Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	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		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 medica
	inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all		inclusive and psychologically safe le Fellows who have completed residen in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional in as role models of excellence, compa- professionalism, and scholarship. The knowledge, patient care skills, and en area of practice. Fellowship is an inte- clinical and didactic education that for of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows,
Int.A. Int.A (Continued)	members of the health care team. In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] [None] - (Continued)	members of the health care team. In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exe physicians, the fellowship experience pursue hypothesis-driven scientific is the medical literature and patient car expertise achieved, fellows develop is infrastructure that promotes collabor

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 sicians entering residency. The fellow's ialty is undertaken with appropriate I independence. Faculty members serve bassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused atensive program of subspecialty focuses on the multidisciplinary care often physically, emotionally, and rs in a variety of clinical learning te medical education and the wells, faculty members, students, and all

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremer
Int.B.	Definition of Subspecialty A fellowship in pediatric surgery provides advanced knowledge and skills in the diagnostic, operative, and peri-operative care of pediatric surgical patients. This continuum may include one or more of the developmental stages of care with which a surgeon might be involved, including prenatal, neonatal, and infant through adolescent or young adult. Along this continuum, there will be exposure to congenital and acquired conditions, including developmental, inflammatory, infectious, neoplastic, or traumatic conditions. The scope of this discipline is focused in infancy and childhood, but includes the fetus, adolescent, and young adult with special health care needs arising from congenital and acquired pediatric surgical conditions. Individuals who complete this education should be prepared to function as competent pediatric surgeons.	[None]	Definition of Subspecialty A fellowship in pediatric surgery provide diagnostic, operative, and peri-operative continuum may include one or more of a which a surgeon might be involved, incl through adolescent or young adult. Alor to congenital and acquired conditions, it infectious, neoplastic, or traumatic cond focused in infancy and childhood, but in adult with special health care needs aris pediatric surgical conditions. Individuals prepared to function as competent pedi
Int.C.	Length of Educational Program The educational program in pediatric surgery must be 24 months in length, of which 48 weeks in each of the two years must comprise clinical pediatric surgery. (Core)	4.1.	Length of Program The educational program in pediatric su which 48 weeks in each of the two year surgery. (Core)
l.	Oversight	Section 1	Section 1: Oversight
I.A.	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	Sponsoring Institution The Sponsoring Institution is the org ultimate financial and academic resp medical education consistent with th When the Sponsoring Institution is n most commonly utilized site of clinic primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by o Institution. (Core)
I.A.1.a)	If the pediatric surgery program participates in a joint surgery/pediatric surgery program, both programs should be sponsored by the same ACGME-accredited Sponsoring Institution. (Core)	1.1.a.	If the pediatric surgery program particip program, both programs should be spor Sponsoring Institution. (Core)
I.A.1.a).(1)	If the pediatric surgery program's Sponsoring Institution does not sponsor a surgery program, the following conditions must be met for participation in a joint surgery/pediatric surgery program:	1.1.a.1.	If the pediatric surgery program's Spons surgery program, the following condition surgery/pediatric surgery program.
I.A.1.a).(1).(a)	the pediatric surgery program must limit the experience to a single ACGME- accredited surgery program; (Core)	1.1.a.1.a.	The pediatric surgery program must lim accredited surgery program. (Core)
I.A.1.a).(1).(b)	the primary clinical site of that surgery program must be located in close geographic proximity to the primary clinical site of the pediatric surgery program; (Core)	1.1.a.1.b.	The primary clinical site of that surgery geographic proximity to the primary clini (Core)

ides advanced knowledge and skills in the tive care of pediatric surgical patients. This of the developmental stages of care with ncluding prenatal, neonatal, and infant long this continuum, there will be exposure s, including developmental, inflammatory, nditions. The scope of this discipline is t includes the fetus, adolescent, and young arising from congenital and acquired als who complete this education should be ediatric surgeons.

surgery must be 24 months in length, of ears must comprise clinical pediatric

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

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

y one ACGME-accredited Sponsoring

cipates in a joint surgery/pediatric surgery ponsored by the same ACGME-accredited

onsoring Institution does not sponsor a ions must be met for participation in a joint

mit the experience to a single ACGME-

y program must be located in close linical site of the pediatric surgery program.

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I.A.1.a).(1).(c)	the combined participation of the pediatric surgery program and that surgery program in offering a joint surgery/pediatric surgery program must be ongoing; and, (Core)	1.1.a.1.c.	The combined participation of the pedial program in offering a joint surgery/pedia (Core)
I.A.1.a).(1).(d)	the combined participation of the pediatric surgery program and that surgery program in offering a joint surgery/pediatric surgery program must be approved in advance by the Review Committee. (Core)	1.1.a.1.d.	The combined participation of the pediat program in offering a joint surgery/pedia in advance by the Review Committee. (0
	Participating Sites A participating site is an organization providing educational experiences		Participating Sites A participating site is an organization
I.B.	or educational assignments/rotations for fellows.	[None]	or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	A pediatric surgery program must be offered in a site classified as a general hospital or a children's hospital. (Core)	1.2.a.	A pediatric surgery program must be offer hospital or a children's hospital. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least even
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the dea (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must the program director, who is account in collaboration with the program dire
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.B.5.	Participating sites must be in close geographic proximity or provide for teleconferencing to ensure that all fellows are able to participate in joint conferences, as well as grand rounds, basic science and clinical conference lectures, journal club, and ongoing quality improvement and patient safety reviews, such as morbidity and mortality reviews. (Core)	1.6.a.	Participating sites must be in close geog teleconferencing to ensure that all fellow conferences, as well as grand rounds, b lectures, journal club, and ongoing quality reviews, such as morbidity and mortality
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 Retentior The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ

iatric surgery program and that surgery liatric surgery program must be ongoing,

iatric surgery program and that surgery liatric surgery program must be approved (Core)

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

offered in a site classified as a general)

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

every 10 years. (Core)

lesignated institutional official (DIO).

cal learning and working environment

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

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

ographic proximity or provide for ows are able to participate in joint basic science and clinical conference ality improvement and patient safety ity reviews. (Core)

on

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
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)	Fellows should have adequate access to the educational resources for the discipline of pediatric surgery, including:	1.8.a.	Fellows should have adequate access to discipline of pediatric surgery.
I.D.1.a).(1)	electronic learning aids (e.g., online pediatric surgery curriculum); (Detail)	1.8.a.1.	This includes electronic learning aids (e (Detail)
I.D.1.a).(2)	the required educational curriculum of the discipline (e.g., pediatric lifesaving certification); (Detail)	1.8.a.2.	This includes the required educational c lifesaving certification). (Detail)
I.D.1.a).(3)	courses and symposia (e.g., colorectal, pediatric oncology); and, (Detail)	1.8.a.3.	This includes courses and symposia (e.) (Detail)
I.D.1.a).(4)	simulation exercises (e.g., disaster training, rapid response, ECMO response). (Detail)	1.8.a.4.	This includes simulation exercises (e.g., response). (Detail)
I.D.1.b)	All sites must include facilities and staffing for a variety of services, including adequate inpatient surgical admissions, intensive care units for both infants and older children, and departments of emergency, pathology, and radiology in which infants and children can be managed 24 hours a day. (Core)	1.8.b.	All sites must include facilities and staffi adequate inpatient surgical admissions, older children, and departments of emer infants and children can be managed 24
I.D.1.c)	The pediatric surgical service must document a sufficient breadth and volume of procedures such that fellows will satisfy the defined minimum procedure requirements. (Core)	1.8.c.	The pediatric surgical service must docu procedures such that fellows will satisfy requirements. (Core)
, I.D.1.d)	There must be at least 1,200 procedures performed by pediatric surgeons at the program's approved sites annually. (Core)	1.8.d.	There must be at least 1,200 procedure program's approved sites annually. (Con
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and workin well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with dis Sponsoring Institution's policy. (Core
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 s appropriate reference material in prin include access to electronic medical capabilities. (Core)

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

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

to the educational resources for the

(e.g., online pediatric surgery curriculum).

curriculum of the discipline (e.g., pediatric

(e.g., colorectal, pediatric oncology).

g., disaster training, rapid response, ECMO

affing for a variety of services, including ns, intensive care units for both infants and nergency, pathology, and radiology in which 24 hours a day. (Core)

ocument a sufficient breadth and volume of sfy the defined minimum procedure

res performed by pediatric surgeons at the Core)

s Sponsoring Institution, must ensure king environments that promote fellow

)

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

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

opriate to the participating site; and,

lisabilities consistent with the pre)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
I.E.	The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	The presence of other learners and ot but not limited to residents from other advanced practice providers, must no fellows' education. (Core)
I.E.1.a)	The educational program must not negatively affect the education of residents in the affiliated general surgery residency program. (Core)	1.11.a.	The educational program must not negative affiliated general surgery residency p
I.E.1.b) II.	The program must assess and incorporate, into the Annual Program Evaluation, the impact of other learners, including residents and fellows in both ACGME-accredited and non-accredited programs at the Sponsoring Institution and at all participating sites. (Core)	1.11.b. Section 2	The program must assess and incorpora the impact of other learners, including re accredited and non-accredited programs participating sites. (Core)
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 ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program director (Core)
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)	At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.1 FTE for administration of the program. (Core)	2.3.a.	At a minimum, the program director mus dedicated minimum of 0.1 FTE for admir
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess s qualifications acceptable to the Revie

rsonnel

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

gatively affect the education of residents in y program. (Core)

rate, into the Annual Program Evaluation, residents and fellows in both ACGMEns at the Sponsoring Institution and at all

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)

tor resides with the Review Committee.

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

ust be provided with support equal to a ninistration of the program. (Core)

tor:

subspecialty expertise and view Committee. (Core)

tor

subspecialty expertise and view Committee. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	must include current certification in the subspecialty for which they are the program director by the American Board of Surgery or subspecialty qualifications that are acceptable to the Review Committee; (Core)		The program director must possess of subspecialty for which they are the pr Board of Surgery or subspecialty qual Review Committee. (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.A.3.c)	licensure to practice medicine in the state where the program is located; (Core)	2.4.b.	The program director must be licensed t the program is located. (Core)
II.A.3.d)	demonstrated scholarly activity in at least one of the areas listed in section IV.D.2.; (Detail)	2.4.c.	The program director must demonstrate areas listed in section 4.14. (Detail)
II.A.3.d).(1)	Program directors must demonstrate ongoing peer-reviewed scholarship. (Core)	2.4.c.1.	Program directors must demonstrate on
II.A.3.d).(1).(a)	Scholarship should include at least three peer-reviewed scholarly projects over the most recent five-year period, or other scholarship acceptable to the Review Committee. (Detail)	2.4.c.1.a.	Scholarship should include at least three the most recent five-year period, or othe Committee. (Detail)
II.A.3.e)	at least five years of practice after completion of a pediatric surgery fellowship; and, (Core)	2.4.d.	The program director must demonstrate completion of a pediatric surgery fellows
II.A.3.f)	at least two years of prior experience in graduate medical education, as a site director, program director, associate program director in a general surgery program, or another position of responsibility in a residency/fellowship program. (Core)	2.4.e.	The program director must demonstrate graduate medical education, as a site di program director in a general surgery pro responsibility in a residency/fellowship p
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]	
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 missi
II.A.4.a).(2)	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)		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 learning standards of the program. (Core)

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

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

te scholarly activity in at least one of the

ongoing peer-reviewed scholarship. (Core)

ee peer-reviewed scholarly projects over her scholarship acceptable to the Review

te at least five years of practice after wship. (Core)

te at least two years of prior experience in director, program director, associate program, or another position of program. (Core)

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

e model of professionalism. (Core) and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core) ter and maintain a learning

g the fellows in each of the ACGME

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

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

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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 confidenti- 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 th Sponsoring Institution's policies and due process, including when action i promote, or renew the appointment o
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 th 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 documen 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 v 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 with information related to their eligil examination(s). (Core)

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

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

gn a non-competition guarantee or

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

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

applicants who are offered an interview gibility for the relevant specialty board

Pediatric Surgery Crosswalk

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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		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an importar and become practice ready, ensuring quality of care. They are role models to by demonstrating compassion, comm patient care, professionalism, and a d
	members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		members experience the pride and joy development of future colleagues. The the opportunity to teach and model ex scholarly approach to patient care, far medical education system, improve the population.
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]	Faculty members ensure that patients from a specialist in the field. They rec the patients, fellows, community, and appropriate levels of supervision to p members create an effective learning professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a)	In addition to the program director, there must be, for each approved fellowship position, at least one full-time faculty member whose major function is to support the program. (Core)	2.6.a.	In addition to the program director, there position, at least one full-time faculty me the program. (Core)
II.B.1.a).(1)	The term of appointment for such faculty members must be of a sufficient length to ensure continuity in the supervision and education of the fellows. (Core)	2.6.a.1.	The term of appointment for such faculty to ensure continuity in the supervision ar
			To contribute to fellow education in the c must include at least one individual who neonatal-perinatal medicine; and either:
			•one individual who is board certified or I (Core)
II.B.1.b)	To contribute to fellow education in the care of critically-ill children, the faculty must include at least: (Core)	2.6.b.	•one individual who is board certified or b board certified or board eligible in critical

ent Language

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

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

of faculty members with competence to Core)

re must be, for each approved fellowship nember whose major function is to support

Ity members must be of a sufficient length and education of the fellows. (Core)

e care of critically-ill children, the faculty no is board certified or board eligible in er: (Core)

or board eligible in pediatric critical care, or

or board eligible in pediatric surgery and care. (Core)

			T
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
			To contribute to fellow education in the of must include at least one individual who neonatal-perinatal medicine; and either:
			•one individual who is board certified or (Core)
II.B.1.b).(1)	one individual who is board certified or board eligible in neonatal-perinatal medicine; and either, (Core)	2.6.b.	•one individual who is board certified or board certified or board eligible in critica
			To contribute to fellow education in the on must include at least one individual who neonatal-perinatal medicine; and either:
			•one individual who is board certified or (Core)
II.B.1.b).(2)	one individual who is board certified or board eligible in pediatric critical care; or, (Core)	2.6.b.	•one individual who is board certified or board certified or board eligible in critica
			To contribute to fellow education in the one must include at least one individual who neonatal-perinatal medicine; and either:
			•one individual who is board certified or (Core)
II.B.1.b).(3)	one individual who is board certified or board eligible in pediatric surgery and board certified or board eligible in critical care. (Core)	2.6.b.	•one individual who is board certified or board certified or board eligible in critica
II.B.2	Faculty members must:	[None]	
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role model
	demonstrate commitment to the delivery of safe, equitable, high-quality,	-	Faculty members must demonstrate
II.B.2.b)	cost-effective, patient-centered care; (Core)	2.7.a.	equitable, high-quality, cost-effective
	demonstrate a strong interest in the education of fellows, including		Faculty members must demonstrate a
II.B.2.c)	devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	fellows, including devoting sufficient fulfill their supervisory and teaching
	administer and maintain an educational environment conducive to	2.7.c.	Faculty members must administer an
II.B.2.d)	educating fellows; (Core) regularly participate in organized clinical discussions, rounds, journal	2.1.0.	environment conducive to educating Faculty members must regularly part
II.B.2.e)	clubs, and conferences; and, (Core)	2.7.d.	discussions, rounds, journal clubs, a
II D 2 A	pursue faculty development designed to enhance their skills at least annually. (Core)	27.0	Faculty members must pursue faculty
II.B.2.f)		2.7.e.	their skills at least annually. (Core) Faculty Qualifications
II.B.3.	Faculty Qualifications	2.8.	Faculty members must have appropriate institutional appoint

e care of critically-ill children, the faculty ho is board certified or board eligible in er: (Core)

or board eligible in pediatric critical care, or

or board eligible in pediatric surgery and ical care. (Core)

e care of critically-ill children, the faculty ho is board certified or board eligible in er: (Core)

or board eligible in pediatric critical care, or

or board eligible in pediatric surgery and ical care. (Core)

e care of critically-ill children, the faculty ho is board certified or board eligible in er: (Core)

or board eligible in pediatric critical care, or

or board eligible in pediatric surgery and cal care. (Core)

dels of professionalism. (Core)

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

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

and maintain an educational

ng fellows. (Core)

articipate in organized clinical , and conferences. (Core)

ulty development designed to enhance

priate qualifications in their field and intments. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Faculty Qualifications
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of Surgery, or possess qualifications judged acceptable to the Review Committee; and, (Core)		Subspecialty Physician Faculty Mem Subspecialty physician faculty memb the subspecialty by the American Boa qualifications judged acceptable to th
	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable,		[Note that while the Common Program F certifying board of the American Osteop
II.B.3.b).(1)	there is no AOA board that offers certification in this subspecialty]	2.9.	there is no AOA board that offers certific
II.B.3.b).(2)	be licensed to practice medicine in the state where the program or participating site is located. (Core)	2.9.b.	Subspecialty physician faculty members the state where the program or participa
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 adm of their activities, teach, evaluate, and fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the
II.B.4.b)	Core faculty members must be board certified or board eligible in pediatric surgery by the American Board of Surgery. (Core)	2.10.b.	Core faculty members must be board ce surgery by the American Board of Surge
II.B.4.c)	In addition to the program director, there must be one more core faculty member(s) than enrolled fellow(s) in the program. (Core)	2.10.c.	In addition to the program director, there member(s) than enrolled fellow(s) in the
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 30 percent/FTE for administration of the program. (Core)	2.11.b.	The program coordinator must be provid minimum of 30 percent/FTE for administ

priate qualifications in their field and ntments. (Core)

nbers

nbers must have current certification in loard of Surgery, or possess the Review Committee. (Core)

n Requirements deem certification by a opathic Association (AOA) acceptable, fication in this subspecialty] ers must be licensed to practice medicine in

pating site is located. (Core)

ty members must have current e appropriate American Board of r 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 component and provide formative feedback to

e annual ACGME Faculty Survey. (Core) certified or board eligible in pediatric

rgery. (Core) ere must be one more core faculty he program. (Core)

or. (Core)

or. (Core)

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

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

Roman Numeral		Reformatted	
Requirement Numbe		Requirement Number	Requiremen
	Other Program Personnel		Other Drogram Development
	The program in partnership with its Spansoring Institution must jointly		Other Program Personnel
	The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective		The program, in partnership with its s ensure the availability of necessary p
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core)
III.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
	Eligibility Requirements – Fellowship Programs		Eligibility Requirements – Fellowship
	All required clinical education for entry into ACGME-accredited fellowship		All required clinical education for ent
	programs must be completed in an ACGME-accredited residency program,		programs must be completed in an A
	an AOA-approved residency program, a program with ACGME International		an AOA-approved residency program
	(ACGME-I) Advanced Specialty Accreditation, or a Royal College of		(ACGME-I) Advanced Specialty Accre
	Physicians and Surgeons of Canada (RCPSC)-accredited or College of		Physicians and Surgeons of Canada (
	Family Physicians of Canada (CFPC)-accredited residency program located		Family Physicians of Canada (CFPC)-
III.A.1.	in Canada. (Core)	3.2.	located in Canada. (Core)
	Fellowship programs must receive verification of each entering fellow's		Fellowship programs must receive ve
	level of competence in the required field using ACGME, ACGME-I, or	2.2.0	level of competence in the required find CanMEDS Milestones evaluations from
III.A.1.a)	CanMEDS Milestones evaluations from the core residency program. (Core)	J.Z.d.	
III.A.1.b)	Prior to entry in the program, fellows must have successfully completed a residency in general surgery as outlined in Section III.A.1. (Core)	3.2.a.1.	Prior to entry in the program, fellows mu residency in general surgery as outlined
	Fellow Complement	0.2.0.1.	
	l ellow complement		Fellow Complement
	The program director must not appoint more fellows than approved by the		The program director must not appoin
III.B.	Review Committee. (Core)	3.3.	Review Committee. (Core)
	Fellow Transfers		
			Fellow Transfers
	The program must obtain verification of previous educational experiences		The program must obtain verification
	and a summative competency-based performance evaluation prior to		and a summative competency-based
III.C.	acceptance of a transferring fellow, and Milestones evaluations upon	2.4	acceptance of a transferring fellow, an
	matriculation. (Core)	3.4.	matriculation. (Core)
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and		The ACGME accreditation system is a
	innovation in graduate medical education regardless of the organizational		and innovation in graduate medical e
	affiliation, size, or location of the program.		organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable,		The educational program must curpe
	skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
	It is recognized that programs may place different emphasis on research,		It is recognized that programs may pl
	leadership, public health, etc. It is expected that the program aims will		leadership, public health, etc. It is exp
	reflect the nuanced program-specific goals for it and its graduates; for		reflect the nuanced program-specific
	example, it is expected that a program aiming to prepare physician-		example, it is expected that a program
	scientists will have a different curriculum from one focusing on community		scientists will have a different curricu
IV.	health.	Section 4	community health.

Sponsoring Institution, must jointly personnel for the effective e)

ip Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, im, a program with ACGME International reditation, or a Royal College of a (RCPSC)-accredited or College of C)-accredited residency program

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

nust have successfully completed a ed in Section 3.2. (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 ic goals for it and its graduates; for am aiming to prepare physicianculum from one focusing on

			1
Roman Numeral		Reformatted	
Requirement Number	r Requirement Language	Requirement Number	Requiremer
	Educational Components		
			Educational Components
IV.A.	The curriculum must contain the following educational components:	4.2.	The curriculum must contain the follo
	a set of program aims consistent with the Sponsoring Institution's		a set of program aims consistent with
	mission, the needs of the community it serves, and the desired distinctive		mission, the needs of the community
IV.A.1.	capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.I.		4.2.a.	
	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in		competency-based goals and objective designed to promote progress on a tr
	their subspecialty. These must be distributed, reviewed, and available to		their subspecialty. These must be dis
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	fellows and faculty members; (Core)
	delineation of fellow responsibilities for patient care, progressive	T.2.N.	delineation of fellow responsibilities f
	responsibility for patient management, and graded supervision in their		responsibility for patient managemen
IV.A.3.	subspecialty; (Core)	4.2.c.	subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
			Curriculum Organization and Fellow I
			Experiences
	Fellows must be provided with protected time to participate in core		Fellows must be provided with protect
IV.A.4.a)	didactic activities. (Core)	4.11.	didactic activities. (Core)
	formal educational activities that promote patient safety-related goals,		formal educational activities that pro
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
			ACGME Competencies
			The Competencies provide a concept
			required domains for a trusted physic
			These Competencies are core to the
			the specifics are further defined by ea
			trajectories in each of the Competence
			Milestones for each subspecialty. The
			subspecialty-specific patient care and
IV.B.	ACGME Competencies	[None]	refining the other competencies acqu
	The program must integrate the following ACGME Competencies into the		
IV.B.1.		[None]	The program must integrate all ACGM
	Professionalism		
	Follows must demonstrate a commitment to professionalism and an		ACGME Competencies – Professiona
IV.B.1.a)	Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	Fellows must demonstrate a commitmed adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	autherence to ethical principles. (core
14.0.1.0			
			ACGME Competencies – Patient Care
	Fellows must be able to provide patient care that is patient- and family-		Fellows must be able to provide patie
	centered, compassionate, equitable, appropriate, and effective for the		centered, compassionate, equitable, a
IV.B.1.b).(1)	treatment of health problems and the promotion of health. (Core)	4.4.	treatment of health problems and the

llowing educational components:

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

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

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

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

ected time to participate in core

omote patient safety-related goals,

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.

GME 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)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	Fellows must demonstrate competence in the pre-operative evaluation of		Fellows must demonstrate competence
	patients, making provisional diagnoses, initiation of diagnostic procedures,		patients, making provisional diagnoses,
	formation of preliminary treatment plans, and provision of outpatient follow-up		formation of preliminary treatment plans
IV.B.1.b).(1).(a)	care of surgical patients. (Core)	4.4.a.	care of surgical patients. (Core)
	Follow-up care should include both short- and long-term evaluation and		Follow-up care should include both shor
	extended periodic longitudinal care, particularly with major congenital anomalies		extended periodic longitudinal care, part
IV.B.1.b).(1).(b)	and neoplastic disorders. (Core)	4.4.a.1.	and neoplastic disorders. (Core)
	Falley, what he able to not form all modical discussion and evening		ACGME Competencies – Procedural S
IV P 1 h (2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5	Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2)		4.5.	
V(D(1 h) (2) (a)	Fellows must demonstrate competence in surgical and peri-operative	4 5 0	Fellows must demonstrate competence
IV.B.1.b).(2).(a)	management, including:	4.5.a.	management. (Core)
	congenital, neoplastic, infectious, and other acquired conditions of the		This includes congenital, neoplastic, infe
	gastrointestinal system and other abdominal organs; diaphragm and thorax,		the gastrointestinal system and other ab
	exclusive of the heart; endocrine glands; head and neck; gonads and		exclusive of the heart; endocrine glands
IV.B.1.b).(2).(a).(i)	reproductive organs; integument; and blood and vascular system; (Core)	4.5.a.1.	reproductive organs; integument; and bl
	operative and non-operative traumatic conditions of the abdomen, chest, head		This includes operative and non-operati
	and neck, and extremities, with sufficient experience in the management of		chest, head and neck, and extremities, v
IV.B.1.b).(2).(a).(ii)	children who have sustained injuries to multiple organs; (Core)	4.5.a.2.	management of children who have susta
	endoscopy of the airway and gastrointestinal tract, including laryngoscopy,		This includes endoscopy of the airway a
	bronchoscopy, esophagoscopy, gastroduodenoscopy, and lower intestinal		laryngoscopy, bronchoscopy, esophago
IV.B.1.b).(2).(a).(iii)	endoscopy; (Core)	4.5.a.3.	intestinal endoscopy. (Core)
IV.B.1.b).(2).(a).(iv)	clotting and coagulation disorders; (Core)	4.5.a.4.	This includes clotting and coagulation di
IV.B.1.b).(2).(a).(v)	advanced laparoscopic and thoracoscopic techniques; and, (Core)	4.5.a.5.	This includes advanced laparoscopic an
IV.B.1.b).(2).(a).(vi)	care of the critically-ill infant or child, including: (Core)	4.5.a.6.	This includes care of the critically-ill infa
	cardiopulmonary resuscitation; (Core)	4.5.a.6.a.	cardiopulmonary resuscitation; (Core)
	management of patients on ventilators; and, (Core)	4.5.a.6.b.	management of patients on ventilators;
	nutritional assessment and management. (Core)	4.5.a.6.c.	nutritional assessment and managemen
	Medical Knowledge		
			ACGME Competencies – Medical Kno
	Fellows must demonstrate knowledge of established and evolving		Fellows must demonstrate knowledge
	biomedical, clinical, epidemiological, and social-behavioral sciences,		biomedical, clinical, epidemiological,
	including scientific inquiry, as well as the application of this knowledge to		including scientific inquiry, as well as
IV.B.1.c)	patient care. (Core)	4.6.	patient care. (Core)
, , , , , , , , , , , , , , , , , , ,			
	Fellows must demonstrate competence in their knowledge of the basic principles		Fellows must demonstrate competence
	applicable to the pediatric population of cardiothoracic surgery, gynecology,		applicable to the pediatric population of
	neurological surgery, orthopaedic surgery, otolaryngology, anesthesia, urology,		neurological surgery, orthopaedic surge
IV.B.1.c).(1)	vascular surgery, transplant surgery, and the management of burns. (Core)	4.6.a.	vascular surgery, transplant surgery, and
	Fellows must demonstrate knowledge of the principles in the management of		Fellows must demonstrate knowledge of
	patients on ventilators and extracorporeal membrane oxygenation (ECMO).		patients on ventilators and extracorpore
IV.B.1.c).(2)	(Core)	4.6.b.	(Core)
	Fellows must demonstrate competence in their knowledge of invasive and non-		Fellows must demonstrate competence
IV.B.1.c).(3)	invasive monitoring techniques and interpretation. (Core)	4.6.c.	invasive monitoring techniques and inter

e in the pre-operative evaluation of s, initiation of diagnostic procedures, ns, and provision of outpatient follow-up

ort- and long-term evaluation and articularly with major congenital anomalies

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

e in surgical and peri-operative

nfectious, and other acquired conditions of abdominal organs; diaphragm and thorax, ds; head and neck; gonads and blood and vascular system. (Core)

ative traumatic conditions of the abdomen, b, with sufficient experience in the stained injuries to multiple organs. (Core)

and gastrointestinal tract, including joscopy, gastroduodenoscopy, and lower

disorders. (Core)

and thoracoscopic techniques. (Core) fant or child, including: (Core)

; and, (Core) ent. (Core)

nowledge

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

e in their knowledge of the basic principles of cardiothoracic surgery, gynecology, gery, otolaryngology, anesthesia, urology, and the management of burns. (Core)

of the principles in the management of real membrane oxygenation (ECMO).

e in their knowledge of invasive and nonterpretation. (Core)

Daman Numanal		Defermentied	
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	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		ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care ba
IV.B.1.d)	lifelong learning. (Core)	4.7.	lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of inf patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health c social determinants of health, as well other resources to provide optimal he
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t events. (Core)
			 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protect didactic activities. (Core) 4.12. Curriculum Organization and Fe The program must provide instruction if applicable for the subspecialty, incl
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	substance use disorder. (Core)

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

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

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

Fellow Experiences – Curriculum

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

Fellow Experiences – Didactic and

ected time to participate in core

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

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Fellow The curriculum must be structured to experiences, the length of the experie These educational experiences inclue patient care responsibilities, clinical events. (Core)
IV.C.1.a)	Pediatric surgery rotations must be a minimum of four weeks in duration. (Core)	4.10.a.	Pediatric surgery rotations must be a mi
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow The program must provide instruction if applicable for the subspecialty, inclusion substance use disorder. (Core)
IV.C.2.a)	Instruction in pain management must include education about:	[None]	
IV.C.2.a).(1)	conscious sedation; (Core)	4.12.a.	Instruction in pain management must in sedation. (Core)
IV.C.2.a).(2)	indications for the use of regional blocks; (Core)	4.12.b.	Instruction in pain management must induse of regional blocks. (Core)
IV.C.2.a).(3)	integrative forms of pain management; and, (Core)	4.12.c.	Instruction in pain management must in of pain management. (Core)
IV.C.2.a).(4)	non-narcotic and narcotic systemic medications. (Core)	4.12.d.	Instruction in pain management must in narcotic systemic medications. (Core)
IV.C.3.	Fellows must participate in formal pediatric surgery conferences, including quality improvement and/or patient safety conferences that are specialty-specific and interdisciplinary in nature. (Outcome)	4.11.a.	Fellows must participate in formal pedia quality improvement and/or patient safe and interdisciplinary in nature. (Outcome
IV.C.3.a)	During the final year of their educational program, fellows should organize such conferences. (Outcome)	4.11.a.1.	During the final year of their educational conferences. (Outcome)
IV.C.3.b)	Fellows must have responsibility for teaching junior residents and medical students. (Outcome)	4.11.a.2.	Fellows must have responsibility for tead students. (Outcome)
IV.C.4.	Before beginning critical care rotations, fellows must have, within the previous two years, successfully completed and have active certification in advanced life support training specific to pediatric patients, before beginning critical care rotations. (Core)	4.11.b.	Before beginning critical care rotations, two years, successfully completed and h support training specific to pediatric pati rotations. (Core)
IV.C.5.	The program must be structured to include:	[None]	
IV.C.5.a)	a minimum of 20 months in general pediatric surgery; (Core)	4.11.c.	The program must be structured to inclu pediatric surgery.
IV.C.5.b)	a maximum of four months dedicated to related clinical disciplines, including: (Core)	4.11.d.	The program must be structured to inclute to related clinical disciplines, including: (
IV.C.5.b).(1)	a maximum of two months dedicated to pediatric critical care and/or neonatal intensive care; and, (Core)	4.11.d.1.	a maximum of two months dedicated to intensive care; and, (Core)
IV C 5 b) (2)	a maximum of two months of clinical rotations in cardiothoracic surgery, gynecology, neurological surgery, orthopaedic surgery, otolaryngology, anesthesia, vascular surgery, transplant surgery, urology, and the management of burns. (Core)	4 11 d 2	a maximum of two months of clinical rota gynecology, neurological surgery, ortho anesthesia, vascular surgery, transplant of burns. (Core)
IV.C.5.b).(2)	of burns. (Core)	4.11.d.2.	of burns. (Core)

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

minimum of four weeks in duration. (Core)

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

include education about conscious

include education about indications for the

include education about integrative forms

include education about non-narcotic and

iatric surgery conferences, including fety conferences that are specialty-specific ne)

al program, fellows should organize such

aching junior residents and medical

s, fellows must have, within the previous d have active certification in advanced life atients, before beginning critical care

clude a minimum of 20 months in general

clude a maximum of four months dedicated g: (Core)

to pediatric critical care and/or neonatal

otations in cardiothoracic surgery, nopaedic surgery, otolaryngology, ant surgery, urology, and the management

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
IV.C.6.	Optimal clinical care of surgical patients must include demonstrable involvement in pre- and post-operative care and, when applicable, follow-up that corresponds to the patient's unique surgical problem(s), with longevity of follow-up directly correlated to what is known about the natural history of the disease process(es). (Core)	4.11.e.	Optimal clinical care of surgical patients in pre- and post-operative care and, who to the patient's unique surgical problem correlated to what is known about the na (Core)
IV.C.7.	Fellows must be provided with primary patient care responsibility, under the supervision of pediatric surgery faculty members, in the care of critically-ill surgical patients to allow them to acquire the requisite specialty-specific knowledge and skills, and to obtain competence in the pre-, intra-, and post-operative care of such patients. (Core)	4.11.f.	Fellows must be provided with primary p supervision of pediatric surgery faculty r surgical patients to allow them to acquir knowledge and skills, and to obtain com operative care of such patients. (Core)
IV.C.7.a)	Fellows must develop competence in the management of surgical, trauma, and other peri-operative patients who are receiving total parenteral nutrition (TPN), are on extracorporeal membrane oxygenation (ECMO), and are on fluids/vasopressors and ventilators, and must be involved in the integrated decision-making around care. (Outcome)	4.11.f.1.	Fellows must develop competence in th other peri-operative patients who are re- are on extracorporeal membrane oxyge fluids/vasopressors and ventilators, and decision-making around care. (Outcome
IV.C.7.b)	During the two-year fellowship, critical care experience must include:	[None]	During the two-year fellowship, critical c
IV.C.7.b).(1)	the documented care of 20 neonatal surgical patients; (Core)	4.11.f.2.	documented care of 20 neonatal surgica
IV.C.7.b).(2)	one month in the neonatal intensive care unit; (Core)	4.11.f.3.	During the two-year fellowship, critical c in the neonatal intensive care unit. (Core
IV.C.7.b).(3)	the documented care of 10 critically-ill pediatric surgical patients; and, (Core)	4.11.f.4.	During the two-year fellowship, critical c documented care of 10 critically-ill pedia
IV.C.7.b).(4)	one month in the pediatric intensive care unit. (Core)	4.11.f.5.	During the two-year fellowship, critical c in the pediatric intensive care unit. (Core
IV.C.7.c)	To meet these objectives, there must be coordination of care and collegial relationships between pediatric surgeons, neonatologists, and critical care intensivists concerning the management of medical problems in these complex critically-ill patients. (Core)	4.11.g.	To meet these objectives, there must be relationships between pediatric surgeon intensivists concerning the managemen critically-ill patients. (Core)
IV.C.7.d)	During the critical care experience, fellows must have primary responsibility, including decision-making and leadership, in the care of patients with primary surgical problems. (Core)	4.11.h.	During the critical care experience, fello including decision-making and leadersh surgical problems. (Core)
IV.C.7.e)	Faculty members for neonatology, pediatric critical care, and/or pediatric surgical critical care must attest to the experience gained by each fellow in meeting the critical care requirements at the end of each critical care rotation. (Core)	4.11.i.	Faculty members for neonatology, pedia critical care must attest to the experienc critical care requirements at the end of e
IV.C.7.f)	Exceptions to the critical care requirement or decreases of this experience to one month must be approved in advance by the Review Committee and must be limited to exceptional circumstances. (Core)	4.11.j.	Exceptions to the critical care requirement one month must be approved in advanc limited to exceptional circumstances. (C
IV.C.8.	Fellows must document an appropriate breadth, volume, and balance of operative experience as primary surgeon. (Core)	4.11.k.	Fellows must document an appropriate operative experience as primary surgeo
IV.C.9.	Fellows must document performance of a minimum of 800 major pediatric surgery procedures as Surgeon during the program. (Core)	4.11.l.	Fellows must document performance of surgery procedures as Surgeon during t
IV.C.9.a)	Fellows must participate in a minimum of 50 Teaching Assistant cases and may participate in a maximum of 50 additional Teaching Assistant cases for a maximum of 100 Teaching Assistant cases. (Core)	4.11.l.1.	Fellows must participate in a minimum of participate in a maximum of 50 additionar maximum of 100 Teaching Assistant cases and the second seco

ts must include demonstrable involvement then applicable, follow-up that corresponds m(s), with longevity of follow-up directly natural history of the disease process(es).

/ patient care responsibility, under the / members, in the care of critically-ill ure the requisite specialty-specific mpetence in the pre-, intra-, and post-

the management of surgical, trauma, and receiving total parenteral nutrition (TPN), genation (ECMO), and are on nd must be involved in the integrated me)

care experience must include the cal patients. (Core)

care experience must include one month pre)

care experience must include the diatric surgical patients. (Core)

care experience must include one month pre)

be coordination of care and collegial ons, neonatologists, and critical care ent of medical problems in these complex

lows must have primary responsibility, ship, in the care of patients with primary

diatric critical care, and/or pediatric surgical nce gained by each fellow in meeting the f each critical care rotation. (Core)

nent or decreases of this experience to nee by the Review Committee and must be (Core)

e breadth, volume, and balance of eon. (Core)

of a minimum of 800 major pediatric g the program. (Core)

n of 50 Teaching Assistant cases and may nal Teaching Assistant cases for a cases. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
IV.C.9.a).(1)	Fellows should act as Teaching Assistant when their operative experiences justify a teaching role. (Detail)	4.11.l.1.a.	Fellows should act as Teaching Assista justify a teaching role. (Detail)
IV.C.10.	Fellows must not share primary responsibility for the same patient with, or serve as teaching assistants for, a general surgery chief resident. (Core)	4.11.m.	Fellows must not share primary respons as teaching assistants for, a general su
IV.C.11.	Fellows must document at least one half-day of outpatient experience weekly, averaged over the 48 weeks of each year of clinical education. (Core)	4.11.n.	Fellows must document at least one hal averaged over the 48 weeks of each ye
IV.C.12.	Fellows must provide care either in a consultative role or as a member of the primary patient care team, under appropriate supervision.	4.11.o.	Fellows must provide care either in a co primary patient care team, under approp
IV.C.13.	Fellows must demonstrate the ability to participate in multispecialty teams in the Emergency Department and with other specialists, such as neonatologists and intensivists. (Outcome)	4.11.p.	Fellows must demonstrate the ability to Emergency Department and with other s intensivists. (Outcome)
	Scholarship Medicine is both an art and a science. The physician is a humanistic		Scholarship
	scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching
	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		The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expec will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop
IV.D.	research as the focus for scholarship.	[None]	other programs might choose to utili research as the focus for scholarship Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellor activities. (Core)
IV.D.1.b).(1)	The program must provide fellows with an environment that emphasizes the scholarly attributes of self-instruction, teaching, basic sciences, skilled clinical analysis, sound surgical judgment, and research creativity. (Core)	4.13.b.	The program must provide fellows with scholarly attributes of self-instruction, te analysis, sound surgical judgment, and

stant when their operative experiences

onsibility for the same patient with, or serve surgery chief resident. (Core)

nalf-day of outpatient experience weekly,

year of clinical education. (Core)

consultative role or as a member of the ropriate supervision.

to participate in multispecialty teams in the er specialists, such as neonatologists and

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, consistent

idence of scholarly activities, consistent

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

h an environment that emphasizes the teaching, basic sciences, skilled clinical nd research creativity. (Core)

Roman Numeral		Reformatted	
Requirement Numbe	r Requirement Language	Requirement Number	Requiremen
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.	Faculty Scholarly Activity	4.14.	•Innovations in education
IV.D.2.a) IV.D.2.b)	 Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.14. 4.14.a.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education The program must demonstrate disse and external to the program by the for
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)
	peer-reviewed publication. (Outcome)		
IV.D.2.b).(2)		4.14.a.2.	peer-reviewed publication. (Outcome
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Fellows must demonstrate knowledge o interpretation of clinical research studies Fellow Scholarly Activity
IV.D.3.a)	Fellows must demonstrate knowledge of design, implementation, and interpretation of clinical research studies. (Outcome)	4.15.	Fellows must demonstrate knowledge o interpretation of clinical research studies
V.	Evaluation	Section 5	Section 5: Evaluation

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

t safety initiatives s, review articles, chapters in medical

ols, didactic educational activities, or

nittees, educational organizations, or

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

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

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

ne)

of design, implementation, and es. (Outcome)

of design, implementation, and es. (Outcome)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durineducational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.a).(1)	Fellows must be evaluated after every elective rotation (e.g., NICU, PICU, pediatric urology). (Core)	5.1.h.	Fellows must be evaluated after every e pediatric urology). (Core)
V.A.1.a).(2)	The program must review and verify operative data with each fellow at least semi annually. (Core)	5.1.i.	The program must review and verify oper semi-annually. (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 th 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 co 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 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 s 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

valuation

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

valuation

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

valuation

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

elective rotation (e.g., NICU, PICU,

perative data with each fellow at least

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

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

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

ical Competency Committee for its formance and improvement toward

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

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

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

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Roman Numeral		Defermette d	
Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	At least annually, there must be a summative evaluation of each fellow that		At least annually, there must be a sur
	includes their readiness to progress to the next year of the program, if		includes their readiness to progress
V.A.1.e)	applicable. (Core)	5.1.f.	applicable. (Core)
	The evaluations of a fellow's performance must be accessible for review by		The evaluations of a fellow's perform
V.A.1.f)	the fellow. (Core)	5.1.g.	by the fellow. (Core)
			Fellow Evaluation: Final Evaluation
V.A.2.	Final Evaluation	5.2.	The program director must provide a completion of the program. (Core)
V.A.£.		0.2.	Fellow Evaluation: Final Evaluation
	The program director must provide a final evaluation for each fellow upon		The program director must provide a
V.A.2.a)	completion of the program. (Core)	5.2.	completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, mus
	are able to engage in autonomous practice upon completion of the		are able to engage in autonomous pra
V.A.2.a).(1)	program. (Core)	5.2.a.	program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance		The final evaluation must become pai maintained by the institution, and mu
V.A.2.a).(2).(a)	with institutional policy; (Core)	5.2.b.	fellow in accordance with institutiona
			The final evaluation must verify that t
	verify that the fellow has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors nec
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
			The final evaluation must be shared v
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	program. (Core)
	A Clinical Competency Committee must be enneinted by the program		Clinical Competency Committee
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	A Clinical Competency Committee mu director. (Core)
	At a minimum the Clinical Competency Committee must include three	0.0.	At a minimum the Clinical Competend
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a c
	be faculty members from the same program or other programs, or other		be faculty members from the same pr
	health professionals who have extensive contact and experience with the		health professionals who have extension
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
$\lambda (A 2 h) (d)$	review all fallow evaluations at least comi annually (Cove)	5 2 h	The Clinical Competency Committee
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	least semi-annually. (Core)
	determine each fellow's progress on achievement of the subspecialty-		The Clinical Competency Committee
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.c.	progress on achievement of the subs
, , , ,			The Clinical Competency Committee
	meet prior to the fellows' semi-annual evaluations and advise the program		annual evaluations and advise the pro
V.A.3.b).(3)	director regarding each fellow's progress. (Core)	5.3.d.	fellow's progress. (Core)
			Faculty Evaluation
			The program must have a process to
VB	Eaculty Evaluation	5.4.	performance as it relates to the educa
V.B.	Faculty Evaluation	5.4.	(Core)

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

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

with the fellow upon completion of the

nust be appointed by the program

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

e must review all fellow evaluations at

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

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

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Requirement Number	Requirement Language	Requirement Number	Requiremen
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical		This evaluation must include a review teaching abilities, engagement with the in faculty development related to thei
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.D.1.0)	Faculty members must receive feedback on their evaluations at least	0.4.0.	Faculty members must receive feedba
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)
	Results of the faculty educational evaluations should be incorporated into		Results of the faculty educational eva
V.B.3.	program-wide faculty development plans. (Core)	5.4.d.	program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	and at least one renow. (core)
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee response program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclu based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee response current operating environment to idea opportunities, and threats as related to (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee n and aims, strengths, areas for improv

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

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

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

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

ənt

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

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

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

ponsibilities must include guiding luding development of new goals,

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

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

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

Roman Numeral		Defermetted	
Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Se (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) membe Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wr the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bot that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g

ent Language cluding the action plan, must be ne fellows and the members of the to the DIO. (Core) Self-Study and submit it to the DIO.

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

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

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	 The Learning and Working Environment Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles: Excellence in the safety and quality of care rendered to patients by fellows today Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice Excellence in professionalism Appreciation for the privilege of providing care for patients Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team 		Section 6: The Learning and Working The Learning and Working Environme Fellowship education must occur in t environment that emphasizes the foll •Excellence in the safety and quality of fellows today •Excellence in the safety and quality of today's fellows in their future practico •Excellence in professionalism •Appreciation for the privilege of prov •Commitment to the well-being of the members, and all members of the heat
VI. VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	Section 6 [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 a willingness to transparently deal wi has formal mechanisms to assess the its personnel toward safety in order to
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, 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 mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
	Residents, fellows, faculty members, and other clinical staff members		
VI.A.1.a).(2).(a) VI.A.1.a).(2).(a).(i)	must: know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	[None] 6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

ng Environment

nment in the context of a learning and working following principles:

y 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 and with them. An effective organization the knowledge, skills, and attitudes of r to identify areas for improvement.

and fellows must actively participate in ite 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.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary info safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team me interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementati
VI.A.1.a).(3)		[None]	Quality Metrics Access to data is essential to prioriti and evaluating success of improvem
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient p
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon- to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of ca with their Sponsoring Institutions, de monitor a structured chain of respon- to the supervision of all patient care. Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi
VI.A.2.a)	practice of medicine; and establishes a foundation for continued professional growth.	[None]	practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.

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

nembers in real and/or simulated afety and quality improvement activities, ier activities that include analysis, as ation of actions. (Core)

itizing activities for care improvement ement efforts.

t receive data on quality metrics and t populations. (Core)

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

ate medical education provides safe ires each fellow's development of the quired to enter the unsupervised nes a foundation for continued

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

ate medical education provides safe ires each fellow's development of the quired to enter the unsupervised nes a foundation for continued

t inform each patient of their respective oviding direct patient care. This llows, faculty members, other members ts. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Poquiromon
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Requiremen 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
	The program must review and document each fellow's required level of		The program must review and documen
VI.A.2.a).(2).(a) VI.A.2.a).(2).(b)	supervision at least annually. (Core) The program's supervision policy must outline volume-based and experiential definitions of required competencies for the performance of procedures and participation in pediatric and neonatal critical care. (Core)	6.6.a. 6.6.b.	supervision at least annually. (Core) The program's supervision policy must of definitions of required competencies for participation in pediatric and neonatal critical contents.
VI.A.2.a).(2).(c)	Faculty members must have knowledge of each fellow's prescribed level of supervision and must evaluate each fellow's supervision needs with each rotation. (Core)	6.6.c.	Faculty members must have knowledge supervision and must evaluate each fello rotation. (Core)
VI.A.2.a).(2).(d)	Programs must distribute these guidelines as a written chain of command to fellows and faculty members at least annually. (Core)	6.6.d.	Programs must distribute these guideline fellows and faculty members at least ann
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.		The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr
VI.A.2.d) VI.A.2.d).(1)	(Core) The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9. 6.9.a.	(Core) The program director must evaluate e specific criteria, guided by the Milesto

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

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

ent each fellow's required level of

t outline volume-based and experiential or the performance of procedures and critical care. (Core)

ge of each fellow's prescribed level of ellow's supervision needs with each

ines as a written chain of command to innually. (Core)

ervision while providing for graded ogram must use the following

cally present with the fellow during the on.

cally present with the fellow during the on.

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as sup
	portions of care to fellows based on the needs of the patient and the skills		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 supervisor
	in recognition of their progress toward independence, based on the needs		in recognition of their progress toward
VI.A.2.d).(3)	of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	of each patient and the skills of the ir
	Programs must set guidelines for circumstances and events in which	6 40	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 circumstances under which the fellow is permitted to act with conditional		Each fellow must know the limits of t circumstances under which the fellow
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)
	Faculty supervision assignments must be of sufficient duration to assess		Faculty supervision assignments mu
	the knowledge and skills of each fellow and to delegate to the fellow the		the knowledge and skills of each fello
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care auth
			Professionalism
			Programs, in partnership with their S
			fellows and faculty members concern
			responsibilities of physicians, includ
VI.B.	Professionalism	6.12.	to be appropriately rested and fit to p patients. (Core)
VI.D.		0.12.	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, includ
	to be appropriately rested and fit to provide the care required by their		to be appropriately rested and fit to p
VI.B.1.	patients. (Core)	6.12.	patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the progra excessive reliance on fellows to fulfil
V1.D.2.a)		0.12.a.	The learning objectives of the progra
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
	be accomplished without excessive reliance on fellows to fulfill obligations of a		The learning objectives of the program r
	non-educational nature or those activities that are not directly associated with		reliance on fellows to fulfill obligations of
VI.B.2.c)	the educational program; and, (Core)	6.12.b.1.	activities that are not directly associated
			The learning objectives of the progra
	include efforts to enhance the meaning that each fellow finds in the		meaning that each fellow finds in the
l	experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence		including protecting time with patient promoting progressive independence
VI.B.2.d)	and flexibility, and enhancing professional relationships. (Core)	6.12.c.	professional relationships. (Core)
•		V. 12.V.	

ent Language upervising physicians must delegate n the needs of the patient and the skills

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

circumstances and events in which e supervising faculty member(s). (Core) f their scope of authority, and the low is permitted to act with conditional

nust be of sufficient duration to assess ellow and to delegate to the fellow the thority and responsibility. (Core)

Sponsoring Institutions, must educate erning the professional and ethical uding but not limited to their obligation o provide the care required by their

Sponsoring Institutions, must educate erning the professional and ethical uding but not limited to their obligation o provide the care required by their

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

m must be accomplished without excessive s of a non-educational nature or those ed with the educational program. (Core)

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

	Ι		
Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfar including the ability to report unsafe of the safety and welfar safety and welf
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students,		Programs, in partnership with their S professional, equitable, respectful, ar psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)
	Well-Being <i>Psychological, emotional, and physical well-being are critical in the</i> <i>development of the competent, caring, and resilient physician and require</i> <i>proactive attention to life inside and outside of medicine. Well-being</i> <i>requires that physicians retain the joy in medicine while managing their</i> <i>own real-life stresses. Self-care and responsibility to support other</i> <i>members of the health care team are important components of</i> <i>professionalism; they are also skills that must be modeled, learned, and</i> <i>nurtured in the context of other aspects of fellowship training.</i>		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills to nurtured in the context of other aspect
VI.C.	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.	[None]	Fellows and faculty members are at r Programs, in partnership with their S responsibility to address well-being a competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)		6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)		6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)

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

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

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

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

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

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

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

ge optimal fellow and faculty member

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Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
Requirement Number	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportuni
	and dental care appointments, including those scheduled during their		and dental care appointments, include
VI.C.1.c).(1)	working hours. (Core)	6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty men
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of but
	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 c
	recognition of these symptoms in themselves and how to seek appropriate		recognition of these symptoms in the
VI.C.1.d).(2)	care; and, (Core)	6.13.d.2.	care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-s
	providing access to confidential, affordable mental health assessment,		providing access to confidential, affo
	counseling, and treatment, including access to urgent and emergent care	C 42 a	counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (
	There are circumstances in which fellows may be unable to attend work,		There are circumstances in which fel
	including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an		including but not limited to fatigue, il medical, parental, or caregiver leave.
	appropriate length of absence for fellows unable to perform their patient		appropriate length of absence for fell
VI.C.2.	care responsibilities. (Core)	6.14.	care responsibilities. (Core)
	The program must have policies and procedures in place to ensure	-	The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure
	These policies must be implemented without fear of negative		These policies must be implemented
	consequences for the fellow who is or was unable to provide the clinical		consequences for the fellow who is c
VI.C.2.b)	work. (Core)	6.14.b.	work. (Core)
			Fatigue Mitigation
			Programs must educate all fellows an
		0.45	the signs of fatigue and sleep depriva
VI.D.	Fatigue Mitigation	6.15.	fatigue mitigation processes. (Detail)
	Description in the second factor is the second factor of		Fatigue Mitigation
	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and		Programs must educate all fellows an the signs of fatigue and sleep deprive
VI.D.1.	fatigue mitigation processes. (Detail)	6.15.	fatigue mitigation processes. (Detail)
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its
	adequate sleep facilities and safe transportation options for fellows who		adequate sleep facilities and safe tra
VI.D.2.	may be too fatigued to safely return home. (Core)	6.16.	may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
	Clinical Responsibilities		
			Clinical Responsibilities
l	The clinical responsibilities for each fellow must be based on PGY level,		The clinical responsibilities for each
	patient safety, fellow ability, severity and complexity of patient		patient safety, fellow ability, severity
VI.E.1.	illness/condition, and available support services. (Core)	6.17.	illness/condition, and available supp
	Teamwork		
			Teamwork
	Fellows must care for patients in an environment that maximizes		Fellows must care for patients in an e
VI.E.2.	communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	communication and promotes safe, in the subspecialty and larger health sy
¥1.L.2.	ווים שמששרכומונץ מווע ומושבו ווכמונוו שששובווו. (מטוש)	10.10.	The subspecially and larger health sy

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)

hemselves and how to seek appropriate

-screening. (Core)

ffordable mental health assessment, ng access to urgent and emergent care . (Core)

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

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

ed without fear of negative s or was unable to provide the clinical

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

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

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

th fellow must be based on PGY level, ty and complexity of patient oport services. (Core)

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
VI.E.2.a)	Pediatric surgery fellows must have experience working in interprofessional teams with all members of the pediatric care community, including pediatric medicine residents, at either the primary clinical site or a participating site. (Core)	6.18.a.	Pediatric surgery fellows must have exp teams with all members of the pediatric medicine residents, at either the primary (Core)
VI.E.2.b)	Effective surgical practices entail the involvement of team members with a mix of complementary skills and attributes (physicians, nurses, and other staff). Programs should ensure that faculty and fellows demonstrate unwavering mutual respect for those skills and contributions, and a shared commitment to the process of patient care. (Detail)		Effective surgical practices entail the inv complementary skills and attributes (phy Programs should ensure that faculty and mutual respect for those skills and contr the process of patient care. (Detail)
VI.E.2.c)	During the fellowship education process, surgical teams should be made up of attending surgeons, residents and fellows at various PG levels, medical students (when appropriate), and other health care providers. (Detail)	6.18.c.	During the fellowship education process attending surgeons, residents and fellow (when appropriate), and other health ca
VI.E.2.d)	Fellows must collaborate with surgical team members as well as residents, fellows, and faculty members from other departments outside of their surgical specialty. (Outcome)	6.18.d.	Fellows must collaborate with surgical te fellows, and faculty members from other specialty. (Outcome)
VI.E.2.e)	Fellows must develop collaborative relationships to deliver patient care with nurse practitioners and physicians assistants as important members of the care team. (Outcome)	6.18.e.	Fellows must develop collaborative relations and physicians assisteram. (Outcome)
VI.E.2.f)	Through all their patient care experiences, fellows must continue to develop the necessary sensitivity and professionalism to expand their cultural competence to best formulate care plans for a diverse patient population. (Outcome)	6.18.f.	Through all their patient care experience necessary sensitivity and professionalis best formulate care plans for a diverse p
VI.E.2.g)	Fellows must assume personal responsibility to complete all tasks to which they are assigned (or which they voluntarily assume) in a timely fashion. (Outcome)	6.18.g.	Fellows must assume personal respons are assigned (or which they voluntarily a
VI.E.2.g).(1)	These tasks must be completed in the hours assigned, or, if that is not possible, fellows must learn and utilize the established methods for handing off remaining tasks to another member of the care team so that patient care is not compromised. (Core)	6.18.g.1.	These tasks must be completed in the h fellows must learn and utilize the establi tasks to another member of the care tea compromised. (Core)
VI.E.2.h)	Fellows must have a working knowledge of expected reporting relationships to maximize quality care and patient safety. (Outcome)	6.18.h.	Fellows must have a working knowledge maximize quality care and patient safety
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 assign patient care, including their safety, fro
VI.E.3.b)		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 a team members in the hand-off proces

xperience working in interprofessional ric care community, including pediatric ary clinical site or a participating site.

involvement of team members with a mix of physicians, nurses, and other staff). and fellows demonstrate unwavering ntributions, and a shared commitment to

ess, surgical teams should be made up of lows at various PG levels, medical students care providers. (Detail)

l team members as well as residents, ner departments outside of their surgical

lationships to deliver patient care with sistants as important members of the care

nces, fellows must continue to develop the lism to expand their cultural competence to e patient population. (Outcome)

nsibility to complete all tasks to which they y assume) in a timely fashion. (Outcome)

e hours assigned, or, if that is not possible, blished methods for handing off remaining eam so that patient care is not

dge of expected reporting relationships to ety. (Outcome)

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

ignments to optimize transitions in frequency, and structure. (Core) [•] Sponsoring Institutions, must ensure

and-off processes to facilitate both y. (Core)

are competent in communicating with ess. (Outcome)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Requirement Number	Clinical Experience and Education		Requirement
VI.F.	Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience o opportunities for rest and personal a
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 Educ Clinical and educational work hours r hours per week, averaged over a four clinical and educational activities, cli 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 t 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 t 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 the
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 effe education. Additional patient care res a fellow during this time. (Core)
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give a patient or patient's family; or to atte (Detail)

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 in-house clinical work done from home, and all

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ork and Education f between scheduled clinical work and

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

tion Period Length

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

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

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

Exceptions

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

Roman Numeral Requirement Numbe	r Requirement Language	Reformatted Requirement Number	Requiremer
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing on their own initiative, may elect to re the following circumstances: to cont severely ill or unstable patient; to giv a patient or patient's family; or to atte (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80 hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Surgery will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a sour The Review Committee for Surgery will the 80-hour limit to the fellows' work we
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the educatior with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the con seven requirements. (Core)
VI.F.6.a)	Any rotation that requires fellows to work multiple nights in succession is considered a night float rotation, and the total time on nights must be counted toward the maximum allowable time for each fellow over the duration of the program. (Core)	6.26.a.	Any rotation that requires fellows to wor considered a night float rotation, and the toward the maximum allowable time for program. (Core)
VI.F.6.b)		6.26.b.	Night float rotations must not exceed tw in succession for rotations with night shi There must be no more than four month
VI.F.6.c)	There must be no more than four months of night float per year for each fellow in the program. (Core)	6.26.c.	the program. (Core)

Exceptions

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

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

vill not consider requests for exceptions to veek.

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

th the ability of the fellow to achieve the ional program, and must not interfere or compromise patient safety. (Core) nd external moonlighting (as defined in ist be counted toward the 80-hour

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

ork multiple nights in succession is the total time on nights must be counted or each fellow over the duration of the

two months in succession, or three months shifts alternating with day shifts. (Core) nths of night float per year for each fellow in

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremer
VI.F.6.d)	There must be at least two months between each night float rotation. (Core)	6.26.d.	There must be at least two months betw
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 Frequence Fellows must be scheduled for in-hou third night (when averaged over a fou
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)		At-Home Call Time spent on patient care activities toward the 80-hour maximum weekly not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fel

tween each night float rotation. (Core)

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nouse call no more frequently than every four-week period). (Core)

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

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

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