned by the program director and faculty members.		fellow must be assigned by the progr
VI.A.2.d)	(Core)	6.9.	(Core)
	The program director must evaluate each fellow's abilities based on		The program director must evaluate e
VI.A.2.d).(1)	specific criteria, guided by the Milestones. (Core)	6.9.a.	specific criteria, guided by the Milesto
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as supe
	portions of care to fellows based on the needs of the patient and the skills	6 0 h	portions of care to fellows based on t
VI.A.2.d).(2)	of each fellow. (Core)	6.9.b.	of each fellow. (Core)
	Fellows should serve in a supervisory role to junior fellows and residents		Fellows should serve in a supervisory
VI.A.2.d).(3)	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.	in recognition of their progress towar of each patient and the skills of the in
VI.A.2.u).(3)	Programs must set guidelines for circumstances and events in which	0.3.0.	Programs must set guidelines for circ
VI.A.2.e)	fellows must communicate with the supervising faculty member(s). (Core)	6.10.	fellows must communicate with the s
	Each fellow must know the limits of their scope of authority, and the		Each fellow must know the limits of t
	circumstances under which the fellow is permitted to act with conditional		circumstances under which the fellow
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)
	Faculty supervision assignments must be of sufficient duration to assess		Faculty supervision assignments mus
	the knowledge and skills of each fellow and to delegate to the fellow the		the knowledge and skills of each fello
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care author
			Professionalism Programs, in partnership with their S
			fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p
VI.B.	Professionalism	6.12.	patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their S
	fellows and faculty members concerning the professional and ethical		fellows and faculty members concern
	responsibilities of physicians, including but not limited to their obligation		responsibilities of physicians, includi
	to be appropriately rested and fit to provide the care required by their	C 40	to be appropriately rested and fit to p
VI.B.1. VI.B.2.	patients. (Core) The learning objectives of the program must:	6.12. [None]	patients. (Core)
VI.D.2.	be accomplished without excessive reliance on fellows to fulfill non-		The learning objectives of the program
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on fellows to fulfill
			The learning objectives of the program
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
		1	The learning objectives of the program
	include efforts to enhance the meaning that each fellow finds in the		the meaning that each fellow finds in
	experience of being a physician, including protecting time with patients,		including protecting time with patient
	providing administrative support, promoting progressive independence		promoting progressive independence
VI.B.2.c)	and flexibility, and enhancing professional relationships. (Core)	6.12.c.	professional relationships. (Core)
	The program director, in partnership with the Sponsoring Institution, must		The program director, in partnership
	provide a culture of professionalism that supports patient safety and	6.12.d.	provide a culture of professionalism (
VI.B.3.	personal responsibility. (Core)	0.12.U.	personal responsibility. (Core)

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

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

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

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

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

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

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

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

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

p with the Sponsoring Institution, must n that supports patient safety and

		Deferment et	Dami
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requi Lang
	Fellows and faculty members must demonstrate an understanding of their		Fellows and faculty members must d
	personal role in the safety and welfare of patients entrusted to their care,		personal role in the safety and welfar
VI.B.4.		6.12.e.	including the ability to report unsafe
	Programs, in partnership with their Sponsoring Institutions, must provide a		Programs, in partnership with their S
	professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other		a professional, equitable, respectful, psychologically safe and that is free
	forms of harassment, mistreatment, abuse, or coercion of students,		forms of harassment, mistreatment, a
VI.B.5.		6.12.f.	fellows, faculty, and staff. (Core)
	Programs, in partnership with their Sponsoring Institutions, should have a		Programs, in partnership with their S
	process for education of fellows and faculty regarding unprofessional		process for education of fellows and
	behavior and a confidential process for reporting, investigating, and		behavior and a confidential process
VI.B.6.	addressing such concerns. (Core)	6.12.g.	addressing such concerns. (Core)
	Well-Being		
			Well-Being
	Psychological, emotional, and physical well-being are critical in the		Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, carin
	proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their		proactive attention to life inside and requires that physicians retain the jo
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and i
	members of the health care team are important components of		members of the health care team are
	professionalism; they are also skills that must be modeled, learned, and		professionalism; they are also skills
	nurtured in the context of other aspects of fellowship training.		nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at r
	Programs, in partnership with their Sponsoring Institutions, have the same		Programs, in partnership with their S
	responsibility to address well-being as other aspects of resident		same responsibility to address well-k
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem
	responsibility for the well-being of each other. A positive culture in a		responsibility for the well-being of ea
	clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout		clinical learning environment models prepares fellows with the skills and a
VI.C.		[None]	their careers.
	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)		6.13.b.	faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourag well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunit
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)		6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or poten
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co

t demonstrate an understanding of their fare of patients entrusted to their care, fe conditions and safety events. (Core)

r Sponsoring Institutions, must provide ul, and civil environment that is e from discrimination, sexual and other t, abuse, or coercion of students,

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

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

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

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

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

embers in:

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

Roman Numeral Requirement Number	- Requirement Language	Reformatted Requirement Number	Requi Lang
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-s
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows ar the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows ar the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fro
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 assigr patient care, including their safety, fre

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nguage

hemselves and how to seek

-screening. (Core)

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

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

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

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

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

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

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

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

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

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

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

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

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

are competent in communicating with ess. (Outcome)

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

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

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

s free of clinical work and education e)

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

ion Period Length

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

ion Period Length

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

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

Exceptions

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement Language
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 Exception In rare circumstances, after handing off all oth on their own initiative, may elect to remain or r the following circumstances: to continue to pro severely ill or unstable patient; to give humanis of a patient or patient's family; or to attend uni (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 education me 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotation-specif percent or a maximum of 88 clinical and educa individual programs based on a sound educati
VI.F.4.c)	The Review Committee for Physical Medicine and Rehabilitation will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Physical Medicine and consider requests for exceptions to the 80-hour lin
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the ability goals and objectives of the educational progra with the fellow's fitness for work nor comprom
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 ability goals and objectives of the educational progra with the fellow's fitness for work nor comprom
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 external the ACGME Glossary of Terms) must be count maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the context of the seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call ne every third night (when averaged over a four-w
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities by fellows count toward the 80-hour maximum weekly lim home call is not subject to the every-third-nigh the requirement for one day in seven free of cli when averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)		At-Home Call Time spent on patient care activities by fellows count toward the 80-hour maximum weekly lim home call is not subject to the every-third-nigh the requirement for one day in seven free of cli when averaged over four weeks. (Core)

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Requirement Number	Requirement Language	<b>Requirement Number</b>	Langu
	At-home call must not be so frequent or taxing as to preclude rest or		At-home call must not be so frequent of
VI.F.8.a).(1)	reasonable personal time for each fellow. (Core)	6.28.a.	reasonable personal time for each fello

uirement nguage nt or taxing as to preclude rest or fellow. (Core)