Accreditation Council for
Graduate Medical Education

ACGME Program Requirements for Graduate Medical Education in the Subspecialties of Pediatrics

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ACGME Program Requirements for Graduate Medical Education in the Subspecialties of Pediatrics

Common Program Requirements are in BOLD

Note: once approved, these Pediatric Subspecialty Requirements will be incorporated into the requirements document for each subspecialty area.

In addition to complying with the requirements in this document, each program must comply with the Program Requirements for the respective subspecialty, which may exceed the minimum requirements set forth here. (Core) Moved from Int.B.

Introduction

Int.A. **Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.**

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept--graded and progressive responsibility--is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

Int.~~F~~B. Duration of Educational Experience

Unless specified otherwise in the subspecialty-specific Program Requirements, ~~pediatric subspecialty programs must provide three years of training~~ the educational program must be 36 months in length. (Core)

~~Int.G. Scope of Educational Experience~~

~~Int.G.1. Each subspecialty program must be organized and conducted in a way that ensures an appropriate environment for the well-being and care of the patients, and provides adequate training for fellows in the diagnosis and management of those subspecialty patients. (Core)~~

~~Int.G.2. Fellows in the subspecialty program must develop a commitment to~~

~~lifelong learning, and the program must emphasize scholarship, self-instruction, development of critical analysis of clinical problems, and the ability to make appropriate decisions. Progressive acquisition of skill in investigative efforts related to the subspecialty is essential. (Core)~~

I. Institutions

I.A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating sites. (Core)

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program. (Core)

I.A.1. ~~The pediatric subspecialty program must be sponsored by the same institution that sponsors the related core pediatrics program. (Core)~~

I.A.2. ~~Each subspecialty program will be evaluated by the Review Committee at regular intervals, in conjunction with a review of the related core pediatrics program.~~

I.A.3. An accredited pediatric subspecialty program must exist in conjunction with and be an integral part of a core pediatric residency program, and must be sponsored by the same Accreditation Council for Graduate Medical Education (ACGME)-accredited Sponsoring Institution ~~accredited by the Accreditation Council for Graduate Medical Education (ACGME)~~. (Core) Moved from Int.C.

I.A.3.a) The presence of a subspecialty program ~~should~~ must not adversely affect the education of pediatric residents. (Core) Moved from Int.D.2.

I.A.3.b) The subspecialty program should be geographically proximate to the core pediatric residency program. (Detail)

I.A.4. Program leadership, including the program director and associate program director(s), must be provided with a minimum total of 20-35 percent full time equivalent (FTE) protected time for the administration of the program (not including scholarly activity), depending on the size of the program. (Core)

I.A.5. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. (Core)

I.B. Participating Sites

I.B.1. There must be a program letter of agreement (PLA) between the

program and each participating site providing a required assignment. The PLA must be renewed at least every five years. (Detail)

The PLA should:

I.B.1.a) **identify the faculty who will assume both educational and supervisory responsibilities for fellows;** (Detail)

I.B.1.b) **specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;** (Detail)

I.B.1.c) **specify the duration and content of the educational experience; and,** (Detail)

I.B.1.d) **state the policies and procedures that will govern fellow education during the assignment.** (Detail)

I.B.2. **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 Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS).** (Core)

I.B.2.a) ~~Copies of these written arrangements, specifying administrative, organizational, and educational relationships, must accompany an application for initial accreditation. (Detail~~

I.B.2.b) ~~At subsequent reviews, these documents need not be submitted, but must be available for review by the site-visitor. (Detail)~~

I.B.3. ~~An accredited program may occur in one or more sites. The Review Committee must approve a~~Any site providing six months or more of ~~the inpatient and/or outpatient~~ training should be approved by the Review Committee. (Detail)

II. Program Personnel and Resources

II.A. Program Director

II.A.1. **There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director.** (Core)

II.A.1.a) **The program director must submit this change to the ACGME via the ADS.** (Core)

II.A.2. **The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.** (Detail)

II.A.3. **Qualifications of the program director must include:**

II.A.3.a) **requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;** (Core)

II.A.3.b) **current certification in the subspecialty by the American Board of** Pediatrics**, or subspecialty qualifications that are acceptable to the Review Committee;** (Core)

II.A.3.b).(1) Qualifications other than subspecialty certification by the American Board of Pediatrics (ABP) will be considered only in exceptional circumstances. ~~Qualifications would include subspecialty training in the subspecialty area, active participation in national societies, evidence of on-going scholarship documented by contributions to the peer-reviewed literature in the subspecialty, and presentations at national meetings in the subspecialty.~~ (Detail)

II.A.3.c) **current medical licensure and appropriate medical staff appointment; and,** (Core)

II.A.3.d) a record of ongoing involvement in scholarly activities, including peer-review publications and mentoring (i.e., guiding fellows in the acquisition of competence in the clinical, teaching, research, and advocacy skills pertinent to the discipline). (Core~~Detail~~)

II.A.4. **The program director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas.** (Core)

The program director must:

II.A.4.a) **oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;** (Core)

II.A.4.b) **approve a local director at each participating site who is accountable for fellow education;** (Core)

II.A.4.c) **approve the selection of program faculty as appropriate;** (Core)

II.A.4.d) **evaluate program faculty;** (Core)

II.A.4.e) **approve the continued participation of program faculty based on evaluation;** (Core)

II.A.4.f) **monitor fellow supervision at all participating sites;** (Core)

II.A.4.g) **prepare and submit all information required and requested by the ACGME;** (Core)

205
206 **II.A.4.g).(1)** **This includes but is not limited to the program application forms and annual program updates to the ADS, and ensure that the information submitted is accurate and complete.** (Core)
210
211 **II.A.4.h)** **ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;** (Detail)
214
215 **II.A.4.i)** **provide verification of fellowship education for all fellows, including those who leave the program prior to completion;** (Detail)
218
219 **II.A.4.j)** **implement policies and procedures consistent with the institutional and program requirements for fellow duty hours and the working environment, including moonlighting.** (Core)
222
223 **and, to that end, must:**
224
225 **II.A.4.j).(1)** **distribute these policies and procedures to the fellows and faculty;** (Detail)
227
228 **II.A.4.j).(2)** **monitor fellow duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;** (Core)
231
232 **II.A.4.j).(3)** **adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,** (Detail)
234
235 **II.A.4.j).(4)** **if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.** (Detail)
238
239 **II.A.4.k)** **monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;** (Detail)
242
243 **II.A.4.l)** **comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of fellows, disciplinary action, and supervision of fellows;** (Detail)
247
248 **II.A.4.m)** **be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;** (Detail)
251
252 **II.A.4.n)** **obtain review and approval of the sponsoring institution's GMEC/DIO before submitting information or requests to the ACGME, including:** (Core)
255

II.A.4.n).(1) **all applications for ACGME accreditation of new programs;** (Detail)

II.A.4.n).(2) **changes in fellow complement;** (Detail)

II.A.4.n).(3) **major changes in program structure or length of training;** (Detail)

II.A.4.n).(4) **progress reports requested by the Review Committee;** (Detail)

II.A.4.n).(5) **requests for increases or any change to fellow duty hours;** (Detail)

II.A.4.n).(6) **voluntary withdrawals of ACGME-accredited programs;** (Detail)

II.A.4.n).(7) **requests for appeal of an adverse action; and,** (Detail)

II.A.4.n).(8) **appeal presentations to a Board of Appeal or the ACGME.** (Detail)

II.A.4.o) **obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses:** (Detail)

II.A.4.o).(1) **program citations, and/or,** (Detail)

II.A.4.o).(2) **request for changes in the program that would have significant impact, including financial, on the program or institution.** (Detail)

II.A.4.p) ensure that the fellows are mentored in their development of clinical, educational, and administrative skills; (Core ~~Detail~~)

II.A.4.q) ~~be responsible for the creation of a core curriculum in scholarly activities, the identification of a mentor, and the identification and monitoring of a scholarship oversight committee responsible for overseeing and assessing the progress of each fellow; and, (Core)~~

II.A.4.r) coordinate, with the core and other subspecialty program directors, the incorporation of the competencies into fellowship education in order to ~~This document includes the ACGME Common Program Requirements which incorporate the competencies into fellowship training. Core and subspecialty program directors should work together to achieve this goal. Close coordination among core and subspecialty program directors will~~ foster consistent expectations with regard to fellows' achievement of them, and for faculty members with regard to evaluation processes; and, (Core) Moved from Int. E.

II.A.4.s) ~~have~~ maintain documentation of meetings that describe ongoing interaction among pediatric subspecialty and core program directors. (Core ~~Detail~~)

II.A.4.s).(1) These meetings should ~~must~~ take place at least semi-annually. (Detail)

II.A.4.s).(2) These ~~meetings~~ should address a departmental approach to common educational issues and concerns (e.g., core curriculum, competencies, ~~and~~ evaluation). (Detail)

II.B. Faculty

II.B.1. At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows at that location. (Core)

The faculty must:

II.B.1.a) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of fellows, and (Core)

II.B.1.a).(1) In addition to the subspecialty program director, there must be at least one other member of the ~~teaching staff~~ faculty who is qualified in the subspecialty~~. In some of the subspecialties, two or more additional subspecialists are required.~~ (Specific details are included in the related subspecialty-specific section of the Requirements.) (Core) (Moved from II.B.2.c)

II.B.1.b) administer and maintain an educational environment conducive to educating fellows in each of the ACGME competency areas. (Core)

II.B.2. The physician faculty must have current certification in the subspecialty by the American Board of Pediatrics**, or possess qualifications judged acceptable to the Review Committee.** (Core)

II.B.2.a) Acceptable qualifications for the required key subspecialty faculty include: (Core)

II.B.2.a).(1) certification, if eligible, by the ~~American Board of Pediatrics (~~ABP~~)~~ or other appropriate member board of the American Board of Medical Specialties (ABMS); or, (Core)

II.B.2.a).(2) if ~~trained elsewhere and~~ ineligible for certification, documented subspecialty training and peer-reviewed publications in the field, with evidence of active participation in applicable local and national professional societies. (Detail)

II.B.2.b) ~~When assessing the adequacy of the number of faculty, the total number of fellows will be considered. (Detail)~~

II.B.2.c) ~~In addition to the subspecialty program director, there must be at least one other member of the teaching staff qualified in the subspecialty. In some of the subspecialties, two or more additional subspecialists are required. Specific details are included in the related specialty-specific section of the requirements. (Core)~~ (Moved to II.B.1.a).(1))

II.B.2.d) ~~If the program is conducted at more than one institution, a member of the teaching staff of each participating site must be designated to assume responsibility for the day-to-day activities of the program at that site, with overall coordination by the program director. (Detail)~~

II.B.2.e) ~~Appropriate t~~Teaching and consultant faculty members in the full range of pediatric subspecialties and in other related disciplines ~~also~~ must be available, as specified in the subspecialty-specific requirements. (Core)

II.B.2.f) ~~An anesthesiologist, pathologist, and a radiologist who have substantial experience with pediatric problems and who interact with the fellows are essential. (Detail)~~

II.B.2.f).(1) The faculty ~~other related disciplines~~ should include an anesthesiologist(s), pathologist(s), and radiologist(s) who have substantial experience with pediatric problems and who interact with the fellows, as well as a medical geneticist(s), child neurologist(s), child and adolescent psychiatrist(s), pediatric surgeon(s), and surgical subspecialists, as appropriate to the subspecialty. (Detail)

II.B.3. **The physician faculty must possess current medical licensure and appropriate medical staff appointment.** (Core)

II.B.4. **The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.** (Core)

II.B.5. **The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.** (Core)

II.B.5.a) **The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.** (Detail)

II.B.5.b) **Some members of the faculty should also demonstrate scholarship by one or more of the following:**

II.B.5.b).(1) **peer-reviewed funding;** (Detail)

409 **II.B.5.b).(2)** **publication of original research or review articles in**
410 **peer-reviewed journals, or chapters in textbooks;** (Detail)
411
412 **II.B.5.b).(3)** **publication or presentation of case reports or clinical**
413 **series at local, regional, or national professional and**
414 **scientific society meetings; or,** (Detail)
415
416 **II.B.5.b).(4)** **participation in national committees or educational**
417 **organizations.** (Detail)
418
419 **II.B.5.c)** **Faculty should encourage and support fellows in scholarly**
420 **activities.** (Core)
421
422 II.B.5.d) This ~~should~~ must include the mentoring of fellows as they apply
423 scientific principles, epidemiology, biostatistics, and evidence-
424 based medicine to the clinical care of patients. (Core ~~Detail~~)
425
426 II.B.5.e) Scholarly activities ~~research may~~ should be in a ~~variety of~~ fields
427 related to the subspecialty, including ~~(e.g.,~~ basic science, clinical,
428 health services, health policy, quality improvement, or education~~al~~
429 ~~research)~~; (Detail)
430
431 II.B.5.f) To provide an appropriate environment for the fellows, the
432 fellowship faculty must have a program of ongoing scholarship.
433 (Core)
434
435 II.B.5.f).(1) This must ~~should~~ be characterized by peer-reviewed
436 funding and/or publications. (~~Detail~~ Core)
437
438 II.B.5.f).(2) The members of the teaching faculty must play a
439 substantial role in conceiving and writing the funding
440 application(s), conducting the project, collecting and
441 analyzing data, and publishing results. (Core ~~Detail~~)
442
443 ~~II.B.5.f).(3)~~ ~~A scholarly environment outside of the training program~~
444 ~~can supplement but not replace the scholarly environment~~
445 ~~within the training program;~~ ~~(Detail)~~
446
447 II.B.5.g) ~~Although an individual faculty member may not be accomplished~~
448 ~~in all four areas of scholarship, the program faculty must exhibit all~~
449 ~~four.~~ ~~(Core~~
450
451 ~~II.B.5.g).(1)~~ ~~In particular, a program must provide evidence of an~~
452 ~~ongoing commitment to, and productivity in, the~~
453 ~~scholarship of discovery in the relevant pediatric~~
454 ~~subspecialty area.~~ ~~(Detail)~~
455
456 ~~II.B.5.g).(2)~~ ~~Recent productivity by the program faculty and by the~~
457 ~~fellows will be assessed at the time of each review of the~~
458 ~~program.~~ ~~(Core)~~
459

460 II.B.5.g).(3) Activity in the following is required as evidence of the
461 commitment to scholarship: projects with peer review for
462 funding, and publications of original research and/or critical
463 meta-analyses, systematic reviews of clinical practice,
464 critical analyses of public policy, or curricular development
465 projects in peer-reviewed journals. (Core)
466
467 **II.C. Other Program Personnel**
468
469 **The institution and the program must jointly ensure the availability of all**
470 **necessary professional, technical, and clerical personnel for the effective**
471 **administration of the program.** (Core)
472
473 II.C.1. The pProfessional personnel should include nutritionists, social workers,
474 respiratory therapists, pharmacists, subspecialty nurses, physical and
475 occupational therapists, child life therapists, and speech therapists with
476 pediatric focus and experience, as appropriate to the subspecialty. (Detail)
477
478 **II.D. Resources**
479
480 **The institution and the program must jointly ensure the availability of**
481 **adequate resources for fellow education, as defined in the specialty**
482 **program requirements.** (Core)
483
484 II.D.1. Adequate inpatient and outpatient facilities, as specified in the
485 requirements for each subspecialty, must be available. (Core)
486
487 II.D.1.a) These must be of sufficient size and be appropriately staffed and
488 equipped to meet the educational needs of the subspecialty
489 program. (Core Detail)
490
491 II.D.2. Support services must include the clinical laboratories, intensive care,
492 nutrition, occupational and physical therapy, pathology, pharmacology,
493 mental health, diagnostic imaging, respiratory therapy, and social
494 services. (Core Detail)
495
496 II.D.3. Patients must should range in age from newborn through young
497 adulthood, as appropriate. (Core)
498
499 II.D.4. Adequate numbers of pediatric subspecialty patients inpatients and
500 outpatients, both new and follow up must be available to provide a broad
501 experience for the fellows. (Core)
502
503 II.D.4.a) The program must maintain an appropriate balance among of the
504 number and variety of patients, the number of faculty
505 memberspreceptors, and the number of fellows in the program.
506 (Core)
507
508 II.D.4.a).(1) Occasionally programs may use defined clinical
509 experiences at participating sites to supplement the clinical
510 experience and patient population at the primary clinical

~~site. Where that is the case, the program director must submit detailed information to demonstrate that the clinical exposure to the population(s) in question is sufficiently consistent to provide each fellow with an adequate experience during the limited time at the affiliated site(s); e.g., if a fellow is spending two months at an affiliated site to meet required exposure to patients with congenital heart disease, annual data regarding numbers and types of patients in this category must be provided. (Detail)~~

II.E. Medical Information Access

Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available. (Detail)

III. Fellow Appointments

III.A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements. (Core)

III.A.1. Eligibility Requirements – Residency Programs

III.A.1.a) All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada. Residency programs must receive verification of each applicant's level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program. (Core)

III.A.1.b) A physician who has completed a residency program that was not accredited by ACGME, RCPSC, or CFPC may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director at the ACGME-accredited program may be advanced to the PGY-2 level based on ACGME Milestones assessments at the ACGME-accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry. (Core)

III.A.1.c) A Review Committee may grant the exception to the eligibility requirements specified in Section III.A.2.b) for residency programs that require completion of a prerequisite residency program prior to admission. (Core)

562
563 **III.A.1.d)** **Review Committees will grant no other exceptions to these eligibility requirements for residency education.** (Core)
564
565
566 **III.A.2.** **Eligibility Requirements – Fellowship Programs**
567
568 **All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited or CFPC- accredited residency program located in Canada.** (Core)
569
570
571
572
573 Prerequisite training for entry into a pediatric subspecialty program should include the satisfactory completion of either an ACGME-accredited pediatrics or internal medicine-pediatrics combined residency, or an RCPSC-accredited pediatrics or internal medicine-pediatrics combined residency program located in Canada. (Core)
574
575
576
577
578
579 **III.A.2.a)** **Fellowship programs must receive verification of each entering fellow's level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program.** (Core)
580
581
582
583
584 **III.A.2.b)** **Fellow Eligibility Exception**
585
586 **A Review Committee may grant the following exception to the fellowship eligibility requirements:**
587
588
589 **An ACGME-accredited fellowship program may accept an exceptionally qualified applicant**, who does not satisfy the eligibility requirements listed in Sections III.A.2. and III.A.2.a), but who does meet all of the following additional qualifications and conditions:** (Core)
590
591
592
593
594
595 **III.A.2.b).(1)** **Assessment by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and** (Core)
596
597
598
599
600
601 **III.A.2.b).(2)** **Review and approval of the applicant's exceptional qualifications by the GMEC or a subcommittee of the GMEC; and** (Core)
602
603
604
605 **III.A.2.b).(3)** **Satisfactory completion of the United States Medical Licensing Examination (USMLE) Steps 1, 2, and, if the applicant is eligible, 3, and;** (Core)
606
607
608
609 **III.A.2.b).(4)** **For an international graduate, verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification; and,** (Core)
610
611
612

III.A.2.b).(5) **Applicants accepted by this exception must complete fellowship Milestones evaluation (for the purposes of establishment of baseline performance by the Clinical Competency Committee), conducted by the receiving fellowship program within six weeks of matriculation. This evaluation may be waived for an applicant who has completed an ACGME International-accredited residency based on the applicant's Milestones evaluation conducted at the conclusion of the residency program.** (Core)

III.A.2.b).(5).(a) **If the trainee does not meet the expected level of Milestones competency following entry into the fellowship program, the trainee must undergo a period of remediation, overseen by the Clinical Competency Committee and monitored by the GMEC or a subcommittee of the GMEC. This period of remediation must not count toward time in fellowship training.** (Core)

**** An exceptionally qualified applicant has (1) completed a non-ACGME-accredited residency program in the core specialty, and (2) demonstrated clinical excellence, in comparison to peers, throughout training. Additional evidence of exceptional qualifications is required, which may include one of the following: (a) participation in additional clinical or research training in the specialty or subspecialty; (b) demonstrated scholarship in the specialty or subspecialty; (c) demonstrated leadership during or after residency training; (d) completion of an ACGME-International-accredited residency program.**

III.A.2.c) **The Review Committee for** Pediatrics **does allow exceptions to the Eligibility Requirements for Fellowship Programs in Section III.A.2.** **(Core)**

III.A.2.d) Candidates who have not satisfactorily completed an ACGME-accredited pediatrics or internal medicine-pediatrics combined residency program, or an RCPSC-accredited pediatrics or internal medicine-pediatrics combined residency program located in Canada, must be advised in writing by the program director to consult the American Board of Pediatrics or other appropriate board regarding their eligibility for subspecialty certification. (Core ~~Detail~~)

III.B. **Number of Fellows**

The program's educational resources must be adequate to support the number of fellows appointed to the program. (Core)

III.B.1. **The program director may not appoint more fellows than approved**

664 **by the Review Committee, unless otherwise stated in the specialty-**
665 **specific requirements.** (Core)
666
667 **III.C. Fellow Transfers**
668
669 **III.C.1. Before accepting a fellow who is transferring from another program,**
670 **the program director must obtain written or electronic verification of**
671 **previous educational experiences and a summative competency-**
672 **based performance evaluation of the transferring fellow.** (Detail)
673
674 **III.C.2. A program director must provide timely verification of fellowship**
675 **education and summative performance evaluations for fellows who**
676 **may leave the program prior to completion.** (Detail)
677
678 **III.D. Appointment of Fellows and Other Learners**
679
680 **The presence of other learners (including, but not limited to, residents from**
681 **other specialties, subspecialty fellows, PhD students, and nurse**
682 **practitioners) in the program must not interfere with the appointed fellows'**
683 **education.** (Core)
684
685 **III.D.1. The program director must report the presence of other learners to**
686 **the DIO and GMEC in accordance with sponsoring institution**
687 **guidelines.** (Detail)
688
689 **IV. Educational Program**
690
691 **IV.A. The curriculum must contain the following educational components:**
692
693 **IV.A.1. Overall educational goals for the program, which the program must**
694 **make available to fellows and faculty;** (Core)
695
696 **IV.A.2. Competency-based goals and objectives for each assignment at**
697 **each educational level, which the program must distribute to fellows**
698 **and faculty at least annually, in either written or electronic form;** (Core)
699
700 IV.A.2.a) Each educational unit or major professional activity must have a
701 curriculum associated with it. (Core)
702
703 IV.A.2.b) The competency-based goals and objectives, educational
704 strategies, and assessment methods must align with intended
705 outcomes of those activities. (Core)
706
707 IV.A.2.c) The curriculum should incorporate the competencies into the
708 context of the major professional activities for which fellows should
709 be entrusted. (Detail)
710
711 **IV.A.3. Regularly scheduled didactic sessions;** (Core)
712
713 **IV.A.4. Delineation of fellow responsibilities for patient care, progressive**
714 **responsibility for patient management, and supervision of fellows**

715 **over the continuum of the program; and,** (Core)
716
717 **IV.A.5.** **ACGME Competencies**
718
719 **The program must integrate the following ACGME competencies**
720 **into the curriculum:** (Core)
721
722 **IV.A.5.a)** **Patient Care and Procedural Skills**
723
724 **IV.A.5.a).(1)** **Fellows must be able to provide patient care that is**
725 **compassionate, appropriate, and effective for the**
726 **treatment of health problems and the promotion of**
727 **health. Fellows:** (Outcome)
728
729 IV.A.5.a).(1).(a) must develop competence in ~~acquire~~ the necessary
730 clinical skills used in the subspecialty and provide
731 consultation. These skills include ~~development of~~
732 ~~expertise in~~ the ability to perform a history and
733 physical examination, make diagnostic and
734 therapeutic decisions, develop and carry out
735 management plans, counsel patients and families,
736 and use information technology to optimize patient
737 care; (Outcome)
738
739 IV.A.5.a).(1).(b) must demonstrate the ability to provide transfer of
740 care that ensures seamless transitions; (Outcome)
741
742 IV.A.5.a).(1).(c) must demonstrate the ability to make informed
743 diagnostic and therapeutic decisions that result in
744 optimal clinical judgment; (Outcome)
745
746 IV.A.5.a).(1).(d) must demonstrate the ability to develop and carry
747 out management plans; and, (Outcome)
748
749 IV.A.5.a).(1).(e) must demonstrate the ability to provide appropriate
750 role modeling. (Outcome)
751
752 **IV.A.5.a).(2)** **Fellows must be able to competently perform all**
753 **medical, diagnostic, and surgical procedures**
754 **considered essential for the area of practice. Fellows:**
755 (Outcome)
756
757 IV.A.5.a).(2).(a) must demonstrate competence in performing and
758 interpreting the results of laboratory tests and
759 diagnostic procedures for use in patient care.
760 (Outcome)
761
762 IV.A.5.a).(2).(a).(i) Fellows must acquire the necessary
763 procedural skills and develop an
764 understanding of their indications, risks, and
765 limitations. (Outcome)

IV.A.5.a).(2).(a).(ii) Each fellow's experience in such procedures must be documented by the program director and such documentation must be available for review. (~~Detail~~ Core)

IV.A.5.b) Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows: (Outcome)

IV.A.5.b).(1) must have a working understanding of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and the achievement of proficiency in teaching ~~for all subspecialty fellows~~. (Outcome)

IV.A.5.c) 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 life-long learning. (Outcome)

Fellows are expected to develop skills and habits to be able to meet the following goals:

IV.A.5.c).(1) identify strengths, deficiencies, and limits in one's knowledge and expertise; (Outcome)

IV.A.5.c).(2) set learning and improvement goals; (Outcome)

IV.A.5.c).(3) identify and perform appropriate learning activities; (Outcome)

IV.A.5.c).(4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; (Outcome)

IV.A.5.c).(5) incorporate formative evaluation feedback into daily practice; (Outcome)

IV.A.5.c).(6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; (Outcome)

IV.A.5.c).(7) **use information technology to optimize learning;** (Outcome)

IV.A.5.c).(8) **participate in the education of patients, families, students, fellows and other health professionals; and,** (Outcome)

IV.A.5.c).(9) self-evaluate performance and incorporate assessments provided by faculty members, peers, and patients. (Outcome)

IV.A.5.c).(9).(a) This should be a component of ~~the~~ a fellow's individual learning plan. (Detail ~~Core~~)

IV.A.5.d) **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. (Outcome)

Fellows are expected to:

IV.A.5.d).(1) **communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;** (Outcome)

IV.A.5.d).(2) **communicate effectively with physicians, other health professionals, and health related agencies;** (Outcome)

IV.A.5.d).(3) **work effectively as a member or leader of a health care team or other professional group;** (Outcome)

IV.A.5.d).(4) **act in a consultative role to other physicians and health professionals;** (Outcome)

IV.A.5.d).(5) **maintain comprehensive, timely, and legible medical records, if applicable; and,** (Outcome)

IV.A.5.d).(6) teach proficiently based on knowledge of~~, understand~~ the principles of adult learning including~~and provide skills to~~ participating effectively in curriculum development, delivery of information, provision of feedback to learners, and assessment of educational outcomes. (Outcome)

IV.A.5.d).(6).(a) Graduates should be effective in teaching both individuals and groups of learners in clinical settings, classrooms, lectures, and seminars, ~~and also~~ as well as by electronic and print modalities. (Outcome)

IV.A.5.e) **Professionalism**

868
869 **Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.** (Outcome)
870
871
872
873 **Fellows are expected to demonstrate:**
874
875 **IV.A.5.e).(1)** **compassion, integrity, and respect for others;** (Outcome)
876
877 **IV.A.5.e).(2)** **responsiveness to patient needs that supersedes self-interest;** (Outcome)
878
879
880 **IV.A.5.e).(3)** **respect for patient privacy and autonomy;** (Outcome)
881
882 **IV.A.5.e).(4)** **accountability to patients, society and the profession;** (Outcome)
883
884
885 **IV.A.5.e).(5)** **sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;** (Outcome)
886
887
888
889
890 IV.A.5.e).(6) trustworthiness that makes colleagues feel secure when the fellow is responsible for the care of patients; (Outcome)
891
892
893 IV.A.5.e).(7) leadership skills that enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients; and, (Outcome)
894
895
896
897
898 IV.A.5.e).(8) the capacity to recognize that ambiguity is part of clinical medicine and response by utilizing appropriate resources in dealing with uncertainty. (Outcome)
899
900
901
902 **IV.A.5.f)** **Systems-based Practice**
903
904 **Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.** (Outcome)
905
906
907
908
909
910 **Fellows are expected to:**
911
912 **IV.A.5.f).(1)** **work effectively in various health care delivery settings and systems relevant to their clinical specialty;** (Outcome)
913
914
915
916 **IV.A.5.f).(2)** **coordinate patient care within the health care system relevant to their clinical specialty;** (Outcome)
917
918

IV.A.5.f).(3) **incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;** (Outcome)

IV.A.5.f).(4) **advocate for quality patient care and optimal patient care systems;** (Outcome)

IV.A.5.f).(5) **work in interprofessional teams to enhance patient safety and improve patient care quality;** (Outcome)

IV.A.5.f).(6) **participate in identifying system errors and implementing potential systems solutions;** (Outcome)

IV.A.5.f).(7) participate in the administrative aspects of the subspecialty, including: (Outcome)

IV.A.5.f).(7).(a) ~~an awareness~~ knowledge of regional and national access to care, resources, workforce, and financing appropriate to their subspecialty through guided reading and discussion; and, (Outcome)

IV.A.5.f).(7).(b) organization and management of a subspecialty service within one’s own delivery system by engaging fellows as active participants in discussions (e.g., through ~~already~~ scheduled division activities/meetings) that involve: (Outcome)

IV.A.5.f).(7).(b).(i) staffing a service or unit, including managing personnel and making and adhering to a schedule; (Outcome)

IV.A.5.f).(7).(b).(ii) drafting policies and procedures, leading interdisciplinary meetings and conferences, and providing in-service teaching sessions; (Outcome)

IV.A.5.f).(7).(b).(iii) ~~discussions/~~proposals for hospital and community resources, including clinical, laboratory, and research space, equipment, and technology necessary for the program to provide state-of-the-art care while advancing knowledge in the field; (Outcome)

IV.A.5.f).(7).(b).(iv) business planning and practice management, including billing and coding, personnel management policies, and professional liability; (Outcome)

IV.A.5.f).(7).(b).(v) division or program development, organization, and maintenance; and, (Outcome)

IV.A.5.f).(7).(b).(vi) ~~necessary~~ collaboration within (e.g., with pathology, radiology, or surgery) and beyond (e.g., participation in national specialty societies, cooperative care groups, or multi-center research ~~collaboratives~~) the institution as appropriate to the subspecialty. (Outcome)

IV.A.6. Curriculum Organization and Fellow Experiences

IV.A.6.a) Fellows must have a formally-structured educational program in the clinical and basic sciences related to the subspecialty. (Core)

IV.A.6.a).(1) The program must utilize didactic ~~lectures, seminars,~~ and practical experience. (Core ~~Detail~~)

IV.A.6.a).(2) Subspecialty conferences must occur ~~be~~ regularly ~~scheduled~~, and must ~~should~~ involve active participation by the fellows in planning and implementation ~~of these meetings~~. (Core ~~Detail~~)

IV.A.6.a).(3) Fellow~~s should have an~~ education must include instruction in basic and fundamental ~~disciplines related to each subspecialty~~, as appropriate to each subspecialty, such as anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism. (Core)

IV.A.6.a).(4) Fellow~~s~~ education must include ~~should have~~ instruction in ~~that includes~~ pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, and conferences dealing with complications and death, and the scientific, ethical, and legal implications of confidentiality and informed consent. (Core)

IV.A.6.a).(5) Bioethics must be addressed in the formal curriculum. (Core)

IV.A.6.a).(5).(a) This should ~~must~~ include attention to physician-patient, physician-family, physician-physician/allied health professional, and physician-society relationships. (Detail)

IV.A.6.a).(6) Fellow education should ~~have~~ include instruction in such topics as the economics of health care and current health care management issues, such as cost-effective patient care, practice management, preventive care, quality improvement, resource allocation, and clinical outcomes. (Detail)

IV.A.6.b) A structured curriculum must be provided to allows fellows to participate in the following activities:

1021
1022 IV.A.6.b).(1) provide for and obtain consultation from other health care
1023 providers caring for children; (Core)
1024
1025 IV.A.6.b).(2) contribute to the fiscally sound and ethical management of
1026 a practice (e.g., through billing, scheduling, coding, and
1027 record-keeping practices); (Core)
1028
1029 IV.A.6.b).(3) apply public health principles and improvement
1030 methodology to improve care for populations, communities,
1031 and systems; (Core)
1032
1033 IV.A.6.b).(4) lead an interprofessional health care team; (Core)
1034
1035 IV.A.6.b).(5) facilitate hand-overs to another health care provider; and,
1036 (Core)
1037
1038 IV.A.6.b).(6) lead within the subspecialty profession. (Core)
1039
1040 IV.A.6.c) The program must provide fellows with instruction and
1041 opportunities to interact effectively with patients, patients' families,
1042 professional associates, and others in carrying out their
1043 responsibilities as physicians in the specialty. (Core) Moved from
1044 Int.G.3.
1045
1046 IV.A.6.c).(1) Fellows must learn to create and sustain a therapeutic
1047 relationship with patients, and ~~how~~ to work effectively as
1048 members or leaders of patient care teams or other groups
1049 in which they participate as a researcher, educator, health
1050 advocate, or manager. (Core) Moved from Int.B.3.a)
1051
1052 IV.A.6.d) The fellowship program and residency program must complement
1053 and enhance one another ~~and faculty must interact with the~~
1054 ~~residents in the core pediatrics residency program~~. (Core) Moved
1055 from Int.D.
1056
1057 **IV.B. Fellows' Scholarly Activities**
1058
1059 **IV.B.1. The curriculum must advance fellows' knowledge of the basic**
1060 **principles of research, including how research is conducted,**
1061 **evaluated, explained to patients, and applied to patient care.** (Core)
1062
1063 IV.B.1.a) Where appropriate, the core curriculum in scholarly activities
1064 should be a collaborative effort involving all of the pediatric
1065 subspecialty programs in the institution. (Detail)
1066
1067 **IV.B.2. Fellows should participate in scholarly activity.** (Core)
1068
1069 IV.B.2.a) Each fellow must design and conduct a scholarly project in his or
1070 her subspecialty area with the guidance of the fellowship director
1071 and a designated mentor. (Core)

IV.B.2.b) The program must provide a scholarship oversight committee for each fellow to oversee and evaluate ~~the fellow's~~ his or her progress as related to scholarly activity. (Core)

IV.B.2.c) The scholarly experience must begin in the first year and continue for the entire period of training. (Core ~~Detail~~)

IV.B.2.c).(1) There~~Time~~ must be adequate time for each fellow to allow for the development of requisite skills, project completion, and presentation of results to a local scholarship oversight committee established for this review. (Core ~~Detail~~)

IV.B.2.c).(1).(a) Where applicable, the process of establishing fellow scholarship oversight committees should be a collaborative effort involving other pediatric subspecialty programs at the institution. (Detail)

IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate fellow involvement in scholarly activities. (Detail)

V. Evaluation

V.A. Fellow Evaluation

V.A.1. The program director must appoint the Clinical Competency Committee. (Core)

V.A.1.a) At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. (Core)

V.A.1.a).(1) The program director may appoint additional members of the Clinical Competency Committee.

V.A.1.a).(1).(a) These additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows in patient care and other health care settings. (Core)

V.A.1.a).(1).(b) Chief residents who have completed core residency programs in their specialty and are eligible for specialty board certification may be members of the Clinical Competency Committee. (Core)

V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee. (Core)

1123 **V.A.1.b).(1)** **The Clinical Competency Committee should:**
1124
1125 **V.A.1.b).(1).(a)** **review all fellow evaluations semi-annually;** (Core)
1126
1127 **V.A.1.b).(1).(b)** **prepare and ensure the reporting of Milestones**
1128 **evaluations of each fellow semi-annually to**
1129 **ACGME; and,** (Core)
1130
1131 **V.A.1.b).(1).(c)** **advise the program director regarding fellow**
1132 **progress, including promotion, remediation,**
1133 **and dismissal.** (Detail)
1134
1135 **V.A.2.** **Formative Evaluation**
1136
1137 **V.A.2.a)** **The faculty must evaluate fellow performance in a timely**
1138 **manner during each rotation or similar educational**
1139 **assignment, and document this evaluation at completion of**
1140 **the assignment.** (Core)
1141
1142 **V.A.2.b)** **The program must:**
1143
1144 **V.A.2.b).(1)** **provide objective assessments of competence in**
1145 **patient care and procedural skills, medical knowledge,**
1146 **practice-based learning and improvement,**
1147 **interpersonal and communication skills,**
1148 **professionalism, and systems-based practice based**
1149 **on the specialty-specific Milestones;** (Core)
1150
1151 **V.A.2.b).(2)** **use multiple evaluators (e.g., faculty, peers, patients,**
1152 **self, and other professional staff);** (Detail)
1153
1154 **V.A.2.b).(3)** **document progressive fellow performance**
1155 **improvement appropriate to educational level; and,**
1156 (Core)
1157
1158 **V.A.2.b).(4)** **provide each fellow with documented semiannual**
1159 **evaluation of performance with feedback.** (Core)
1160
1161 **V.A.2.c)** **The evaluations of fellow performance must be accessible for**
1162 **review by the fellow, in accordance with institutional policy.**
1163 (Detail)
1164
1165 **V.A.3.** **Summative Evaluation**
1166
1167 **V.A.3.a)** **The specialty-specific Milestones must be used as one of the**
1168 **tools to ensure fellows are able to practice core professional**
1169 **activities without supervision upon completion of the**
1170 **program.** (Core)
1171
1172 **V.A.3.b)** **The program director must provide a summative evaluation**
1173 **for each fellow upon completion of the program.** (Core)

This evaluation must:

V.A.3.b).(1) **become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy;** (Detail)

V.A.3.b).(2) **document the fellow's performance during the final period of education; and,** (Detail)

V.A.3.b).(3) **verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision.** (Detail)

V.B. **Faculty Evaluation**

V.B.1. **At least annually, the program must evaluate faculty performance as it relates to the educational program.** (Core)

V.B.2. **These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.** (Detail)

V.B.3. **This evaluation must include at least annual written confidential evaluations by the fellows.** (Detail)

V.B.3.a) ~~In order to maintain the confidentiality of responses from fellows in small programs, evaluations of faculty may be consolidated with the core faculty evaluations. (Detail)~~

V.B.4. Faculty members ~~should~~ must receive ~~formal~~ feedback from these evaluations. (Core)

V.C. **Program Evaluation and Improvement**

V.C.1. **The program director must appoint the Program Evaluation Committee (PEC).** **(Core)**

V.C.1.a) **The Program Evaluation Committee:**

V.C.1.a).(1) **must be composed of at least two program faculty members and should include at least one fellow;** **(Core)**

V.C.1.a).(2) **must have a written description of its responsibilities; and,** **(Core)**

V.C.1.a).(3) **should participate actively in:**

V.C.1.a).(3).(a) **planning, developing, implementing, and evaluating educational activities of the**

1225 **program;** (Detail)
1226
1227 **V.C.1.a).(3).(b) reviewing and making recommendations for**
1228 **revision of competency-based curriculum goals**
1229 **and objectives;** (Detail)
1230
1231 **V.C.1.a).(3).(c) addressing areas of non-compliance with**
1232 **ACGME standards; and,** (Detail)
1233
1234 **V.C.1.a).(3).(d) reviewing the program annually using**
1235 **evaluations of faculty, fellows, and others, as**
1236 **specified below.** (Detail)
1237
1238 **V.C.2. The program, through the PEC, must document formal, systematic**
1239 **evaluation of the curriculum at least annually, and is responsible for**
1240 **rendering a written, annual program evaluation.** (Core)
1241
1242 **The program must monitor and track each of the following areas:**
1243
1244 **V.C.2.a) fellow performance;** (Core)
1245
1246 **V.C.2.b) faculty development;** (Core)
1247
1248 **V.C.2.c) graduate performance, including performance of program**
1249 **graduates on the certification examination;** (Core)
1250
1251 **V.C.2.d) program quality; and,** (Core)
1252
1253 **V.C.2.d).(1) Fellows and faculty must have the opportunity to**
1254 **evaluate the program confidentially and in writing at**
1255 **least annually, and** (Detail)
1256
1257 **V.C.2.d).(2) The program must use the results of fellows' and**
1258 **faculty members' assessments of the program**
1259 **together with other program evaluation results to**
1260 **improve the program.** (Detail)
1261
1262 **V.C.2.e) progress on the previous year's action plan(s).** (Core)
1263
1264 **V.C.3. The PEC must prepare a written plan of action to document**
1265 **initiatives to improve performance in one or more of the areas listed**
1266 **in section V.C.2., as well as delineate how they will be measured and**
1267 **monitored.** (Core)
1268
1269 **V.C.3.a) The action plan should be reviewed and approved by the**
1270 **teaching faculty and documented in meeting minutes.** (Detail)
1271
1272 V.C.4. At least 75 percent of the program's graduates from the preceding six
1273 years who take the certifying examination for the first time must pass.
1274 ~~program will be judged deficient if, over a six year period, fewer than 75%~~
1275 ~~of fellows eligible for the certifying examination take it and of those who~~

1276 ~~take it, fewer than 75% pass it on the first attempt. The Review~~
1277 ~~Committee will take into consideration noticeable improvements or~~
1278 ~~declines during this same period.~~ (Outcome)
1279
1280 V.C.4.a) ~~An exception may be made for programs with small numbers of~~
1281 ~~fellows. A subspecialty program director will be expected to~~
1282 ~~provide the requested information at the time of each review. (Detail)~~
1283
1284 V.C.5. The same evaluation mechanisms used in the related core pediatrics
1285 residency program ~~must~~ should be adapted for and implemented in all of
1286 the pediatric subspecialty programs that function with it. (Detail)
1287
1288 **VI. Fellow Duty Hours in the Learning and Working Environment**
1289
1290 **VI.A. Professionalism, Personal Responsibility, and Patient Safety**
1291
1292 **VI.A.1. Programs and sponsoring institutions must educate fellows and**
1293 **faculty members concerning the professional responsibilities of**
1294 **physicians to appear for duty appropriately rested and fit to provide**
1295 **the services required by their patients.** (Core)
1296
1297 **VI.A.2. The program must be committed to and responsible for promoting**
1298 **patient safety and fellow well-being in a supportive educational**
1299 **environment.** (Core)
1300
1301 **VI.A.3. The program director must ensure that fellows are integrated and**
1302 **actively participate in interdisciplinary clinical quality improvement**
1303 **and patient safety programs.** (Core)
1304
1305 **VI.A.4. The learning objectives of the program must:**
1306
1307 **VI.A.4.a) be accomplished through an appropriate blend of supervised**
1308 **patient care responsibilities, clinical teaching, and didactic**
1309 **educational events; and,** (Core)
1310
1311 **VI.A.4.b) not be compromised by excessive reliance on fellows to fulfill**
1312 **non-physician service obligations.** (Core)
1313
1314 **VI.A.5. The program director and institution must ensure a culture of**
1315 **professionalism that supports patient safety and personal**
1316 **responsibility.** (Core)
1317
1318 **VI.A.6. Fellows and faculty members must demonstrate an understanding**
1319 **and acceptance of their personal role in the following:**
1320
1321 **VI.A.6.a) assurance of the safety and welfare of patients entrusted to**
1322 **their care;** (Outcome)
1323
1324 **VI.A.6.b) provision of patient- and family-centered care;** (Outcome)
1325
1326 **VI.A.6.c) assurance of their fitness for duty;** (Outcome)

1327
1328 **VI.A.6.d)** **management of their time before, during, and after clinical**
1329 **assignments;** (Outcome)
1330
1331 **VI.A.6.e)** **recognition of impairment, including illness and fatigue, in**
1332 **themselves and in their peers;** (Outcome)
1333
1334 **VI.A.6.f)** **attention to lifelong learning;** (Outcome)
1335
1336 **VI.A.6.g)** **the monitoring of their patient care performance improvement**
1337 **indicators; and,** (Outcome)
1338
1339 **VI.A.6.h)** **honest and accurate reporting of duty hours, patient**
1340 **outcomes, and clinical experience data.** (Outcome)
1341
1342 **VI.A.7.** **All fellows and faculty members must demonstrate responsiveness**
1343 **to patient needs that supersedes self-interest. They must recognize**
1344 **that under certain circumstances, the best interests of the patient**
1345 **may be served by transitioning that patient's care to another**
1346 **qualified and rested provider.** (Outcome)
1347
1348 **VI.B.** **Transitions of Care**
1349
1350 **VI.B.1.** **Programs must design clinical assignments to minimize the number**
1351 **of transitions in patient care.** (Core)
1352
1353 **VI.B.2.** **Sponsoring institutions and programs must ensure and monitor**
1354 **effective, structured hand-over processes to facilitate both**
1355 **continuity of care and patient safety.** (Core)
1356
1357 **VI.B.3.** **Programs must ensure that fellows are competent in communicating**
1358 **with team members in the hand-over process.** (Outcome)
1359
1360 **VI.B.4.** **The sponsoring institution must ensure the availability of schedules**
1361 **that inform all members of the health care team of attending**
1362 **physicians and fellows currently responsible for each patient's care.**
1363 (Detail)
1364
1365 **VI.C.** **Alertness Management/Fatigue Mitigation**
1366
1367 **VI.C.1.** **The program must:**
1368
1369 **VI.C.1.a)** **educate all faculty members and fellows to recognize the**
1370 **signs of fatigue and sleep deprivation;** (Core)
1371
1372 **VI.C.1.b)** **educate all faculty members and fellows in alertness**
1373 **management and fatigue mitigation processes; and,** (Core)
1374
1375 **VI.C.1.c)** **adopt fatigue mitigation processes to manage the potential**
1376 **negative effects of fatigue on patient care and learning, such**
1377 **as naps or back-up call schedules.** (Detail)

1378
1379 **VI.C.2.** **Each program must have a process to ensure continuity of patient**
1380 **care in the event that a fellow may be unable to perform his/her**
1381 **patient care duties.** (Core)
1382
1383 **VI.C.3.** **The sponsoring institution must provide adequate sleep facilities**
1384 **and/or safe transportation options for fellows who may be too**
1385 **fatigued to safely return home.** (Core)
1386
1387 **VI.D.** **Supervision of Fellows**
1388
1389 **VI.D.1.** **In the clinical learning environment, each patient must have an**
1390 **identifiable, appropriately-credentialed and privileged attending**
1391 **physician (or licensed independent practitioner as approved by each**
1392 **Review Committee) who is ultimately responsible for that patient's**
1393 **care.** (Core)
1394
1395 **VI.D.1.a)** **This information should be available to fellows, faculty**
1396 **members, and patients.** (Detail)
1397
1398 **VI.D.1.b)** **Fellows and faculty members should inform patients of their**
1399 **respective roles in each patient's care.** (Detail)
1400
1401 **VI.D.2.** **The program must demonstrate that the appropriate level of**
1402 **supervision is in place for all fellows who care for patients.** (Core)
1403
1404 **Supervision may be exercised through a variety of methods. Some**
1405 **activities require the physical presence of the supervising faculty**
1406 **member. For many aspects of patient care, the supervising**
1407 **physician may be a more advanced resident or fellow. Other**
1408 **portions of care provided by the fellow can be adequately**
1409 **supervised by the immediate availability of the supervising faculty**
1410 **member or fellow physician, either in the institution, or by means of**
1411 **telephonic and/or electronic modalities. In some circumstances,**
1412 **supervision may include post-hoc review of fellow-delivered care**
1413 **with feedback as to the appropriateness of that care.** (Detail)
1414
1415 **VI.D.3.** **Levels of Supervision**
1416
1417 **To ensure oversight of fellow supervision and graded authority and**
1418 **responsibility, the program must use the following classification of**
1419 **supervision:** (Core)
1420
1421 **VI.D.3.a)** **Direct Supervision – the supervising physician is physically**
1422 **present with the fellow and patient.** (Core)
1423
1424 **VI.D.3.b)** **Indirect Supervision:**
1425
1426 **VI.D.3.b).(1)** **with direct supervision immediately available – the**
1427 **supervising physician is physically within the hospital**
1428 **or other site of patient care, and is immediately**

1429 **available to provide Direct Supervision.** (Core)
1430
1431 **VI.D.3.b).(2)** **with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.** (Core)
1437
1438 **VI.D.3.c)** **Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.** (Core)
1441
1442 **VI.D.4.** **The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.** (Core)
1446
1447 **VI.D.4.a)** **The program director must evaluate each fellow's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.** (Core)
1450
1451 **VI.D.4.b)** **Faculty members functioning as supervising physicians should delegate portions of care to fellows, based on the needs of the patient and the skills of the fellows.** (Detail)
1454
1455 **VI.D.4.c)** **Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.** (Detail)
1459
1460 **VI.D.5.** **Programs must set guidelines for circumstances and events in which fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.** (Core)
1464
1465 **VI.D.5.a)** **Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.** (Outcome)
1468
1469 **VI.D.5.a).(1)** **In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.** (Core)
1472
1473 **VI.D.6.** **Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.** (Detail)
1477
1478 **VI.E.** **Clinical Responsibilities**
1479

1480 **The clinical responsibilities for each fellow must be based on PGY-level,**
1481 **patient safety, fellow education, severity and complexity of patient**
1482 **illness/condition and available support services.** (Core)
1483
1484 VI.E.1. The program director must have the authority and responsibility to set
1485 appropriate clinical responsibilities (i.e., patient caps) for each fellow
1486 based on the PGY-level, patient safety, fellow education, severity and
1487 complexity of patient illness/condition, and available support services. (Core)
1488
1489 VI.E.1.a) This must include progressive clinical, technical, and consultative
1490 experiences that will enable the fellows to develop expertise as a
1491 consultant in the subspecialty. (Core) Moved from Int.G.1.a)
1492
1493 VI.E.1.b) Lines of responsibility for the pediatric residents and the fellows
1494 must be clearly defined. (Core) Moved from Int.D.2.
1495
1496 VI.E.2. ~~Fellows~~ The program director must be responsible for ensuring that
1497 fellows maintaini~~ng~~ an appropriate patient load. Insufficient patient
1498 experiences do not meet educational needs; an excessive patient load
1499 suggests an inappropriate reliance on fellows for service obligations,
1500 which may jeopardize the educational experience. (Core)
1501
1502 **VI.F. Teamwork**
1503
1504 **Fellows must care for patients in an environment that maximizes effective**
1505 **communication. This must include the opportunity to work as a member of**
1506 **effective interprofessional teams that are appropriate to the delivery of care**
1507 **in the specialty.** (Core)
1508
1509 VI.F.1. Interprofessional team members should participate in the education of
1510 fellows. (Detail)
1511
1512 **VI.G. Fellow Duty Hours**
1513
1514 **VI.G.1. Maximum Hours of Work per Week**
1515
1516 **Duty hours must be limited to 80 hours per week, averaged over a**
1517 **four-week period, inclusive of all in-house call activities and all**
1518 **moonlighting.** (Core)
1519
1520 **VI.G.1.a) Duty Hour Exceptions**
1521
1522 **A Review Committee may grant exceptions for up to 10% or a**
1523 **maximum of 88 hours to individual programs based on a**
1524 **sound educational rationale.** (Detail)
1525
1526 The Review Committee for Pediatrics will not consider requests
1527 for exceptions to the 80-hour limit to the fellows' work week.
1528
1529 **VI.G.1.a).(1) In preparing a request for an exception the program**
1530 **director must follow the duty hour exception policy**

1531 **from the ACGME Manual on Policies and Procedures.**
1532 (Detail)
1533
1534 **VI.G.1.a).(2)** **Prior to submitting the request to the Review**
1535 **Committee, the program director must obtain approval**
1536 **of the institution's GMEC and DIO.** (Detail)
1537
1538 **VI.G.2.** **Moonlighting**
1539
1540 **VI.G.2.a)** **Moonlighting must not interfere with the ability of the fellow**
1541 **to achieve the goals and objectives of the educational**
1542 **program.** (Core)
1543
1544 **VI.G.2.b)** **Time spent by fellows in Internal and External Moonlighting**
1545 **(as defined in the ACGME Glossary of Terms) must be**
1546 **counted towards the 80-hour Maximum Weekly Hour Limit.**
1547 (Core)
1548
1549 **VI.G.2.c)** **PGY-1 residents are not permitted to moonlight.** (Core)
1550
1551 **VI.G.3.** **Mandatory Time Free of Duty**
1552
1553 **Fellows must be scheduled for a minimum of one day free of duty**
1554 **every week (when averaged over four weeks). At-home call cannot**
1555 **be assigned on these free days.** (Core)
1556
1557 **VI.G.4.** **Maximum Duty Period Length**
1558
1559 **VI.G.4.a)** **Duty periods of PGY-1 residents must not exceed 16 hours in**
1560 **duration.** (Core)
1561
1562 **VI.G.4.b)** **Duty periods of PGY-2 residents and above may be**
1563 **scheduled to a maximum of 24 hours of continuous duty in**
1564 **the hospital.** (Core)
1565
1566 **VI.G.4.b).(1)** **Programs must encourage fellows to use alertness**
1567 **management strategies in the context of patient care**
1568 **responsibilities. Strategic napping, especially after 16**
1569 **hours of continuous duty and between the hours of**
1570 **10:00 p.m. and 8:00 a.m., is strongly suggested.** (Detail)
1571
1572 **VI.G.4.b).(2)** **It is essential for patient safety and fellow education**
1573 **that effective transitions in care occur. Fellows may be**
1574 **allowed to remain on-site in order to accomplish these**
1575 **tasks; however, this period of time must be no longer**
1576 **than an additional four hours.** (Core)
1577
1578 **VI.G.4.b).(3)** **Fellows must not be assigned additional clinical**
1579 **responsibilities after 24 hours of continuous in-house**
1580 **duty.** (Core)
1581

1582 **VI.G.4.b).(4)** **In unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.** (Detail)

1591 **VI.G.4.b).(4).(a)** **Under those circumstances, the fellow must:**

1593 **VI.G.4.b).(4).(a).(i)** **appropriately hand over the care of all other patients to the team responsible for their continuing care; and,** (Detail)

1597 **VI.G.4.b).(4).(a).(ii)** **document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.** (Detail)

1603 **VI.G.4.b).(4).(b)** **The program director must review each submission of additional service, and track both individual fellow and program-wide episodes of additional duty.** (Detail)

1608 **VI.G.5.** **Minimum Time Off between Scheduled Duty Periods**

1610 **VI.G.5.a)** **PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.** (Core)

1613 **VI.G.5.b)** **Intermediate-level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.** (Core)

1618 **VI.G.5.c)** **Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.** (Outcome)

1622 Pediatric subspecialty fellows in the PGY-4 level and beyond are considered to be in the final years of education.

1625 **VI.G.5.c).(1)** **This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.** (Detail)

VI.G.5.c).(1).(a) **Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.** (Detail)

VI.G.5.c).(1).(b) The Review Committee defines such circumstances as: required continuity of care for a severely ill or unstable patient, or a complex patient with whom the fellow has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.

VI.G.6. **Maximum Frequency of In-House Night Float**

Fellows must not be scheduled for more than six consecutive nights of night float. (Core)

VI.G.6.a) Fellows should not have more than four total weeks of night float per year, and night float should not be scheduled in consecutive weeks~~one consecutive week of night float, and not more than four total weeks of night float per year~~. (Detail)

VI.G.7. **Maximum In-House On-Call Frequency**

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period). (Core)

VI.G.8. **At-Home Call**

VI.G.8.a) **Time spent in the hospital by fellows on at-home call must count towards the 80-hour maximum weekly hour 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 duty, when averaged over four weeks.** (Core)

VI.G.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)

VI.G.8.b) **Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".** (Detail)

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1683 ***Core Requirements:** Statements that define structure, resource, or process elements essential to every
1684 graduate medical educational program.
1685 **Detail Requirements:** Statements that describe a specific structure, resource, or process for achieving
1686 compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance
1687 with the Outcome Requirements may utilize alternative or innovative approaches to meet Core
1688 Requirements.
1689 **Outcome Requirements:** Statements that specify expected measurable or observable attributes
1690 (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical
1691 education.
1692
1693 **Osteopathic Recognition**
1694 For programs seeking Osteopathic Recognition for the entire program, or for a track within the
1695 program, the Osteopathic Recognition Requirements are also applicable.
1696 (http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic_Recogniton_Requirements.pdf)