

ACGME Program Requirements for Graduate Medical Education in Pediatric Transplant Hepatology

Common Program Requirements are in BOLD

Effective: November 16, 2008

Introduction

A subspecialty educational program in Pediatric Transplant Hepatology must function as an integral component of an accredited subspecialty fellowship in pediatric gastroenterology and be organized to provide education and experience for fellows to acquire the competencies of a pediatric transplant hepatologist.

The presence of a pediatric transplant hepatology program should not adversely affect the education of pediatric residents, the gastroenterology fellows, and other residents and fellows.

This document includes the ACGME Common Program Requirements which incorporate the competencies into fellowship education. Core and subspecialty program directors should work together to achieve this goal. Close coordination among core and subspecialty program directors will foster consistent expectations in regard to fellows' achievement of competencies, and for faculty with regard to evaluation processes.

Int.A. Duration of Educational Experience

The pediatric transplant hepatology education program must be one year in duration.

Int.B. Scope of Educational Experience

The program must include clinical experiences and should offer protected time for research.

Int.B.1. The 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 education for fellows in the diagnosis and management of those subspecialty patients. This must include progressive clinical, technical, and consultative experiences that will enable the fellow to develop expertise as a consultant in the subspecialty.

Int.B.2. Fellows 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.

Int.B.3. The program must provide fellows with instruction and opportunities to interact effectively with patients, patients' families, professional associates, and others in carrying out their responsibilities as physicians in the specialty. Fellows must learn to create and sustain a therapeutic relationship with patients, and how to work effectively as members or leaders of patient care teams or other groups in which they participate as a researcher, educator, health advocate, or manager.

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.

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.

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.

The PLA should:

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

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

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

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

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).

I.B.3. An accredited program may occur in one or more sites. The Review Committee must approve any site providing six months or more of the inpatient and/or outpatient education.

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. After approval, the program director must submit this change to the

ACGME via the ADS.

- II.A.2. Qualifications of the program director must include:**
- II.A.2.a) requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;**
 - II.A.2.b) current certification in the specialty by the American Board of Pediatrics, or specialty qualifications that are acceptable to the Review Committee; and,**
 - II.A.2.b).(1)** Qualifications other than subspecialty certification by the American Board of Pediatrics will be considered only in exceptional circumstances. Qualifications would include subspecialty education 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.
 - II.A.2.c) current medical licensure and appropriate medical staff appointment.**
 - II.A.2.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).
- II.A.3. The program director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas. The program director must:**
- II.A.3.a) prepare and submit all information required and requested by the ACGME;**
 - II.A.3.b) be familiar with and oversee compliance with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;**
 - II.A.3.c) obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information or requests for the following:**
 - II.A.3.c).(1)** all applications for ACGME accreditation of new programs;
 - II.A.3.c).(2)** changes in fellow complement;
 - II.A.3.c).(3)** major changes in program structure or length of training;

- II.A.3.c).(4) progress reports requested by the Review Committee;
- II.A.3.c).(5) responses to all proposed adverse actions;
- II.A.3.c).(6) requests for increases or any change to fellow duty hours;
- II.A.3.c).(7) voluntary withdrawals of ACGME-accredited programs;
- II.A.3.c).(8) requests for appeal of an adverse action; and,
- II.A.3.c).(9) appeal presentations to a Board of Appeal or the ACGME.
- II.A.3.d) obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
 - II.A.3.d).(1) program citations, and/or
 - II.A.3.d).(2) request for changes in the program that would have significant impact, including financial, on the program or institution.
- II.A.3.e) ensure that the fellows are mentored in their development of clinical, educational, and administrative skills;
- II.A.3.f) ensure that explicit written guidelines identify that appropriate back-up exists. Such guidelines must be communicated to all members of the program staff. Fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians;
- II.A.3.g) monitor and document the procedural skills of the fellows;
- II.A.3.h) have documentation of meetings that describe ongoing interaction among pediatric subspecialty and core program directors. These must take place at least semi-annually. These meetings should address a departmental approach to common educational issues and concerns (e.g., core curriculum, competencies, and evaluation).

II.B. Faculty

II.B.1. There must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows.

- II.B.1.a) The program must have at least two full-time faculty members certified in Pediatric Transplant Hepatology or possess

qualifications judged to be appropriate by the RRC. Each faculty member must:

II.B.1.a).(1) be a pediatric hepatologist with expertise in childhood liver diseases and pediatric liver transplantation;

II.B.1.a).(2) have ongoing direct patient care responsibilities.

II.B.2. The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in the education of fellows.

II.B.3. The physician faculty must have current certification in the specialty by the American Board of Pediatrics, or possess qualifications acceptable to the Review Committee.

II.B.3.a) Acceptable qualifications for the required key subspecialty faculty include:

II.B.3.a).(1) certification, if eligible, by the American Board of Pediatrics (ABP) or other appropriate board of the American Board of Medical Specialties (ABMS), or

II.B.3.a).(2) if trained elsewhere and not eligible for certification, documented subspecialty education and peer-reviewed publications in the field with evidence of active participation in applicable local and national professional societies.

II.B.3.b) When assessing the adequacy of the number of faculty, the total number of fellows will be considered.

II.B.3.c) 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.

II.B.4. The physician faculty must possess current medical licensure and appropriate medical staff appointment.

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

II.B.5.a) Research may be in a variety of fields related to the subspecialty (e.g., basic science, clinical, health services, health policy, or educational research).

II.B.5.a).(1) Each faculty member must have productivity in clinical or basic science research related to liver disease or transplantation.

II.B.5.b) To provide an appropriate environment for the fellows, the fellowship faculty must have a program of ongoing scholarship characterized by peer reviewed funding and publications.

II.B.5.c) A program must provide evidence of an ongoing commitment to, and productivity in, the scholarship of discovery in the relevant pediatric subspecialty area. Recent productivity by the program faculty will be assessed at the time of each review of the program. Activity in the following is required as evidence of the commitment to scholarship: projects with peer review for funding, and publications of original research and/or critical meta-analyses, systematic reviews of clinical practice, critical analyses of public policy, or curricular development projects in peer-reviewed journals.

II.B.6. Other Physician and Consultative Faculty

II.B.6.a) The following physician faculty from other disciplines must also be available: anesthesiology, pediatric surgery, child psychiatry or pediatric developmental-behavioral medicine, pediatric radiology and a pathologist with experience in interpretation of liver and transplant histology.

II.B.6.b) The program must provide co-management responsibility with transplant surgeons from the initial evaluation through the pre-transplant phase, surgery, recovery, and follow-up care.

II.C. Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.

II.C.1. The professional staff must include social workers, nutritionists, clinical nurse coordinators, child life therapists and a pharmacist and should include subspecialty nurses, physical and occupational therapists, and speech therapists with pediatric focus and experience.

II.D. Resources

The institution and the program must jointly ensure the availability of adequate resources for fellow education, as defined in the specialty program requirements.

II.D.1. Liver Transplant Program

The transplant program must be present at the primary clinical site and be United Network of Organ Sharing (UNOS) approved.

II.D.2. Patient Population

II.D.2.a) Patients should range in age from newborn through young adulthood. Adequate numbers of pediatric subspecialty inpatients and outpatients, both new and follow up, must be available to provide a broad experience for the fellows.

II.D.2.b) For programs with one fellow, the transplant program must perform at least 10 pediatric (patients less than 18 years old) liver transplants per year, or an average of 10 per year over the previous three year period. For programs with a complement of two or more fellows, the program must document an average of 10 transplants per year for each fellow.

II.D.2.c) The program should also have a minimum of 20 active surviving patients in long-term follow-up (greater than one year) who are actively managed by the transplant team.

II.D.3. The program must have interventional radiology services with staff experienced in the performance and interpretation of the invasive procedures required in liver transplant candidates and recipients.

II.D.4. The program must utilize a multidisciplinary team to address donor and recipient selection and evaluation.

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.

III. Fellow Appointments

III.A. Eligibility Criteria

Each fellow must successfully complete an ACGME-accredited specialty program and/or meet other eligibility criteria as specified by the Review Committee. The program must document that each fellow has met the eligibility criteria.

III.A.1. Fellows entering the program should have completed a 3-year ACGME-accredited program in pediatric gastroenterology. Candidates who do not meet this criterion 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.

III.B. Number of Fellows

The program director may not appoint more fellows than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to

support the number of fellows appointed to the program.

III.B.1. Programs planning to implement a modest increase in fellow complement between formal reviews should follow the directions provided on the Pediatrics home page of the ACGME website.

IV. Educational Program

IV.A. The curriculum must contain the following educational components:

IV.A.1. Skills and competencies the fellow will be able to demonstrate at the conclusion of the program. The program must distribute these skills and competencies to fellows and faculty annually, in either written or electronic form. These skills and competencies should be reviewed by the fellow at the start of each rotation;

IV.A.2. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum:

IV.A.2.a) Patient Care

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:

IV.A.2.a).(1) must have supervised education to acquire the necessary clinical skills used in the subspecialty. These skills should include development of expertise in the ability to perform a history and physical examination, make diagnostic and therapeutic decisions, develop and carry out management plans, counsel patients and families, and use information technology to optimize patient care;

IV.A.2.a).(2) must be provided with a supervised experience in performing and interpreting the results of laboratory tests and diagnostic procedures for use in patient care. Instruction and experience must be sufficient for the fellow to acquire the necessary procedural skills and develop an understanding of their indications, risks, and limitations;

IV.A.2.a).(3) must be provided with education in all the phases of transplant care including evaluation and indications, pre-transplant management, peri-operative care, immediate post-operative critical care and the specifics of short-term and long-term post-transplant medical management;

IV.A.2.a).(4) must be involved in direct patient care, and supervise the evaluation and management of patients and in-patient consults. Specific competencies include teaching and

supervising liver biopsies, diagnostic and therapeutic endoscopy and paracentesis; managing post-transplant immunosuppression; and leading daily rounds with the Liver Transplant Team;

- IV.A.2.a).(5) must have experience with and instruction on the interpretation of liver transplant biopsy specimens with an experienced liver transplant pathologist;
- IV.A.2.a).(6) must know how to care for patients that receive technical variant grafts such as living donor grafts;
- IV.A.2.a).(7) must demonstrate knowledge and clinical competence in:
 - IV.A.2.a).(7).(a) management of children with chronic cholestasis, cirrhosis, and end-stage liver disease;
 - IV.A.2.a).(7).(b) management of acute liver failure including critical care management;
 - IV.A.2.a).(7).(c) diagnosis and management of Metabolic Liver Disease;
 - IV.A.2.a).(7).(d) diagnosis and management of viral hepatitis
 - IV.A.2.a).(7).(e) diagnosis and management of autoimmune hepatitis and Sclerosing Cholangitis
 - IV.A.2.a).(7).(f) diagnosis and management of drug hepatotoxicities;
 - IV.A.2.a).(7).(g) understand the impact of chronic liver disease on growth and development in children;
 - IV.A.2.a).(7).(h) nutritional support of patients with chronic liver disease;
 - IV.A.2.a).(7).(i) knowledge of indications and strategies for liver transplantation;
 - IV.A.2.a).(7).(j) recognition of absolute and relative contraindications for liver transplantation;
 - IV.A.2.a).(7).(k) psychosocial evaluation of candidates and recipients and their families;
 - IV.A.2.a).(7).(l) primary evaluation, presentation and discussion of potential liver transplant candidates for consideration by a multi-disciplinary board;

- IV.A.2.a).(7).(m) ethical considerations relating to liver transplant donors, including questions related to living donors, donation after cardiac death, criteria for brain death, and appropriate recipients;
- IV.A.2.a).(7).(n) evaluation of indications for emergent re-operation or re-transplantation;
- IV.A.2.a).(7).(o) prevention and management of opportunistic infection in the transplant recipient including cytomegalovirus, adenovirus, fungal infection, and the spectrum of Epstein-Barr virus related disease including post transplant lymphoproliferative disease (PTLD);
- IV.A.2.a).(7).(p) prevention and management of recurrent viral hepatitis in the allograft;
- IV.A.2.a).(7).(q) development of a knowledge base in transplant immunology, including blood group matching, histocompatibility and tissue typing;
- IV.A.2.a).(7).(r) recognition, evaluation, diagnosis and treatment of acute and chronic allograft rejection;
- IV.A.2.a).(7).(s) recognition and intervention for complications of immunosuppressive therapy;
- IV.A.2.a).(7).(t) recognition, evaluation and management of long-term complications of liver transplantation.
- IV.A.2.a).(8) must demonstrate knowledge of the indications, contraindications, complications and interpretation of allograft biopsies and perform at least 15 percutaneous liver biopsies during education. In institutions where liver biopsies are performed only by Interventional Radiology, arrangements should be made for fellows to work with the radiologists in order to perform the required number of biopsies under the direction of the radiologist. In addition, the fellow should be familiar with the appropriate indications for ultrasound guided biopsies;
- IV.A.2.a).(9) must demonstrate an understanding of the organizational principles of a multi-disciplinary transplant program, including the training and responsibilities of nurse coordinators, procurement coordinators and other support staff;
- IV.A.2.a).(10) must demonstrate knowledge of the current UNOS organ allocation policies and the history of the evolution of the process;

IV.A.2.a).(11) must demonstrate the ability to learn the principles of donor selection and management (e.g., hemodynamic management, indications for donor biopsy and donor factors that increase the risk of poor graft function) through observation of at least three deceased donor liver procurements. The fellow will evaluate LRD candidates and observe/participate in LRD donor/recipient procedures;

IV.A.2.a).(12) must demonstrate knowledge of the different methods of vascular and biliary reconstruction, the outcomes of prolonged warm and cold ischemia times, as well as familiarity with the risks and associated complications of the different operative phases including the anhepatic phase and reperfusion by observing at least three liver transplant procedures.

IV.A.2.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:

IV.A.2.b).(1) must acquire a current working knowledge of liver transplantation including the management of pediatric patients with end-stage liver disease and management of major complications, such as nutritional complications of cholestasis and chronic liver disease, upper gastrointestinal hemorrhage, refractory ascites, hepatorenal syndrome, and hepatic encephalopathy.

IV.A.2.c) Practice-based Learning and Improvement

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

IV.A.2.c).(1) **systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;**

IV.A.2.c).(2) **locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;**

IV.A.2.c).(3) assume some departmental administrative responsibilities.

IV.A.2.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.

IV.A.2.e)

Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

IV.A.2.e).(1)

Fellows are expected to demonstrate professionalism throughout education during physician-patient, physician-family, physician-physician/allied health professional, and physician-society relationships.

IV.A.2.f)

Systems-based Practice

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.

IV.A.2.f).(1)

Fellows are expected to develop knowledge 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, clinical outcomes. Programs must provide experience in the prevention of medical errors.

IV.A.3.

Completion of a minimum of six months on the clinical inpatient liver service. The remaining months should consist of other hepatology or transplant related experience, including involvement in liver transplantation research. There must be 12 months of weekly transplant clinic to provide continuity care to patients with liver failure or post-operative transplant patients;

IV.A.4.

Formal instruction on the pathogenesis, manifestations, and complications of chronic liver disease, end-stage liver disease and hepatic transplantation, including the behavioral adjustments of patients to their problems. The impact of various modes of therapy and the appropriate use of laboratory tests and procedures should be stressed;

IV.A.5.

Formal education (lectures, conferences, seminars, and journal clubs) that includes the following:

IV.A.5.a)

Anatomy, physiology, pharmacology, pathology, and molecular virology related to the liver and biliary tract;

IV.A.5.b)

The natural history of chronic liver disease;

IV.A.5.c)

Factors involved in nutrition and malnutrition and its management;

- IV.A.5.d) Prudent cost-effective and judicious use of special instruments, tests, and therapy in the diagnosis and management of liver disorders;
- IV.A.5.e) Clinical research issues and transplant hepatology.
- IV.A.6. Didactic and interactive conferences and seminars offered within the division and the institution in which fellows should participate, including but not limited to:
 - IV.A.6.a) Liver transplant multidisciplinary conference
 - IV.A.6.b) Pathology conference
 - IV.A.6.c) Morbidity and mortality conference
 - IV.A.6.d) Physiology/pathophysiology conference
 - IV.A.6.e) Journal club
 - IV.A.6.f) Research forum
 - IV.A.6.g) Pediatric radiology conference
- IV.A.7. Regularly-scheduled subspecialty conferences. Fellows should actively participate in the planning and implementation of these meetings.

IV.B. Fellows' Scholarly Activity

V. Evaluation

V.A. Fellow Evaluation

V.A.1. Formative Evaluation

- V.A.1.a) **The faculty must evaluate fellow performance in a timely manner.**
- V.A.1.b) **The program must:**
 - V.A.1.b).(1) **provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;**
 - V.A.1.b).(2) **use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff); and,**

- V.A.1.b).(3)** provide each fellow with documented semiannual evaluation of performance with feedback.
- V.A.1.c)** The evaluations of fellow performance must be accessible for review by the fellow, in accordance with institutional policy.
- V.A.2.** **Summative Evaluation**
- The program director must provide a summative evaluation for each fellow upon completion of the program. This evaluation must 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. This evaluation must:
- V.A.2.a)** document the fellow's performance during their education, and
- V.A.2.b)** verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision.
- V.B.** **Faculty Evaluation**
- V.B.1.** At least annually, the program must evaluate faculty performance as it relates to the educational program.
- 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.
- V.B.3.** Faculty should receive formal feedback from these evaluations.
- V.C.** **Program Evaluation and Improvement**
- V.C.1.** The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:
- V.C.1.a)** fellow performance;
- V.C.1.b)** faculty development; and,
- V.C.1.c)** performance of program graduates on the certification examination.
- V.C.2.** If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

- V.C.3. The same evaluation mechanisms used in the related pediatrics residency program must be adapted for and implemented in all of the pediatric subspecialty programs that function with it. In order to maintain the confidentiality of responses from fellows in small programs, evaluations of faculty may be consolidated with the core faculty evaluations.

VI. Fellow Duty Hours in the Learning and Working Environment

VI.A. Principles

- VI.A.1. **The program must be committed to and be responsible for promoting patient safety and fellow well-being and to providing a supportive educational environment.**
- VI.A.2. **Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.**

VI.B. Supervision of Fellows

The program must ensure that qualified faculty provide appropriate supervision of fellows in patient care activities.

VI.C. Duty Hours (the terms in this section are defined in the ACGME Glossary and apply to all programs)

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

- VI.C.1. **Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.**
- VI.C.2. **Fellows must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.**
- VI.C.3. **Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.**
- VI.C.3.a) The Review Committee will not consider requests for a rest period that is less than 10 hours.

VI.D. On-call Activities

- VI.D.1. **In-house call must occur no more frequently than every third night, averaged over a four-week period.**

VI.D.2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

VI.D.2.a) Post-call fellows may not attend any outpatient clinics other than continuity clinics.

VI.D.3. No new patients may be accepted after 24 hours of continuous duty.

VI.D.3.a) A new patient is defined as any patient for whom the fellow has not provided care during the previous 24 hour period or who is not a part of the fellow's continuity panel or the panel of the fellow's continuity team, if such exists.

VI.D.4. At-home call (or pager call)

VI.D.4.a) **The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each fellow.**

VI.D.4.b) **Fellows taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.**

VI.D.4.c) **When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.**

VI.E. Moonlighting

Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours.

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