



**Accreditation Council for  
Graduate Medical Education**

**ACGME Program Requirements for  
Graduate Medical Education  
in Pediatric Rheumatology**

Sections I-VI

Sections VII-VIII

General Pediatric Subspecialty Program Requirements

Pediatric Rheumatology Program Requirements

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**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

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. <sup>(Core)</sup>

### 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.B. Duration of Educational Experience

Unless specified otherwise in the subspecialty-specific Program Requirements, the educational program must be 36 months in length. <sup>(Core)</sup>

### 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. <sup>(Core)</sup>**

**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. <sup>(Core)</sup>**

- I.A.1. 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 ACGME-accredited Sponsoring Institution. <sup>(Core)</sup>
- I.A.1.a) The presence of a subspecialty program must not adversely affect the education of pediatric residents. <sup>(Core)</sup>
- I.A.1.b) The subspecialty program should be geographically proximate to the core pediatric residency program. <sup>(Detail)</sup>
- I.A.2. Program leadership, including the program director and associate program director(s), must be provided with a minimum combined 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, as follows: <sup>(Core)</sup>

Program Size	% FTE Required
0-3 fellows	20%
4-6 fellows	25%
7-9 fellows	30%
≥ 10 fellows	35%

- I.A.3. The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program. <sup>(Core)</sup>

**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.** <sup>(Detail)</sup>

**The PLA should:**

- I.B.1.a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;** <sup>(Detail)</sup>
- I.B.1.b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;** <sup>(Detail)</sup>
- I.B.1.c) specify the duration and content of the educational experience; and,** <sup>(Detail)</sup>
- I.B.1.d) state the policies and procedures that will govern fellow education during the assignment.** <sup>(Detail)</sup>

- 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).** <sup>(Core)</sup>

I.B.3. Any site providing six months or more of required rotations should be approved by the Review Committee. <sup>(Detail)</sup>

## **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.** <sup>(Core)</sup>

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

**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.** <sup>(Detail)</sup>

**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;** <sup>(Core)</sup>

**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;** <sup>(Core)</sup>

**II.A.3.b).(1) Qualifications other than subspecialty certification by the American Board of Pediatrics (ABP) will be considered only in exceptional circumstances.** <sup>(Detail)</sup>

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

**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).** <sup>(Core)</sup>

**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.** <sup>(Core)</sup>

**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;** <sup>(Core)</sup>
  - II.A.4.b) **approve a local director at each participating site who is accountable for fellow education;** <sup>(Core)</sup>
  - II.A.4.c) **approve the selection of program faculty as appropriate;** <sup>(Core)</sup>
  - II.A.4.d) **evaluate program faculty;** <sup>(Core)</sup>
  - II.A.4.e) **approve the continued participation of program faculty based on evaluation;** <sup>(Core)</sup>
  - II.A.4.f) **monitor fellow supervision at all participating sites;** <sup>(Core)</sup>
  - II.A.4.g) **prepare and submit all information required and requested by the ACGME;** <sup>(Core)</sup>
  - 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.** <sup>(Core)</sup>
  - 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;** <sup>(Detail)</sup>
  - II.A.4.i) **provide verification of fellowship education for all fellows, including those who leave the program prior to completion;** <sup>(Detail)</sup>
  - 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;** <sup>(Core)</sup>
- and, to that end, must:**
- II.A.4.j).(1) **distribute these policies and procedures to the fellows and faculty;** <sup>(Detail)</sup>
  - II.A.4.j).(2) **monitor fellow duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;** <sup>(Core)</sup>
  - II.A.4.j).(3) **adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,** <sup>(Detail)</sup>
  - 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.** <sup>(Detail)</sup>

- 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; <sup>(Detail)</sup>
- 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; <sup>(Detail)</sup>
- 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; <sup>(Detail)</sup>
- II.A.4.n)** obtain review and approval of the sponsoring institution’s GMEC/DIO before submitting information or requests to the ACGME, including: <sup>(Core)</sup>
- II.A.4.n).(1)** all applications for ACGME accreditation of new programs; <sup>(Detail)</sup>
  - II.A.4.n).(2)** changes in fellow complement; <sup>(Detail)</sup>
  - II.A.4.n).(3)** major changes in program structure or length of training; <sup>(Detail)</sup>
  - II.A.4.n).(4)** progress reports requested by the Review Committee; <sup>(Detail)</sup>
  - II.A.4.n).(5)** requests for increases or any change to fellow duty hours; <sup>(Detail)</sup>
  - II.A.4.n).(6)** voluntary withdrawals of ACGME-accredited programs; <sup>(Detail)</sup>
  - II.A.4.n).(7)** requests for appeal of an adverse action; and, <sup>(Detail)</sup>
  - II.A.4.n).(8)** appeal presentations to a Board of Appeal or the ACGME. <sup>(Detail)</sup>
- 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: <sup>(Detail)</sup>
- II.A.4.o).(1)** program citations, and/or, <sup>(Detail)</sup>
  - II.A.4.o).(2)** request for changes in the program that would have significant impact, including financial, on the program or institution. <sup>(Detail)</sup>
- II.A.4.p)** ensure that the fellows are mentored in their development of clinical, educational, and administrative skills; <sup>(Core)</sup>

- II.A.4.q) ensure that each fellow's experience in such procedures be documented and that such documentation is available for review;  
(Core)
- II.A.4.r) coordinate, with the core and subspecialty program directors, the incorporation of the competencies into fellowship education in order to foster consistent expectations with regard to fellows' achievement of them, and for faculty members with regard to evaluation processes; and, (Core)
- II.A.4.s) maintain documentation of meetings that describe ongoing interaction among pediatric subspecialty and core program directors. (Core)
- II.A.4.s).(1) These meetings should 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, 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 faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.)  
(Core)
- 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 appropriate member board of the American Board of Medical Specialties (ABMS); or, (Core)
- II.B.2.a).(2) if 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) Teaching and consultant faculty members in the full range of pediatric subspecialties and in other related disciplines must be available as specified in the subspecialty-specific requirements. (Core)
- II.B.2.b).(1) The faculty 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)**
- II.B.5.b).(2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks; (Detail)**
- II.B.5.b).(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or, (Detail)**
- II.B.5.b).(4) participation in national committees or educational organizations. (Detail)**
- II.B.5.c) Faculty should encourage and support fellows in scholarly activities. (Core)**

- II.B.5.d) This must include the mentoring of fellows as they apply scientific principles, epidemiology, biostatistics, and evidence-based medicine to the clinical care of patients. <sup>(Core)</sup>
- II.B.5.e) Scholarly activities should be in a field related to the subspecialty, such as basic science, clinical, health services, health policy, quality improvement, or education. <sup>(Detail)</sup>
- II.B.5.f) To provide an appropriate environment for the fellows, the fellowship faculty must have a program of ongoing scholarship. <sup>(Core)</sup>
- II.B.5.f).(1) This must be characterized by peer-reviewed funding and/or publications. <sup>(Core)</sup>
- II.B.5.f).(2) The members of the teaching faculty must play a substantial role in conceiving and writing the funding application(s), conducting the project, collecting and analyzing data, and publishing results. <sup>(Core)</sup>

## 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.** <sup>(Core)</sup>

- II.C.1. Professional personnel should include nutritionists, social workers, respiratory therapists, pharmacists, subspecialty nurses, physical and occupational therapists, child life therapists, and speech therapists with pediatric focus and experience, as appropriate to the subspecialty. <sup>(Detail)</sup>

## 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.** <sup>(Core)</sup>

- II.D.1. Adequate inpatient and outpatient facilities, as specified in the requirements for each subspecialty, must be available. <sup>(Core)</sup>
- II.D.1.a) These must be of sufficient size and be appropriately staffed and equipped to meet the educational needs of the program. <sup>(Core)</sup>
- II.D.2. Support services must include clinical laboratories, intensive care, nutrition, occupational and physical therapy, pathology, pharmacology, mental health, diagnostic imaging, respiratory therapy, and social services. <sup>(Core)</sup>
- II.D.3. Patients must range in age from newborn through young adulthood, as appropriate. <sup>(Core)</sup>

II.D.4. Adequate numbers of pediatric subspecialty patients must be available to provide a broad experience for the fellows. <sup>(Core)</sup>

II.D.4.a) The program must maintain an appropriate balance of the number and variety of patients, the number of faculty members, and the number of fellows in the program. <sup>(Core)</sup>

## 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.** <sup>(Detail)</sup>

## III. Fellow Appointments

### III.A. Eligibility Criteria

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

#### 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.** <sup>(Core)</sup>

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.** <sup>(Core)</sup>

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.** <sup>(Core)</sup>

III.A.1.d) **Review Committees will grant no other exceptions to these**

**eligibility requirements for residency education.** <sup>(Core)</sup>

**III.A.2. Eligibility Requirements – Fellowship Programs**

**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.** <sup>(Core)</sup>

With the exception of adolescent medicine and pediatric emergency medicine subspecialty programs, prerequisite training for entry into a pediatric subspecialty program must 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. <sup>(Core)</sup>

Prerequisite training for entry into an adolescent medicine subspecialty program must include the satisfactory completion of either an ACGME-accredited family medicine, internal medicine, pediatrics or combined internal medicine-pediatrics residency, a CFPC-accredited family medicine program located in Canada, or an RCPSC-accredited internal medicine or pediatrics residency program located in Canada. <sup>(Core)</sup>

Prerequisite training for entry into a pediatric emergency medicine subspecialty program must include the satisfactory completion of either an ACGME-accredited emergency medicine, pediatrics or combined internal medicine-pediatrics residency, or an RCPSC-accredited emergency medicine or pediatrics residency program located in Canada. <sup>(Core)</sup>

**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.** <sup>(Core)</sup>

**III.A.2.b) Fellow Eligibility Exception**

**A Review Committee may grant the following exception to the fellowship eligibility requirements:**

**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:** <sup>(Core)</sup>

**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** <sup>(Core)</sup>

- III.A.2.b).(2)** Review and approval of the applicant’s exceptional qualifications by the GMEC or a subcommittee of the GMEC; and <sup>(Core)</sup>
- 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; <sup>(Core)</sup>
- III.A.2.b).(4)** For an international graduate, verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification; and, <sup>(Core)</sup>
- 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. <sup>(Core)</sup>
- 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. <sup>(Core)</sup>
- \*\* 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. <sup>(Core)</sup>
- III.A.2.d)** Applicants who do not meet the eligibility criteria in Program Requirement III.A.2. must be advised in writing by the program

director to consult the ABP or other appropriate board regarding their eligibility for subspecialty certification. <sup>(Core)</sup>

### **III.B. Number of Fellows**

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

**III.B.1. The program director may not appoint more fellows than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements.** <sup>(Core)</sup>

### **III.C. Fellow Transfers**

**III.C.1. Before accepting a fellow who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring fellow.** <sup>(Detail)</sup>

**III.C.2. A program director must provide timely verification of fellowship education and summative performance evaluations for fellows who may leave the program prior to completion.** <sup>(Detail)</sup>

### **III.D. Appointment of Fellows and Other Learners**

**The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed fellows' education.** <sup>(Core)</sup>

**III.D.1. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines.** <sup>(Detail)</sup>

## **IV. Educational Program**

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

**IV.A.1. Overall educational goals for the program, which the program must make available to fellows and faculty;** <sup>(Core)</sup>

**IV.A.2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to fellows and faculty at least annually, in either written or electronic form;** <sup>(Core)</sup>

**IV.A.2.a) Each educational unit or major professional activity must have a curriculum associated with it.** <sup>(Core)</sup>

**IV.A.2.b) The competency-based goals and objectives, educational strategies, and assessment methods must align with intended outcomes of those activities.** <sup>(Core)</sup>

IV.A.2.c) The curriculum should incorporate the competencies into the context of the major professional activities for which fellows should be entrusted. <sup>(Detail)</sup>

**IV.A.3. Regularly scheduled didactic sessions;** <sup>(Core)</sup>

**IV.A.4. Delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of fellows over the continuum of the program; and,** <sup>(Core)</sup>

**IV.A.5. ACGME Competencies**

**The program must integrate the following ACGME competencies into the curriculum:** <sup>(Core)</sup>

**IV.A.5.a) Patient Care and Procedural Skills**

**IV.A.5.a).(1) 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:** <sup>(Outcome)</sup>

IV.A.5.a).(1).(a) must develop competence in the necessary clinical skills used in the subspecialty and provide consultation, including the ability to perform a history and physical examination, make informed diagnostic and therapeutic decisions that result in optimal clinical judgement, develop and carry out management plans, counsel patients and families, and use information technology to optimize patient care; <sup>(Outcome)</sup>

IV.A.5.a).(1).(b) must demonstrate the ability to provide transfer of care that ensures seamless transitions; <sup>(Outcome)</sup>

IV.A.5.a).(1).(c) must demonstrate the ability to develop and carry out management plans; and, <sup>(Outcome)</sup>

IV.A.5.a).(1).(d) must demonstrate the ability to provide appropriate role modeling and supervision. <sup>(Outcome)</sup>

**IV.A.5.a).(2) Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows:** <sup>(Outcome)</sup>

IV.A.5.a).(2).(a) must demonstrate competence in performing and interpreting the results of laboratory tests and diagnostic procedures for use in patient care. <sup>(Outcome)</sup>

IV.A.5.a).(2).(a).(i)

Fellows must acquire the necessary procedural skills and develop an understanding of their indications, risks, and limitations. (Outcome)

**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. (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)



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

**Fellows are expected to demonstrate:**

- IV.A.5.e).(1) **compassion, integrity, and respect for others;** (Outcome)
- IV.A.5.e).(2) **responsiveness to patient needs that supersedes self-interest;** (Outcome)
- IV.A.5.e).(3) **respect for patient privacy and autonomy;** (Outcome)
- IV.A.5.e).(4) **accountability to patients, society and the profession;** (Outcome)
- 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)
- IV.A.5.e).(6) **trustworthiness that makes colleagues feel secure when the fellow is responsible for the care of patients;** (Outcome)
- 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)
- IV.A.5.e).(8) **the capacity to recognize that ambiguity is part of clinical medicine and to respond by utilizing appropriate resources in dealing with uncertainty.** (Outcome)

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

**Fellows are expected to:**

- IV.A.5.f).(1) **work effectively in various health care delivery settings and systems relevant to their clinical specialty;** (Outcome)
- IV.A.5.f).(2) **coordinate patient care within the health care system relevant to their clinical specialty;** (Outcome)
- IV.A.5.f).(3) **incorporate considerations of cost awareness and**

- risk-benefit analysis in patient and/or population-based care as appropriate;** <sup>(Outcome)</sup>
- IV.A.5.f).(4) advocate for quality patient care and optimal patient care systems;** <sup>(Outcome)</sup>
- IV.A.5.f).(5) work in interprofessional teams to enhance patient safety and improve patient care quality;** <sup>(Outcome)</sup>
- IV.A.5.f).(6) participate in identifying system errors and implementing potential systems solutions;** <sup>(Outcome)</sup>
- IV.A.5.f).(7) participate in the administrative aspects of the subspecialty, including: <sup>(Outcome)</sup>
- IV.A.5.f).(7).(a) knowledge of regional and national access to care, resources, workforce, and financing appropriate to the subspecialty through guided reading and discussion; and, <sup>(Outcome)</sup>
- 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 scheduled division activities/meetings) that involve: <sup>(Outcome)</sup>
- IV.A.5.f).(7).(b).(i) staffing a service or unit, including managing personnel and making and adhering to a schedule; <sup>(Outcome)</sup>
- IV.A.5.f).(7).(b).(ii) drafting policies and procedures, leading interdisciplinary meetings and conferences, and providing in-service teaching sessions; <sup>(Outcome)</sup>
- IV.A.5.f).(7).(b).(iii) 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; <sup>(Outcome)</sup>
- IV.A.5.f).(7).(b).(iv) business planning and practice management, including billing and coding, personnel management policies, and professional liability; <sup>(Outcome)</sup>
- IV.A.5.f).(7).(b).(v) division or program development, organization, and maintenance; and, <sup>(Outcome)</sup>
- IV.A.5.f).(7).(b).(vi) 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) the institution as appropriate to the subspecialty. <sup>(Outcome)</sup>

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. <sup>(Core)</sup>

IV.A.6.a).(1) The program must utilize didactic and practical experience. <sup>(Core)</sup>

IV.A.6.a).(2) Subspecialty conferences must occur regularly, and must involve active participation by the fellows in planning and implementation. <sup>(Core)</sup>

IV.A.6.a).(3) Fellow education must include instruction in basic and fundamental disciplines, as appropriate to the subspecialty, such as anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism. <sup>(Core)</sup>

IV.A.6.a).(4) Fellow education must include instruction in 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. <sup>(Core)</sup>

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

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

IV.A.6.a).(6) Fellow education must include instruction in the economics of health care and current health care management issues, such as cost-effective patient care, practice management, preventive care, quality improvement, resource allocation, and clinical outcomes. <sup>(Core)</sup>

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

IV.A.6.b).(1) provide for and obtain consultation from other health care providers caring for children; <sup>(Core)</sup>

IV.A.6.b).(2) contribute to the fiscally sound and ethical management of

- a practice (e.g., through billing, scheduling, coding, and record-keeping practices); <sup>(Core)</sup>
- IV.A.6.b).(3) apply public health principles and improvement methodology to improve care for populations, communities, and systems; <sup>(Core)</sup>
- IV.A.6.b).(4) lead an interprofessional health care team; <sup>(Core)</sup>
- IV.A.6.b).(5) facilitate hand-overs to another health care provider; and, <sup>(Core)</sup>
- IV.A.6.b).(6) lead within the subspecialty profession. <sup>(Core)</sup>
- IV.A.6.c) 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 subspecialty. <sup>(Core)</sup>
- IV.A.6.c).(1) Fellows must learn to create and sustain a therapeutic relationship with patients, and 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. <sup>(Core)</sup>
- IV.A.6.d) The fellowship program and residency program must complement and enhance one another. <sup>(Core)</sup>

## **IV.B. Fellows' Scholarly Activities**

- IV.B.1. The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.** <sup>(Core)</sup>
- IV.B.1.a) Where appropriate, the core curriculum in scholarly activity should be a collaborative effort involving all of the pediatric subspecialty programs in the institution. <sup>(Detail)</sup>
- IV.B.2. Fellows should participate in scholarly activity.** <sup>(Core)</sup>
- IV.B.2.a) Each fellow must design and conduct a scholarly project in his or her subspecialty area with the guidance of the fellowship director and a designated mentor. <sup>(Core)</sup>
- IV.B.2.b) The program must provide a scholarship oversight committee for each fellow to oversee and evaluate his or her progress as related to scholarly activity. <sup>(Core)</sup>
- IV.B.2.b).(1) Where applicable, the process of establishing fellow scholarship oversight committees should be a collaborative effort involving other pediatric subspecialty programs at the

institution. <sup>(Detail)</sup>

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

IV.B.2.c).(1) There must be adequate time for each fellow to allow for the development of requisite skills, project completion, and presentation of results to the scholarship oversight committee. <sup>(Core)</sup>

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

## V. Evaluation

### V.A. Fellow Evaluation

**V.A.1. The program director must appoint the Clinical Competency Committee.** <sup>(Core)</sup>

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

**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.** <sup>(Core)</sup>

**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.** <sup>(Core)</sup>

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

**V.A.1.b).(1) The Clinical Competency Committee should:**

**V.A.1.b).(1).(a) review all fellow evaluations semi-annually;** <sup>(Core)</sup>

**V.A.1.b).(1).(b) prepare and ensure the reporting of Milestones evaluations of each fellow semi-annually to ACGME; and,** <sup>(Core)</sup>

**V.A.1.b).(1).(c)** **advise the program director regarding fellow progress, including promotion, remediation, and dismissal.** (Detail)

**V.A.2. Formative Evaluation**

**V.A.2.a)** **The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.** (Core)

**V.A.2.b)** **The program must:**

**V.A.2.b).(1)** **provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones;** (Core)

**V.A.2.b).(2)** **use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);** (Detail)

**V.A.2.b).(3)** **document progressive fellow performance improvement appropriate to educational level; and,** (Core)

**V.A.2.b).(4)** **provide each fellow with documented semiannual evaluation of performance with feedback.** (Core)

**V.A.2.c)** **The evaluations of fellow performance must be accessible for review by the fellow, in accordance with institutional policy.** (Detail)

**V.A.3. Summative Evaluation**

**V.A.3.a)** **The specialty-specific Milestones must be used as one of the tools to ensure fellows are able to practice core professional activities without supervision upon completion of the program.** (Core)

**V.A.3.b)** **The program director must provide a summative evaluation 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, <sup>(Detail)</sup>

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

**V.B. Faculty Evaluation**

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

**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. <sup>(Detail)</sup>

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

**V.B.4.** Faculty members must receive feedback from these evaluations. <sup>(Core)</sup>

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

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

**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; <sup>(Core)</sup>

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

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

**V.C.1.a).(3).(a)** planning, developing, implementing, and evaluating educational activities of the program; <sup>(Detail)</sup>

**V.C.1.a).(3).(b)** reviewing and making recommendations for revision of competency-based curriculum goals and objectives; <sup>(Detail)</sup>

**V.C.1.a).(3).(c)** addressing areas of non-compliance with ACGME standards; and, <sup>(Detail)</sup>

**V.C.1.a).(3).(d)** reviewing the program annually using evaluations of faculty, fellows, and others, as specified below. <sup>(Detail)</sup>

**V.C.2.** The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. <sup>(Core)</sup>

The program must monitor and track each of the following areas:

**V.C.2.a)** fellow performance; <sup>(Core)</sup>

**V.C.2.b)** faculty development; <sup>(Core)</sup>

**V.C.2.c)** graduate performance, including performance of program graduates on the certification examination; <sup>(Core)</sup>

**V.C.2.d)** program quality; and, <sup>(Core)</sup>

**V.C.2.d).(1)** Fellows and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and <sup>(Detail)</sup>

**V.C.2.d).(2)** The program must use the results of fellows' and faculty members' assessments of the program together with other program evaluation results to improve the program. <sup>(Detail)</sup>

**V.C.2.e)** progress on the previous year's action plan(s). <sup>(Core)</sup>

**V.C.3.** The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored. <sup>(Core)</sup>

**V.C.3.a)** The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. <sup>(Detail)</sup>

**V.C.4.** At least 75 percent of the program's graduates from the preceding six years who take the certifying examination for the first time must pass. <sup>(Outcome)</sup>

**V.C.5.** The same evaluation mechanisms used in the related core pediatrics residency program should be adapted for and implemented in all of the pediatric subspecialty programs that function with it. <sup>(Detail)</sup>

## **VI. Fellow Duty Hours in the Learning and Working Environment**

### **VI.A. Professionalism, Personal Responsibility, and Patient Safety**

**VI.A.1.** Programs and sponsoring institutions must educate fellows and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. <sup>(Core)</sup>

- VI.A.2.** The program must be committed to and responsible for promoting patient safety and fellow well-being in a supportive educational environment. <sup>(Core)</sup>
- VI.A.3.** The program director must ensure that fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. <sup>(Core)</sup>
- VI.A.4.** The learning objectives of the program must:
- VI.A.4.a)** be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and, <sup>(Core)</sup>
- VI.A.4.b)** not be compromised by excessive reliance on fellows to fulfill non-physician service obligations. <sup>(Core)</sup>
- VI.A.5.** The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. <sup>(Core)</sup>
- VI.A.6.** Fellows and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
- VI.A.6.a)** assurance of the safety and welfare of patients entrusted to their care; <sup>(Outcome)</sup>
- VI.A.6.b)** provision of patient- and family-centered care; <sup>(Outcome)</sup>
- VI.A.6.c)** assurance of their fitness for duty; <sup>(Outcome)</sup>
- VI.A.6.d)** management of their time before, during, and after clinical assignments; <sup>(Outcome)</sup>
- VI.A.6.e)** recognition of impairment, including illness and fatigue, in themselves and in their peers; <sup>(Outcome)</sup>
- VI.A.6.f)** attention to lifelong learning; <sup>(Outcome)</sup>
- VI.A.6.g)** the monitoring of their patient care performance improvement indicators; and, <sup>(Outcome)</sup>
- VI.A.6.h)** honest and accurate reporting of duty hours, patient outcomes, and clinical experience data. <sup>(Outcome)</sup>
- VI.A.7.** All fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider. <sup>(Outcome)</sup>

**VI.B. Transitions of Care**

**VI.B.1. Programs must design clinical assignments to minimize the number of transitions in patient care. (Core)**

**VI.B.2. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. (Core)**

**VI.B.3. Programs must ensure that fellows are competent in communicating with team members in the hand-over process. (Outcome)**

**VI.B.4. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and fellows currently responsible for each patient's care. (Detail)**

**VI.C. Alertness Management/Fatigue Mitigation**

**VI.C.1. The program must:**

**VI.C.1.a) educate all faculty members and fellows to recognize the signs of fatigue and sleep deprivation; (Core)**

**VI.C.1.b) educate all faculty members and fellows in alertness management and fatigue mitigation processes; and, (Core)**

**VI.C.1.c) adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules. (Detail)**

**VI.C.2. Each program must have a process to ensure continuity of patient care in the event that a fellow may be unable to perform his/her patient care duties. (Core)**

**VI.C.3. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for fellows who may be too fatigued to safely return home. (Core)**

**VI.D. Supervision of Fellows**

**VI.D.1. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care. (Core)**

**VI.D.1.a) This information should be available to fellows, faculty members, and patients. (Detail)**

**VI.D.1.b) Fellows and faculty members should inform patients of their**

respective roles in each patient's care. <sup>(Detail)</sup>

**VI.D.2.** The program must demonstrate that the appropriate level of supervision is in place for all fellows who care for patients. <sup>(Core)</sup>

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member or fellow physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback as to the appropriateness of that care. <sup>(Detail)</sup>

**VI.D.3.** Levels of Supervision

To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision: <sup>(Core)</sup>

**VI.D.3.a)** Direct Supervision – the supervising physician is physically present with the fellow and patient. <sup>(Core)</sup>

**VI.D.3.b)** Indirect Supervision:

**VI.D.3.b).(1)** with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision. <sup>(Core)</sup>

**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. <sup>(Core)</sup>

**VI.D.3.c)** Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. <sup>(Core)</sup>

**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. <sup>(Core)</sup>

**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. <sup>(Core)</sup>

- 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.** <sup>(Detail)</sup>
- 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.** <sup>(Detail)</sup>
- 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.** <sup>(Core)</sup>
- 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.** <sup>(Outcome)</sup>
- VI.D.5.a).(1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.** <sup>(Core)</sup>
- 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.** <sup>(Detail)</sup>
- VI.E. Clinical Responsibilities**
- The clinical responsibilities for each fellow must be based on PGY-level, patient safety, fellow education, severity and complexity of patient illness/condition and available support services.** <sup>(Core)</sup>
- VI.E.1. The program director must have the authority and responsibility to set appropriate clinical responsibilities (i.e., patient caps) for each fellow based on the PGY-level, patient safety, fellow education, severity and complexity of patient illness/condition, and available support services.** <sup>(Core)</sup>
- VI.E.1.a) This must include progressive clinical, technical, and consultative experiences that will enable the fellows to develop expertise as a consultant in the subspecialty.** <sup>(Core)</sup>
- VI.E.1.b) Lines of responsibility for the pediatric residents and the fellows must be clearly defined.** <sup>(Core)</sup>
- VI.E.2. The program director must ensure that fellows maintain an appropriate patient load. Insufficient patient experiences do not meet educational needs; an excessive patient load suggests an inappropriate reliance on fellows for service obligations, which may jeopardize the educational experience.** <sup>(Core)</sup>

**VI.F. Teamwork**

**Fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.** (Core)

VI.F.1. Interprofessional team members should participate in the education of fellows. (Detail)

**VI.G. Fellow Duty Hours**

**VI.G.1. Maximum Hours of Work per Week**

**Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.** (Core)

**VI.G.1.a) Duty Hour Exceptions**

**A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.** (Detail)

The Review Committee for Pediatrics will not consider requests for exceptions to the 80-hour limit to the fellows' work week.

VI.G.1.a).(1) **In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.** (Detail)

VI.G.1.a).(2) **Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.** (Detail)

**VI.G.2. Moonlighting**

VI.G.2.a) **Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.** (Core)

VI.G.2.b) **Time spent by fellows in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.** (Core)

VI.G.2.c) **PGY-1 residents are not permitted to moonlight.** (Core)

**VI.G.3. Mandatory Time Free of Duty**

Fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days. <sup>(Core)</sup>

**VI.G.4. Maximum Duty Period Length**

**VI.G.4.a) Duty periods of PGY-1 residents must not exceed 16 hours in duration. <sup>(Core)</sup>**

**VI.G.4.b) Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. <sup>(Core)</sup>**

**VI.G.4.b).(1) Programs must encourage fellows to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. <sup>(Detail)</sup>**

**VI.G.4.b).(2) It is essential for patient safety and fellow education that effective transitions in care occur. Fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. <sup>(Core)</sup>**

**VI.G.4.b).(3) Fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. <sup>(Core)</sup>**

**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. <sup>(Detail)</sup>**

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

**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, <sup>(Detail)</sup>**

**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. <sup>(Detail)</sup>**



weeks. <sup>(Detail)</sup>

**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).** <sup>(Core)</sup>

**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.** <sup>(Core)</sup>

**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.** <sup>(Core)</sup>

**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”.** <sup>(Detail)</sup>

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**\*Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

**Detail Requirements:** Statements that describe a specific structure, resource, or process for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

**Outcome Requirements:** Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

**Osteopathic Recognition**

For programs seeking Osteopathic Recognition for the entire program, or for a track within the program, the Osteopathic Recognition Requirements are also applicable.

[http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic\\_Recognition\\_Requirements.pdf](http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic_Recognition_Requirements.pdf)



**Accreditation Council for  
Graduate Medical Education**

**ACGME Program Requirements for  
Graduate Medical Education  
in Pediatric Rheumatology**

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## ACGME Program Requirements for Graduate Medical Education in Pediatric Rheumatology

### Introduction

#### Int.A. Scope of Educational Experience

Int.A.1. Subspecialty programs in pediatric rheumatology must provide fellows with the background to diagnose and manage patients with acute and chronic rheumatic and musculoskeletal diseases, including those that are life threatening, and to help fellows develop investigative skills related to this specialized field. <sup>(Core)\*</sup>

Int.A.2. Fellows must develop expertise in long-term continuity of care required to understand the natural history of the diseases. <sup>(Core)</sup>

### VII. Program Personnel and Resources

#### VII.A. Faculty

##### VII.A.1. Pediatric Rheumatologists

There must be at least two pediatric rheumatologists who devote sufficient time to the program to ensure adequate time for the administrative, clinical, and research activities involved in educating the fellows. <sup>(Core)</sup>

##### VII.A.2. Other Physician Teaching and Consultant Faculty

VII.A.2.a) Consultant and collaborative faculty in related disciplines must be available at the training site(s). <sup>(Core)</sup>

VII.A.2.a).(1) This should include pediatric orthopaedics. <sup>(Detail)</sup>

VII.A.2.b) In addition to required faculty listed in the General Program Requirements for the Subspecialties of Pediatrics (II.B.), there should also be pediatric subspecialists available in genetics and neurology, as well as specialists who have expertise with pediatric patients in at least the following areas: dermatology, ophthalmology, pathology, and physical medicine, and rehabilitation. <sup>(Detail)</sup>

VII.A.2.c) Collaboration with basic science departments and with internal medicine rheumatology programs is suggested. <sup>(Detail)</sup>

#### VII.B. Other Program Personnel

Staff from allied health disciplines, including registered physical and occupational therapists, must be available. <sup>(Detail)</sup>

VII.B.1. The presence of a nurse specialist, a pediatric social worker, and a

nutritionist is strongly suggested. <sup>(Detail)</sup>

VII.C. Resources

VII.C.1. There must be full support services. <sup>(Core)</sup>

VII.C.1.a) This should include comprehensive diagnostic imaging facilities, and access to a clinical immunology laboratory and pediatric physical therapy and rehabilitation services. <sup>(Detail)</sup>

VII.C.2. The patient population must be sufficiently varied and the volume sufficiently large to allow the fellow to become competent in managing common as well as uncommon rheumatic disorders. <sup>(Core)</sup>

VII.C.2.a) This should include the following categories: <sup>(Detail)</sup>

VII.C.2.a).(1) acute rheumatic fever/post strep arthritis and reactive arthritis; <sup>(Detail)</sup>

VII.C.2.a).(2) juvenile rheumatoid arthritis and/or uveitis; <sup>(Detail)</sup>

VII.C.2.a).(3) dermatomyositis/polymyositis; <sup>(Detail)</sup>

VII.C.2.a).(4) systemic vasculitis (HSP, Wegner's, PAN, Kawasaki disease, etc.); <sup>(Detail)</sup>

VII.C.2.a).(5) systemic lupus erythematosus; <sup>(Detail)</sup>

VII.C.2.a).(6) scleroderma, local and systemic; <sup>(Detail)</sup>

VII.C.2.a).(7) spondyloarthropathies, including enthesitis; <sup>(Detail)</sup>

VII.C.2.a).(8) psoriatic arthritis; <sup>(Detail)</sup>

VII.C.2.a).(9) infections of bones and joints, including Lyme disease; <sup>(Detail)</sup>

VII.C.2.a).(10) musculoskeletal pain syndromes (including reflex neurovascular dystrophy, fibromyalgia, etc); <sup>(Detail)</sup>

VII.C.2.a).(11) hypermobility syndromes (including Ehlers-Danlos' and Marfan's syndromes); <sup>(Detail)</sup>

VII.C.2.a).(12) rheumatic aspects of systemic and genetic diseases (endocrine, metabolic, pulmonary and gastrointestinal diseases, periodic fever syndromes, and skeletal dysplasias, etc); <sup>(Detail)</sup>

VII.C.2.a).(13) rheumatic aspects of malignancy; and, <sup>(Detail)</sup>

VII.C.2.a).(14) other musculoskeletal complaints, undifferentiated

rheumatic diseases and abnormal laboratory tests as they relate to rheumatic diseases. <sup>(Detail)</sup>

- VII.C.3. The program must provide fellows with a thorough knowledge of normal growth and development, with emphasis on the musculoskeletal system, as well as the correlation of pathophysiology with clinical diseases. <sup>(Core)</sup>
- VII.C.4. The program should ensure the availability of all facilities and personnel necessary for the complete care of infant, child, adolescent, and young adult patients with rheumatic diseases. <sup>(Detail)</sup>
- VII.C.5. A patient population of sufficient size must be available to ensure training of both the general pediatric residents and the rheumatology fellows. <sup>(Detail)</sup>

## VIII. Educational Program

### VIII.A. Patient Care

- VIII.A.1. Fellows must be competent to care for patients with a variety of rheumatic and musculoskeletal diseases. <sup>(Outcome)</sup>
- VIII.A.2. Fellows must develop an understanding of the pathophysiology of various rheumatic diseases and to promote competence in the clinical diagnosis and medical management of these disorders. <sup>(Outcome)</sup>
- VIII.A.3. Fellows must be competent in the selection and evaluation of procedures necessary for pathologic, physiologic, immunologic, microbiologic, radiologic, and psychosocial assessment of rheumatic and musculoskeletal diseases. <sup>(Outcome)</sup>
- VIII.A.4. Fellows must become competent in the following: <sup>(Outcome)</sup>
  - VIII.A.4.a) diagnostic aspiration of joints and interpretation of synovial fluid studies; <sup>(Outcome)</sup>
  - VIII.A.4.b) nailfold capillary microscopy; <sup>(Outcome)</sup>
  - VIII.A.4.c) intraarticular administration of glucocorticoids; <sup>(Outcome)</sup>
  - VIII.A.4.d) use of non-steroidal anti-inflammatory drugs, disease-modifying anti-rheumatic drugs, glucocorticoid drugs, cytotoxic agents, biologic therapies, plasmapheresis, and infectious/antimicrobial therapy; <sup>(Outcome)</sup>
  - VIII.A.4.e) prescription of physical therapy and/or occupational therapy; utilization and interpretation of bone and joint imaging studies; <sup>(Outcome)</sup>
  - VIII.A.4.f) utilization and interpretation of laboratory tests as they relate to rheumatic disorders; <sup>(Outcome)</sup>

- VIII.A.4.g) knowledge of the indications for electromyographic (EMG) and nerve conduction studies; <sup>(Outcome)</sup>
- VIII.A.4.h) knowledge of indications and interpretations of slit lamp examination of the eye; and, <sup>(Outcome)</sup>
- VIII.A.4.i) principles of pharmacologic and non-pharmacologic management of pain. <sup>(Outcome)</sup>
- VIII.A.5. The program must ensure that each fellow has the opportunity to have continuing responsibility for both acute and chronic rheumatic diseases in order to observe the natural history of the disease process and effectiveness of therapeutic programs. <sup>(Core)</sup>
- VIII.A.5.a) Fellows must have continuing responsibility throughout the training years for care of patients with chronic rheumatic diseases. <sup>(Detail)</sup>
- VIII.A.5.b) This patient care responsibility should take place in a regularly scheduled pediatric rheumatology clinic under the supervision of one or more members of the rheumatology staff. <sup>(Detail)</sup>
- VIII.A.5.c) Time and space in this clinic must be available for fellows to provide continuity and follow-up care for their patients. <sup>(Detail)</sup>
- VIII.A.6. There should be sufficient opportunity for the fellow to provide consultation for a wide variety of patients with rheumatic complaints common in the spectrum of other childhood diseases. <sup>(Core)</sup>
- VIII.B. Medical Knowledge
- VIII.B.1. Basic Sciences and Conferences
- The program must emphasize anatomy, immunology, physiology, biochemistry, genetics, and molecular biology of the musculoskeletal system in the developing child and the young adult. <sup>(Core)</sup>
- VIII.B.2. Didactic and Laboratory Experience
- VIII.B.2.a) The program must have a well-developed, formally structured curriculum. <sup>(Core)</sup>
- VIII.B.2.a).(1) This should include courses, workshops, seminars, and laboratory experience. <sup>(Detail)</sup>
- VIII.B.2.a).(2) The curriculum should provide an appropriate background for fellows in the basic and fundamental disciplines related to the musculoskeletal system and rheumatic diseases (e.g., anatomy, biochemistry, embryology, genetics, immunology, including immunodeficiency states, molecular biology, pathology, pharmacology, and physiology). <sup>(Detail)</sup>

- VIII.B.2.a).(3) The program should provide instruction in indications for appropriate surgical interventions, including tissue biopsies in rheumatic diseases. <sup>(Detail)</sup>
- VIII.B.2.a).(4) Instruction and experience in rehabilitative and psychosocial aspects of chronic rheumatic diseases as they affect the child are essential. <sup>(Detail)</sup>
- VIII.B.2.a).(5) Experience in counseling chronically ill patients and their families must be a component of the training program. <sup>(Detail)</sup>
- VIII.B.3. Health Care Team
- VIII.B.3.a) The fellows must develop an understanding of the multidisciplinary nature of pediatric rheumatology. <sup>(Outcome)</sup>
- VIII.B.3.a).(1) Fellows must participate in structured learning activities with a comprehensive health-care team, which includes the relevant allied health professionals. <sup>(Detail)</sup>
- VIII.B.3.b) Fellows must develop the ability to successfully utilize both the variety of elements of the health care system and the community resources in the care of children with rheumatic diseases. <sup>(Outcome)</sup>

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**\*Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

**Detail Requirements:** Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

**Outcome Requirements:** Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

### **Osteopathic Recognition**

For programs seeking Osteopathic Recognition for the entire program, or for a track within the program, the Osteopathic Recognition Requirements are also applicable.

[http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic\\_Recognition\\_Requirements.pdf](http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/Osteopathic_Recognition_Requirements.pdf)