Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
Int.A.	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.		Definition of Graduate Medical Educa Fellowship is advanced graduate met residency program for physicians wh practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and edu physicians. Graduate medical educat group of physicians brings to medica inclusive and psychologically safe le Fellows who have completed residen in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecia faculty supervision and conditional in as role models of excellence, compas professionalism, and scholarship. The knowledge, patient care skills, and ex- area of practice. Fellowship is an inte- clinical and didactic education that for of patients. Fellowship education is of intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research. Definition of Subspecialty	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific i the medical literature and patient car expertise achieved, fellows develop i infrastructure that promotes collabor
Int.B.	Pediatric endocrinology programs provide fellows with the ability to diagnose and manage endocrine diseases and to understand the physiology of hormonal regulation in infancy, childhood, adolescence, and young adulthood, as well as with the necessary cognitive and technical skills to prepare them to serve as skilled clinicians, competent educators, and scholars who contribute to scientific advances in the field.	[None]	Definition of Subspecialty <i>Pediatric endocrinology programs provid</i> <i>and manage endocrine diseases and to</i> <i>regulation in infancy, childhood, adoleso</i> <i>with the necessary cognitive and technic</i> <i>skilled clinicians, competent educators,</i> <i>advances in the field.</i>

cation

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

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

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

vide fellows with the ability to diagnose to understand the physiology of hormonal scence, and young adulthood, as well as nical skills to prepare them to serve as s, and scholars who contribute to scientific

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Length of Educational Program		Kequitemen
			Length of Program
Int.C.	The educational program must be 36 months in length. (Core)	4.1.	The educational program must be 36 mc
l.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		
			Sponsoring Institution
	The Sponsoring Institution is the organization or entity that assumes the		The Sponsoring Institution is the orga
	ultimate financial and academic responsibility for a program of graduate		ultimate financial and academic respo
	medical education consistent with the ACGME Institutional Requirements.		medical education consistent with the
	When the Sponsoring Institution is not a rotation site for the program, the		When the Sponsoring Institution is no
	most commonly utilized site of clinical activity for the program is the		most commonly utilized site of clinica
I.A.	primary clinical site.	[None]	primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by o
I.A.1.	Institution. (Core)	1.1.	Institution. (Core)
	Participating Sites		
			Participating Sites
	A participating site is an organization providing educational experiences		A participating site is an organization
I.B.	or educational assignments/rotations for fellows.	[None]	or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
	An accredited pediatric endocrinology program must be an integral part of a		An accredited pediatric endocrinology pr
	core pediatric residency program, and should be sponsored by the same		pediatric residency program, and should
I.B.1.a)	ACGME-accredited Sponsoring Institution. (Core)	1.2.a.	accredited Sponsoring Institution. (Core)
	The pediatric endocrinology program should be geographically proximate to the		The pediatric endocrinology program she
I.B.1.a).(1)	core pediatric residency program. (Detail)	1.2.a.1.	core pediatric residency program. (Detai
	There must be a program letter of agreement (PLA) between the program		There must be a program letter of agr
I.B.2.	and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1 3	and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	program and the participating site pro
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
,,,,,			The PLA must be approved by the des
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
	The program must monitor the clinical learning and working environment		The program must monitor the clinica
I.B.3.	at all participating sites. (Core)	1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated		At each participating site there must I
	by the program director, who is accountable for fellow education for that		by the program director, who is accou
I.B.3.a)	site, in collaboration with the program director. (Core)	1.5.	site, in collaboration with the progran
	The program director must submit any additions or deletions of		
	participating sites routinely providing an educational experience, required		The program director must submit an
	for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)		participating sites routinely providing for all fellows, of one month full time
I.B.4.		1.6.	ACGME's Accreditation Data System

months in length. (Core)

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

program must be an integral part of a core and be sponsored by the same ACGMEre)

should be geographically proximate to the tail)

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

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

ical learning and working environment

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

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

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	Workforce Recruitment and Retention		Workforce Recruitment and Retentior
	The program, in partnership with its Sponsoring Institution, must engage		The program, in partnership with its S
	in practices that focus on mission-driven, ongoing, systematic recruitment		in practices that focus on mission-dri
	and retention of a diverse and inclusive workforce of residents (if present),		and retention of a diverse and inclusion
	fellows, faculty members, senior administrative GME staff members, and		fellows, faculty members, senior adm
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its academ
			Resources
			The program, in partnership with its S
I.D.	Resources	1.8.	the availability of adequate resources
			Resources
	The program, in partnership with its Sponsoring Institution, must ensure	4.0	The program, in partnership with its S
I.D.1.	the availability of adequate resources for fellow education. (Core)	1.8.	the availability of adequate resources
I.D.1.a)	Facilities and services, including comprehensive laboratory, pathology, and imaging, must be available. (Core)	1.8.a.	Facilities and services, including compre imaging, must be available. (Core)
1.D. 1.a)	The program must have access to laboratories in order to perform testing	1.0.a.	The program must have access to labora
I.D.1.b)	specific to pediatric endocrinology. (Core)	1.8.b.	specific to pediatric endocrinology. (Core
/	An adequate number and variety of pediatric endocrinology patients ranging in	-	An adequate number and variety of pedi
	age from newborn through young adulthood must be available to provide a		age from newborn through young adulth
I.D.1.c)	broad experience for the fellows. (Core)	1.8.c.	broad experience for the fellows. (Core)
	A sufficient number of patients must be available in inpatient and outpatient		A sufficient number of patients must be a
I.D.1.d)	settings to meet the educational needs of the program. (Core)	1.8.d.	settings to meet the educational needs o
	The program, in partnership with its Sponsoring Institution, must ensure		The program, in partnership with its S
	healthy and safe learning and working environments that promote fellow		healthy and safe learning and working
I.D.2.	well-being and provide for:	1.9.	well-being and provide for:
I.D.2.a)	access to food while on duty; (Core) safe, quiet, clean, and private sleep/rest facilities available and accessible	1.9.a.	access to food while on duty; (Core) safe, quiet, clean, and private sleep/re
I.D.2.b)	for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	for fellows with proximity appropriate
	clean and private facilities for lactation that have refrigeration capabilities,		clean and private facilities for lactatio
I.D.2.c)	with proximity appropriate for safe patient care; (Core)	1.9.c.	with proximity appropriate for safe pa
	security and safety measures appropriate to the participating site; and,		security and safety measures appropriate
I.D.2.d)	(Core)	1.9.d.	(Core)
	accommodations for fellows with disabilities consistent with the		accommodations for fellows with disa
I.D.2.e)	Sponsoring Institution's policy. (Core)	1.9.e.	Sponsoring Institution's policy. (Core
	Fellows must have ready access to subspecialty-specific and other		Fellows must have ready access to su
	appropriate reference material in print or electronic format. This must		appropriate reference material in prin
	include access to electronic medical literature databases with full text		include access to electronic medical
I.D.3.	capabilities. (Core)	1.10.	capabilities. (Core)
	Other Learners and Health Care Personnel		Other Learners and Health Care Perso
	The presence of other learners and other health care personnel, including		The presence of other learners and of
	but not limited to residents from other programs, subspecialty fellows,		but not limited to residents from othe
	and advanced practice providers, must not negatively impact the		advanced practice providers, must no
I.E.	appointed fellows' education. (Core)	1.11.	fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel

on

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

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

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

rehensive laboratory, pathology, and

oratories in order to perform testing pre)

ediatric endocrinology patients ranging in thood must be available to provide a e)

e available in inpatient and outpatient s of the program. (Core)

Sponsoring Institution, must ensure ng environments that promote fellow

)

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

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

opriate to the participating site; and,

isabilities consistent with the pre)

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

rsonnel

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

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applical must be provided with support adequ based upon its size and configuration
	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors. (Core)		Program leadership, in aggregate, must dedicated minimum time specified below may be time spent by the program direct director and one or more associate (or a Number of Approved Fellow Positions <
	 0.2 Number of Approved Fellow Positions 7-10 Minimum Support Required (FTE) 0.4 Number of Approved Fellow Positions 11-15 Minimum Support Required (FTE) 0.5 		0.2 Number of Approved Fellow Positions 7- 0.4 Number of Approved Fellow Positions 17 0.5
II.A.2.a)	Number of Approved Fellow Positions > 15 Minimum Support Required (FTE) 0.6	2.3.a.	Number of Approved Fellow Positions > 0.6
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.b)	must include current certification in the subspecialty for which they are the program director by the American Board of Pediatrics or by the American Osteopathic Board of Pediatrics, or subspecialty qualifications that are acceptable to the Review Committee; and, (Core)	2.4.a.	The program director must possess of subspecialty for which they are the pr Board of Pediatrics or by the American subspecialty qualifications that are ac (Core)
II.A.3.c)	must include a record of ongoing involvement in scholarly activities. (Core)	2.4.b.	The program director must have a record activities. (Core)

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

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

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

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

st be provided with support equal to a ow for administration of the program. This ector only or divided between the program r assistant) program directors. (Core)

< 7 | Minimum Support Required (FTE)

7-10 | Minimum Support Required (FTE)

11-15 | Minimum Support Required (FTE)

> 15 | Minimum Support Required (FTE)

tor:

subspecialty expertise and iew Committee. (Core)

tor

subspecialty expertise and iew Committee. (Core)

s current certification in the program director by the American can Osteopathic Board of Pediatrics, or acceptable to the Review Committee.

ord of ongoing involvement in scholarly

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requirement
	Program Director Responsibilities		
			Program Director Responsibilities
	The program director must have responsibility, authority, and		The program director must have respo
	accountability for: administration and operations; teaching and scholarly		accountability for: administration and
	activity; fellow recruitment and selection, evaluation, and promotion of		activity; fellow recruitment and select
	fellows, and disciplinary action; supervision of fellows; and fellow	0.5	fellows, and disciplinary action; super
II.A.4.	education in the context of patient care. (Core)	2.5.	education in the context of patient car
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role n
	design and conduct the program in a fashion consistent with the needs of		The program director must design and
	the community, the mission(s) of the Sponsoring Institution, and the		consistent with the needs of the comm
II.A.4.a).(2)	mission(s) of the program; (Core)	2.5.b.	Sponsoring Institution, and the mission
			The program director must administer
	administer and maintain a learning environment conducive to educating		environment conducive to educating t
II.A.4.a).(3)	the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	Competency domains. (Core)
			The program director must have the a
	have the authority to approve or remove physicians and non-physicians		physicians and non-physicians as fac
	as faculty members at all participating sites, including the designation of		sites, including the designation of cor
	core faculty members, and must develop and oversee a process to		develop and oversee a process to eva
II.A.4.a).(4)	evaluate candidates prior to approval; (Core)	2.5.d.	(Core)
	have the authority to remove fellows from supervising interactions and/or		The program director must have the a
	learning environments that do not meet the standards of the program;	0.5.	supervising interactions and/or learning
II.A.4.a).(5)	(Core)	2.5.e.	the standards of the program. (Core)
	submit accurate and complete information required and requested by the	0.5.6	The program director must submit acc
II.A.4.a).(6)	DIO, GMEC, and ACGME; (Core)	2.5.f.	required and requested by the DIO, GI
	provide a learning and working environment in which fellows have the		The program director must provide a
	opportunity to raise concerns, report mistreatment, and provide feedback		which fellows have the opportunity to
	in a confidential manner as appropriate, without fear of intimidation or	25 ~	and provide feedback in a confidentia of intimidation or retaliation. (Core)
II.A.4.a).(7)	retaliation; (Core)	2.5.g.	
	ensure the program's compliance with the Sponsoring Institution's		The program director must ensure the
	policies and procedures related to grievances and due process, including		Sponsoring Institution's policies and
II A A a) (8)	when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	due process, including when action is promote, or renew the appointment of
II.A.4.a).(8)		2.3.11.	
	anaura the program's compliance with the Chanceving Institution's		The program director must ensure the
II A A a) (0)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9)		2.0.1.	
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a restrictive covenant. (Core)
		J. I.	. ,
	document verification of education for all follows within 20 days of		The program director must document fellows within 30 days of completion of
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	(Core)
		2.V.J.	The program director must provide ve
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's	2.5.k.	education upon the fellow's request, v
······································	request, within 30 days; and, (Core)	2.V.N.	equest, v

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

model of professionalism. (Core)

nd conduct the program in a fashion nmunity, the mission(s) of the sion(s) of the program. (Core)

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

authority to approve or remove aculty members at all participating ore faculty members, and must valuate candidates prior to approval.

authority to remove fellows from ning environments that do not meet)

CCURATE and COMPLETE INFORMATION GMEC, and ACGME. (Core)

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

he program's compliance with the d procedures related to grievances and is taken to suspend or dismiss, not to of a fellow. (Core)

he program's compliance with the discrete discre

n a non-competition guarantee or

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

verification of an individual fellow's , within 30 days. (Core)

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
	Faculty		Faculty
	Faculty members are a foundational element of graduate medical		Faculty members are a foundational e
	education – faculty members teach fellows how to care for patients.		education – faculty members teach fe
	Faculty members provide an important bridge allowing fellows to grow		Faculty members provide an importa
	and become practice ready, ensuring that patients receive the highest		and become practice ready, ensuring
	quality of care. They are role models for future generations of physicians		quality of care. They are role models
	by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning.		by demonstrating compassion, comm patient care, professionalism, and a
	Faculty members experience the pride and joy of fostering the growth and		Faculty members experience the prid
	development of future colleagues. The care they provide is enhanced by		development of future colleagues. Th
	the opportunity to teach and model exemplary behavior. By employing a		the opportunity to teach and model e
	scholarly approach to patient care, faculty members, through the		scholarly approach to patient care, fa
	graduate medical education system, improve the health of the individual		medical education system, improve t
	and the population.		population.
	Faculty members ensure that patients receive the level of care expected		Faculty members ensure that patients
	from a specialist in the field. They recognize and respond to the needs of		from a specialist in the field. They red
	the patients, fellows, community, and institution. Faculty members		the patients, fellows, community, and
	provide appropriate levels of supervision to promote patient safety.		provide appropriate levels of supervi
	Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and		Faculty members create an effective professional manner and attending to
II.B.	themselves.	[None]	themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient number of
II.B.1.	instruct and supervise all fellows. (Core)	2.6.	instruct and supervise all fellows. (Co
II.B.2	Faculty members must:	[None]	
			Faculty Responsibilities Faculty members must be role model
II.B.2.a)	be role models of professionalism; (Core)	2.7.	acuity members must be role model
	demonstrate commitment to the delivery of safe, equitable, high-quality,		Faculty members must demonstrate of
II.B.2.b)	cost-effective, patient-centered care; (Core)	2.7.a.	equitable, high-quality, cost-effective
	demonstrate a strong interest in the education of fellows, including		Faculty members must demonstrate a
	devoting sufficient time to the educational program to fulfill their	0.7.5	fellows, including devoting sufficient
II.B.2.c)	supervisory and teaching responsibilities; (Core) administer and maintain an educational environment conducive to	2.7.b.	fulfill their supervisory and teaching Faculty members must administer an
II.B.2.d)	educating fellows; (Core)	2.7.c.	environment conducive to educating
	regularly participate in organized clinical discussions, rounds, journal		Faculty members must regularly part
II.B.2.e)	clubs, and conferences; and, (Core)	2.7.d.	discussions, rounds, journal clubs, a
	pursue faculty development designed to enhance their skills at least		F
II.B.2.f)	annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
··· <i>···</i> ,	Mentor fellows in the application of scientific principles, epidemiology,		Faculty members must mentor fellows in
	biostatistics, and evidence-based medicine to the clinical care of patients.		epidemiology, biostatistics, and evidence
II.B.2.g)	(Core)	2.7.f.	patients. (Core)
			Faculty Qualifications
	Eaculty Qualifications	2 9	Faculty members must have appropriate institutional appropriate
II.B.3.	Faculty Qualifications	2.8.	hold appropriate institutional appoint

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

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

of faculty members with competence to Core)

els of professionalism. (Core)

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

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

and maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

in the application of scientific principles, nce-based medicine to the clinical care of

priate qualifications in their field and ntments. (Core)

Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.	Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa Osteopathic Board of Pediatrics, or po acceptable to the Review Committee.
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, o acceptable to the Review Committee.
	In addition to the pediatric endocrinology faculty members, ABP- or AOBP-		In addition to the pediatric endocrinology
II.B.3.c).(1)	certified faculty members and consultants in the following subspecialties must be available:	2.9.b.	certified faculty members and consultant be available:
II.B.3.c).(1).(a)	adolescent medicine; (Core)	2.9.b.1.	adolescent medicine; (Core)
II.B.3.c).(1).(b)	neonatal-perinatal medicine; (Core)	2.9.b.2.	neonatal-perinatal medicine; (Core)
II.B.3.c).(1).(c)	pediatric critical care medicine; (Core)	2.9.b.3.	pediatric critical care medicine; (Core)
II.B.3.c).(1).(d)	pediatric emergency medicine; (Core)	2.9.b.4.	pediatric emergency medicine; (Core)
II.B.3.c).(1).(e)	pediatric gastroenterology; and, (Core)	2.9.b.5.	pediatric gastroenterology; and, (Core)
II.B.3.c).(1).(f)	pediatric hematology-oncology. (Core)	2.9.b.6.	pediatric hematology-oncology. (Core)
II.B.3.c).(2)	The faculty should also include the following specialists with substantial experience with pediatric problems:	2.9.c.	The faculty should also include the follov experience with pediatric problems:
II.B.3.c).(2).(a)	anesthesiologist(s); (Detail)	2.9.c.1.	anesthesiologist(s); (Detail)
II.B.3.c).(2).(b)	child and adolescent psychiatrist(s); (Core)	2.9.c.2.	child and adolescent psychiatrist(s); (Co
II.B.3.c).(2).(c)	child neurologist(s); (Detail)	2.9.c.3.	child neurologist(s); (Detail)
II.B.3.c).(2).(d)	medical geneticist(s); (Detail)	2.9.c.4.	medical geneticist(s); (Detail)
II.B.3.c).(2).(e)	neurological surgeon(s); (Detail)	2.9.c.5.	neurological surgeon(s); (Detail)
II.B.3.c).(2).(f)	neuroradiologist(s); (Detail)	2.9.c.6.	neuroradiologist(s); (Detail)
II.B.3.c).(2).(g)	nuclear medicine physician(s); (Detail)	2.9.c.7.	nuclear medicine physician(s); (Detail)
II.B.3.c).(2).(h)	obstetrician(s) and gynecologist(s)(Detail)	2.9.c.8.	obstetrician(s) and gynecologist(s) (Deta
II.B.3.c).(2).(i)	ophthalmologist(s); (Detail)	2.9.c.9.	ophthalmologist(s); (Detail)
II.B.3.c).(2).(j)	pathologist(s); (Detail)	2.9.c.10.	pathologist(s); (Detail)
II.B.3.c).(2).(k)	pediatric surgeon(s); (Core)	2.9.c.11.	pediatric surgeon(s); (Core)
II.B.3.c).(2).(I)	interventional radiologist(s); and, (Core)	2.9.c.12.	interventional radiologist(s); and, (Core)
II.B.3.c).(2).(m)	urologist(s). (Core)	2.9.c.13.	urologist(s). (Core)
II.B.3.c).(3)	Consultants should be available for transition care of young adults. (Detail)	2.9.d.	Consultants should be available for trans

oriate qualifications in their field and ntments. (Core)

nbers

bers must have current certification in oard of Pediatrics or the American cossess qualifications judged e. (Core)

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

gy faculty members, ABP- or AOBPants in the following subspecialties must

lowing specialists with substantial

core)

etail)

insition care of young adults. (Detail)

Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
	Core Faculty		
II.B.4.	Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sig supervision of fellows and must devo effort to fellow education and/or admi of their activities, teach, evaluate, and fellows. (Core)
	Faculty members must complete the annual ACGME Faculty Survey.		
II.B.4.a)	(Core)	2.10.a.	Faculty members must complete the a
II.B.4.b)	To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in pediatric endocrinology by the ABP or AOBP, or have qualifications acceptable to the Review Committee. (Core)	2.10.b.	To ensure the quality of the educational a and to provide adequate supervision of faculty members, inclusive of the program endocrinology by the ABP or AOBP, or h Review Committee. (Core)
			Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator.
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration o and configuration. (Core)
II.C.2.a)	At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program: (Core) Number of Approved Fellow Positions: 1-3 Minimum FTE: 0.3 Number of Approved Fellow Positions: 4-6 Minimum FTE: 0.5 Number of Approved Fellow Positions: 7-9 Minimum FTE: 0.68 Number of Approved Fellow Positions: 10-12 Minimum FTE: 0.74 Number of Approved Fellow Positions: 13-15 Minimum FTE: 0.8 Number of Approved Fellow Positions: 16-18 Minimum FTE: 0.86 Number of Approved Fellow Positions: 19-21 Minimum FTE: 0.92 Number of Approved Fellow Positions: 22-24 Minimum FTE: 0.98 Number of Approved Fellow Positions: 25-27 Minimum FTE: 1.04 Number of Approved Fellow Positions: 28-30 Minimum FTE: 1.1 Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective	2.11.b.	At a minimum, the program coordinator r time and support specified below for adm Number of Approved Fellow Positions: 1- Number of Approved Fellow Positions: 7- Number of Approved Fellow Positions: 10 Number of Approved Fellow Positions: 11 Number of Approved Fellow Positions: 11 Number of Approved Fellow Positions: 12 Number of Approved Fellow Positions: 12 Number of Approved Fellow Positions: 22 Number of Approved Fellow Positions: 23 Number of Approved Fellow Positions: 24 Number of Approved Fellow Positions: 25 Number of Approved Fellow Positions: 26 Number of Approved Fellow Positions: 26 Numbe
II.D.	administration of the program. (Core)	2.12.	administration of the program. (Core)
II.D.1.	In order to enhance fellows' understanding of the multidisciplinary nature of pediatric endocrinology, the following personnel with pediatric focus and experience should be available:	2.12.a.	In order to enhance fellows' understandin pediatric endocrinology, the following per experience should be available:
II.D.1.a)	child life therapist(s); (Detail)	2.12.a.1.	child life therapist(s); (Detail)
II.D.1.b)	diabetes educator(s); (Core)	2.12.a.2.	diabetes educator(s); (Core)
II.D.1.c)	dietician(s); (Core)	2.12.a.3.	dietician(s); (Core)
II.D.1.d)	mental health professional(s); (Detail)	2.12.a.4.	mental health professional(s); (Detail)

significant role in the education and vote a significant portion of their entire ninistration, and must, as a component nd provide formative feedback to

annual ACGME Faculty Survey. (Core)

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

or. (Core)

or. (Core)

rovided with dedicated time and of the program based upon its size

r must be provided with the dedicated dministration of the program: (Core)

1-3 | Minimum FTE: 0.3 4-6 | Minimum FTE: 0.5 7-9 | Minimum FTE: 0.68 10-12 | Minimum FTE: 0.74 13-15 | Minimum FTE: 0.8 16-18 | Minimum FTE: 0.86 19-21 | Minimum FTE: 0.98 22-24 | Minimum FTE: 0.98 25-27 | Minimum FTE: 1.04 28-30 | Minimum FTE: 1.1

Sponsoring Institution, must jointly personnel for the effective

ding of the multidisciplinary nature of personnel with pediatric focus and

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.D.1.e)	nurse(s); (Detail)	2.12.a.5.	nurse(s); (Detail)
II.D.1.f)	pharmacist(s); (Core)	2.12.a.6.	pharmacist(s); (Core)
II.D.1.g)	school and special education contacts; and, (Detail)	2.12.a.7.	school and special education contacts; a
II.D.1.h)	social worker(s). (Detail)	2.12.a.8.	social worker(s). (Detail)
III .	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an Au an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)		Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations from
III.A.1.b)	Prerequisite education for entry into a pediatric endocrinology program must include the satisfactory completion of pediatrics or combined internal medicine-pediatrics residency program that satisfies the requirements listed in III.A.1. (Core)	3.2.a.1.	Prerequisite education for entry into a perinclude the satisfactory completion of perinclude the satisfactory program that satisfing the satisfication of perinclude the satisfication of perinclude the satisfication of t
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Pediatrics will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Pediatrics with fellowship eligibility requirements
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate applie eligibility requirements listed in 3.2, b additional qualifications and conditio
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director ar the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Con of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)

; and, (Detail)

ip Programs

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

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

pediatric endocrinology program must pediatrics or combined internal medicinesfies the requirements listed in 3.2. (Core)

s will allow the following exception to nts:

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

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

xception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, an matriculation. (Core)
	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		Section 4: Educational Program The ACGME accreditation system is c and innovation in graduate medical ed organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on		The educational program must suppo knowledgeable, skillful physicians wh It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu
IV.	community health. Educational Components	Section 4	community health.
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with protec didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pron tools, and techniques. (Core)

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

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

port the development of who provide compassionate care.

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

lowing educational components:

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

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

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

yond direct patient care; and, (Core)

ected time to participate in core

omote patient safety-related goals,

Requirement	Poquirement Language	Reformatted	. Deminent
Number	Requirement Language	Requirement Number	r Requiremen
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqu
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a) IV.B.1.b)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core) Patient Care and Procedural Skills	4.3. [None]	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must develop competence in the clinical skills needed in pediatric endocrinology. (Core)	4.4.a.	Fellows must develop competence in the endocrinology. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate the ability to provide consultation, perform a history and physical examination, make informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and develop and carry out management plans. (Core)	4.4.b.	Fellows must demonstrate the ability to p and physical examination, make informe that result in optimal clinical judgement, a plans. (Core)
IV.B.1.b).(1).(c)	Fellows must demonstrate the ability to provide transfer of care that ensures seamless transitions. (Core)	4.4.c.	Fellows must demonstrate the ability to p seamless transitions. (Core)
IV.B.1.b).(1).(d)	In order to promote emotional resilience in children, adolescents and their families, fellows must:	4.4.d.	In order to promote emotional resilience families, fellows must provide care that is of the patient with common behavioral ar context of the patient and family. (Core)
IV.B.1.b).(1).(d).(i)	provide care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family; and, (Core)	4.4.d.	In order to promote emotional resilience families, fellows must provide care that is of the patient with common behavioral ar context of the patient and family. (Core)
IV.B.1.b).(1).(d).(ii)	demonstrate the ability to refer and/or co-manage patients with common behavioral and mental health issues along with appropriate specialists when indicated. (Core)	4.4.e.	Fellows must demonstrate the ability to r common behavioral and mental health is when indicated. (Core)
IV.B.1.b).(1).(e)	Fellows must demonstrate competence in providing or coordinating care with a medical home for patients with complex and chronic diseases. (Core)	4.4.f.	Fellows must demonstrate competence i medical home for patients with complex a
IV.B.1.b).(1).(f)	Fellows must competently use and interpret laboratory tests imaging, and other diagnostic procedures. (Core)	4.4.g.	Fellows must competently use and interp diagnostic procedures. (Core)
IV.B.1.b).(1).(g)	Fellows must demonstrate competence in the acute care of patients with endocrine disorders in the ambulatory, emergency, and inpatient settings, including such care of patients with endocrine emergencies. (Core)	4.4.h.	Fellows must demonstrate competence i endocrine disorders in the ambulatory, e including such care of patients with endo

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

ME Competencies into the curriculum.

alism tment to professionalism and an re)

re and Procedural Skills (Part A) ient care that is patient- and family-, appropriate, and effective for the

e promotion of health. (Core)

he clinical skills needed in pediatric

provide consultation, perform a history ned diagnostic and therapeutic decisions and develop and carry out management

provide transfer of care that ensures

e in children, adolescents and their t is sensitive to the developmental stage and mental health issues, and the cultural e)

e in children, adolescents and their t is sensitive to the developmental stage and mental health issues, and the cultural e)

refer and/or co-manage patients with issues along with appropriate specialists

e in providing or coordinating care with a x and chronic diseases. (Core)

erpret laboratory tests imaging, and other

e in the acute care of patients with emergency, and inpatient settings, docrine emergencies. (Core)

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Fellows must demonstrate competence in the longitudinal care, monitoring, care coordination, and facilitation of the transition to adult health care of patients with		Fellows must demonstrate competence coordination, and facilitation of the trans
IV.B.1.b).(1).(h)	chronic endocrine disorders, including diabetes mellitus, in the ambulatory and inpatient settings. (Core)	4.4.i.	chronic endocrine disorders, including di inpatient settings. (Core)
IV.B.1.b).(1).(i)	Fellows must demonstrate competence in the care of patients with the following: (Core)	4.4.j.	Fellows must demonstrate competence (Core)
IV.B.1.b).(1).(i).(i)	disorders of growth; (Core)	4.4.j.1.	disorders of growth; (Core)
IV.B.1.b).(1).(i).(ii)	disorders of anterior pituitary hormone physiology; (Core)	4.4.j.2.	disorders of anterior pituitary hormone p
IV.B.1.b).(1).(i).(iii)	disorders of posterior pituitary hormone physiology;(Core)	4.4.j.3.	disorders of posterior pituitary hormone
IV.B.1.b).(1).(i).(iv)	disorders of thyroid hormone physiology; (Core)	4.4.j.4	disorders of thyroid hormone physiology
IV.B.1.b).(1).(i).(v)	endocrine neoplasia; (Core)	4.4.j.5.	endocrine neoplasia; (Core)
IV.B.1.b).(1).(i).(vi)	disorders of adrenal gland physiology; (Core)	4.4.j.6.	disorders of adrenal gland physiology; (0
IV.B.1.b).(1).(i).(vii)	disorders of androgen and estrogen physiology, including adolescent reproductive endocrinology; (Core)	4.4.j.7.	disorders of androgen and estrogen phy reproductive endocrinology; (Core)
IV.B.1.b).(1).(i).(viii)	disorders of sexual differentiation and development, including patients with gender dysphoria; (Core)	4.4.j.8.	disorders of sexual differentiation and de gender dysphoria; (Core)
IV.B.1.b).(1).(i).(ix)	disorders of parathyroid gland physiology; (Core)	4.4.j.9.	disorders of parathyroid gland physiolog
IV.B.1.b).(1).(i).(x)	disorders of calcium, phosphorus, and vitamin D; (Core)	4.4.j.10.	disorders of calcium, phosphorus, and vi
IV.B.1.b).(1).(i).(xi)	disorders of bone physiology; (Core)	4.4.j.11.	disorders of bone physiology; (Core)
IV.B.1.b).(1).(i).(xii)	disorders of fluid and electrolyte balance; (Core)	4.4.j.12.	disorders of fluid and electrolyte balance
IV.B.1.b).(1).(i).(xiii)	disorders of carbohydrate metabolism, including diabetes mellitus and hypoglycemia; (Core)	4.4.j.13.	disorders of carbohydrate metabolism, ir hypoglycemia; (Core)
IV.B.1.b).(1).(i).(xiv)	disorders of nutrition; and, (Core)	4.4.j.14.	disorders of nutrition; and, (Core)
IV.B.1.b).(1).(i).(xv)	obesity including obesity-related endocrine disorders. (Core)	4.4.j.15	obesity including obesity-related endocri
IV.B.1.b).(1).(j)	Fellows must demonstrate leadership skills to enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients. (Core)	4.4.k.	Fellows must demonstrate leadership sk learning environment, and/or the health the ultimate intent of improving care of p
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Patient Care Fellows must be able to perform all m procedures considered essential for t
	Medical Knowledge		ACOME Commetencies Medical Kee
IV.B.1.c)	Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
	Fellows must demonstrate knowledge 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		Fellows must demonstrate knowledge of research methodology, study design, pre and/or approval of clinical research proto of evidence-based medicine, ethical prin
IV.B.1.c).(1)	teaching methods. (Core)	4.6.a.	teaching methods. (Core)
IV.B.1.c).(2)	Fellows must understand the principles of laboratory techniques, including the measurements of hormones. (Core)	4.6.b.	Fellows must understand the principles of measurements of hormones. (Core)
IV.B.1.c).(2).(a)	Fellows must be able to recognize the limitations of interpretation of laboratory results. (Core)	4.6.b.1.	Fellows must be able to recognize the lir results. (Core)

e in the longitudinal care, monitoring, care nsition to adult health care of patients with diabetes mellitus, in the ambulatory and

e in the care of patients with the following:

physiology; (Core) e physiology;(Core) gy; (Core)

(Core)

hysiology, including adolescent

development, including patients with

ogy; (Core) vitamin D; (Core)

ce; (Core)

including diabetes mellitus and

crine disorders. (Core)

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

re and Procedural Skills (Part B) medical, diagnostic, and surgical r the area of practice. (Core)

nowledge

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

of biostatistics, clinical and laboratory preparation of applications for funding otocols, critical literature review, principles rinciples involving clinical research, and

es of laboratory techniques, including the

limitations of interpretation of laboratory

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.c).(2).(b)	Fellows must be able to interpret endocrine laboratory results, including stimulation and suppression tests. (Core)	4.6.b.2.	Fellows must be able to interpret endocr stimulation and suppression tests. (Core
IV.B.1.c).(2).(c)	Fellows should be able to choose the most appropriate imaging modality for a given endocrine disorder. (Core)	4.6.b.3.	Fellows should be able to choose the mo given endocrine disorder. (Core)
	Practice-based Learning and Improvement		
IV.B.1.d)	Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of infe patients, their families, and health pro
IV.D.I.e)	Systems-based Practice	4.0.	patients, their families, and health pro
IV.B.1.f)	Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	Curriculum Organization and Fellow E 4.10. Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t events. (Core) 4.11. Didactic and Clinical Experience Fellows must be provided with protect didactic activities. (Core) 4.12. Pain Management The program must provide instruction if applicable for the subspecialty, incl substance use disorder. (Core)
	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t
IV.C.1.		4.10.	events. (Core)

crine laboratory results, including re)

most appropriate imaging modality for a

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

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

Based Practice eness of and responsiveness to the

care, including the structural and ell as the ability to call effectively on health care. (Core)

Experiences

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

ces

ected time to participate in core

ion and experience in pain management icluding recognition of the signs of

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)	4.10.a.	Assignment of rotations must be structur rotational transitions, and rotations must quality educational experience, defined b supervision, longitudinal relationships wi assessment and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structured allows fellows to function as part of an ef works together longitudinally with shared improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instructior if applicable for the subspecialty, incl substance use disorder. (Core)
IV.C.3.	Fellows must have a minimum of 12 months of clinical experience. (Core)	4.11.a.	Fellows must have a minimum of 12 mor
IV.C.4.	Fellows must manage a diverse pediatric endocrinology patient population (in terms of diagnoses and complexity) both in inpatient and outpatient settings. (Core)	4.11.b.	Fellows must manage a diverse pediatric terms of diagnoses and complexity) both (Core)
IV.C.4.a)	Fellows must learn through patient care about normal and abnormal hormonal regulation. (Core)	4.11.b.1.	Fellows must learn through patient care regulation. (Core)
IV.C.4.b)	The interaction of endocrine pathology and psychosocial problems must be addressed. (Core)	4.11.b.2.	The interaction of endocrine pathology a addressed. (Core)
IV.C.5.	Fellows must have responsibility throughout their educational program for providing longitudinal outpatient care that is supervised by one or more members of the pediatric endocrinology faculty. (Core)	4.11.c.	Fellows must have responsibility through providing longitudinal outpatient care that members of the pediatric endocrinology
IV.C.6.	Fellow education must include experience in serving as a role model and providing supervision to residents and/or medical students. (Core)	4.11.d.	Fellow education must include experience providing supervision to residents and/or
IV.C.7.	Fellows must have a formally structured educational program in the clinical and basic sciences related to pediatric endocrinology. (Core)	4.11.e.	Fellows must have a formally structured basic sciences related to pediatric endoc
IV.C.7.a)	The program must utilize didactic and clinical experience for fellow education. (Core)	4.11.f.	The program must utilize didactic and cli (Core)
IV.C.7.b)	Pediatric endocrinology conferences must occur regularly, and must involve active fellow participation in planning and implementation. (Core)	4.11.g.	Pediatric endocrinology conferences mu active fellow participation in planning and
IV.C.7.c) IV.C.7.c).(1)	Fellow education must include instruction in: basic and fundamental disciplines, as appropriate to pediatric endocrinology, such as anatomy, physiology, biochemistry, embryology, pathology, microbiology, pharmacology, immunology, genetics, and nutrition/metabolism; (Core)	[None] 4.11.h.	Fellow education must include instruction as appropriate to pediatric endocrinology biochemistry, embryology, pathology, mi genetics, and nutrition/metabolism. (Core
IV.C.7.c).(2)	pathophysiology of disease, reviews of recent advances in clinical medicine and biomedical research, and conferences dealing with complications and death, as well as the scientific, ethical, and legal implications of confidentiality and informed consent; (Core)		Fellow education must include instruction of recent advances in clinical medicine a conferences dealing with complications a ethical, and legal implications of confider
IV.C.7.c).(2)	bioethics; and, (Core)	4.11.j.	Fellow education must include instruction
IV.C.7.c).(3).(a)	This should include attention to physician-patient, physician-family, physician-physician/allied health professional, and physician-society relationships. (Detail)		This should include attention to physician physician/allied health professional, and

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

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

on and experience in pain management cluding recognition of the signs of

onths of clinical experience. (Core)

tric endocrinology patient population (in other in the provident of the pr

e about normal and abnormal hormonal

and psychosocial problems must be

ghout their educational program for hat is supervised by one or more y faculty. (Core)

nce in serving as a role model and /or medical students. (Core)

d educational program in the clinical and ocrinology. (Core)

clinical experience for fellow education.

nust occur regularly, and must involve nd implementation. (Core)

ion in basic and fundamental disciplines, gy, such as anatomy, physiology, microbiology, pharmacology, immunology, ore)

ion in pathophysiology of disease, reviews and biomedical research, and s and death, as well as the scientific, entiality and informed consent. (Core)

ion in bioethics. (Core)

ian-patient, physician-family, physicianid physician-society relationships. (Detail)

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.7.c).(4)	the economics of health care and current health care management issues, such as cost-effective patient care, practice management, preventive care, population health, quality improvement, resource allocation, and clinical outcomes. (Core)		Fellow education must include instructio current health care management issues practice management, preventive care, resource allocation, and clinical outcome
	Scholarship		
	Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching.		Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately a practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly activities integration, application, and teaching
IV.D.	The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popu other programs might choose to utiliz research as the focus for scholarship
			Program Responsibilities The program must demonstrate evide
IV.D.1.	Program Responsibilities	4.13.	with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellov activities. (Core)

tion in the economics of health care and es, such as cost-effective patient care, e, population health, quality improvement, mes. (Core)

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

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

dence of scholarly activities, consistent

dence of scholarly activities, consistent

Sponsoring Institution, must allocate ow and faculty involvement in scholarly

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, t textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education
IV.D.2.a) IV.D.2.b)	 Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.14. 4.14.a.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, r textbooks, or case reports •Creation of curricula, evaluation tools electronic educational materials •Contribution to professional committe editorial boards •Innovations in education The program must demonstrate disse and external to the program by the fol
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	faculty participation in grand rounds, improvement presentations, podium p peer-reviewed print/electronic resourc chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
	Scholarly activity must be in a field, such as basic science, clinical care, health		Scholarly activity must be in a field, such
IV.D.2.b).(1).(a)	services, health policy, quality improvement, or education, as it relates to pediatric endocrinology. (Core)	4.14.a.1.a.	services, health policy, quality improvem pediatric endocrinology. (Core)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome)
IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Where appropriate, the core curriculum i collaborative effort involving all of the pe institution. (Detail)

rams must demonstrate f the following domains: (Core) on, translational science, patient care, safety initiatives review articles, chapters in medical ols, didactic educational activities, or ittees, educational organizations, or rams must demonstrate f the following domains: (Core) on, translational science, patient care, safety initiatives review articles, chapters in medical ols, didactic educational activities, or ittees, educational organizations, or semination of scholarly activity within ollowing methods: s, posters, workshops, quality presentations, grant leadership, nonirces, articles or publications, book ice on professional committees, or al editorial board member, or editor; ch as basic science, clinical care, health ment, or education, as it relates to e)

n in scholarly activity should be a bediatric subspecialty programs at the

Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.D.3.a)	Where appropriate, the core curriculum in scholarly activity should be a collaborative effort involving all of the pediatric subspecialty programs at the institution. (Detail)	4.15.	Fellow Scholarly Activity Where appropriate, the core curriculum i collaborative effort involving all of the per institution. (Detail)
IV.D.3.b)	Each fellow must design and conduct a scholarly project under the guidance of the fellowship director and a designated mentor. (Core)	4.15.a.	Each fellow must design and conduct a s the fellowship director and a designated
IV.D.3.c)	The program must provide a scholarship oversight committee for each fellow to oversee and evaluate their progress as related to the scholarly project. (Core)	4.15.b.	The program must provide a scholarship oversee and evaluate their progress as r
IV.D.3.c).(1)	Where applicable, the process of establishing fellow scholarship oversight committees should be a collaborative effort involving other pediatric subspecialty programs or other experts. (Detail)	4.15.b.1.	Where applicable, the process of establis committees should be a collaborative effor programs or other experts. (Detail)
IV.D.3.d)	The scholarly experience must begin in the first year and continue throughout the duration of the educational program. (Core)	4.15.c.	The scholarly experience must begin in t the duration of the educational program.
IV.D.3.d).(1) V.	Fellows must have a minimum of 12 months dedicated to research and scholarly activity, including the development of requisite skills, project completion, and presentation of results to the scholarship oversight committee. (Core) Evaluation	4.15.c.1. Section 5	Fellows must have a minimum of 12 mor activity, including the development of req presentation of results to the scholarship Section 5: Evaluation
v. V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eval Faculty members must directly observ feedback on fellow performance durin educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than thr must be documented at least every the
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as con clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty n other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)

n in scholarly activity should be a pediatric subspecialty programs at the

a scholarly project under the guidance of d mentor. (Core)

ip oversight committee for each fellow to s related to the scholarly project. (Core)

blishing fellow scholarship oversight effort involving other pediatric subspecialty

n the first year and continue throughout n. (Core)

onths dedicated to research and scholarly equisite skills, project completion, and hip oversight committee. (Core)

aluation

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

aluation

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

aluation

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

the completion of the assignment.

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

ontinuity clinic in the context of other luated at least every three months and

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

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

cal Competency Committee for its formance and improvement toward

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Tumbor	The program director or their designee, with input from the Clinical		i i i i i i i i i i i i i i i i i i i
V.A.1.d)	Competency Committee, must:	[None]	
			The program director or their designe
	meet with and review with each fellow their documented semi-annual		Competency Committee, must meet w
	evaluation of performance, including progress along the subspecialty-		documented semi-annual evaluation of
V.A.1.d).(1)	specific Milestones; (Core)	5.1.c.	along the subspecialty-specific Milest
			The program director or their designe
			Competency Committee, must assist
$(1 \land 1 \land (2))$	assist fellows in developing individualized learning plans to capitalize on	5.1.d.	learning plans to capitalize on their st
V.A.1.d).(2)	their strengths and identify areas for growth; and, (Core)	5.1.0.	growth. (Core)
	develop plane for follows failing to progress, following institutional		The program director or their designe
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	Competency Committee, must develo progress, following institutional polic
•		v. I. . .	
	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if		At least annually, there must be a sun includes their readiness to progress t
V.A.1.e)	applicable. (Core)	5.1.f.	applicable. (Core)
- /	The evaluations of a fellow's performance must be accessible for review		The evaluations of a fellow's performa
V.A.1.f)	by the fellow. (Core)	5.1.g.	by the fellow. (Core)
			Fellow Evaluation: Final Evaluation
			The program director must provide a
V.A.2.	Final Evaluation	5.2.	completion of the program. (Core)
			Fellow Evaluation: Final Evaluation
	The program director must provide a final evaluation for each fellow upon		The program director must provide a
V.A.2.a)	completion of the program. (Core)	5.2.	completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the		The subspecialty-specific Milestones,
	subspecialty-specific Case Logs, must be used as tools to ensure fellows		subspecialty-specific Case Logs, mus
(1)	are able to engage in autonomous practice upon completion of the	5.2.0	are able to engage in autonomous pra
V.A.2.a).(1)	program. (Core) The final evaluation must:	5.2.a.	program. (Core)
V.A.2.a).(2)		[None]	
	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance		The final evaluation must become par maintained by the institution, and must
V.A.2.a).(2).(a)	with institutional policy; (Core)	5.2.b.	fellow in accordance with institutiona
•.A.2.a).(2).(a)		0.2.0.	The final evaluation must verify that the
	verify that the fellow has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors nece
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
/ \ / \/			The final evaluation must be shared w
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	program. (Core)
			Clinical Competency Committee
	A Clinical Competency Committee must be appointed by the program		A Clinical Competency Committee mu
V.A.3.	director. (Core)	5.3.	director. (Core)
	At a minimum the Clinical Competency Committee must include three		At a minimum the Clinical Competend
	members, at least one of whom is a core faculty member. Members must		members, at least one of whom is a c
	be faculty members from the same program or other programs, or other		be faculty members from the same pr
	health professionals who have extensive contact and experience with the		health professionals who have extens
V.A.3.a)	program's fellows. (Core)	5.3.a.	program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	

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

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

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

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

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

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

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

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

with the fellow upon completion of the

must be appointed by the program

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

Requirement	De mainement de service en s	Reformatted	
Number	Requirement Language	Requirement Number	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee must review all fellow evaluations at least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee must determine each fellow's progress on achievement of the subspecialty-specific Milestones. (Core)
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee must meet prior to the fellows' semi- annual evaluations and advise the program director regarding each fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, confidential evaluations by the fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedback on their evaluations at least annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities must include review of the program's self-determined goals and progress toward meeting them. (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities must include guiding ongoing program improvement, including development of new goals, based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities must include review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
V.C.3.	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima The program director should encoura take the certifying examination offered of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)

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

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

cluding the action plan, must be ne fellows and the members of the to the DIO. (Core)

Self-Study and submit it to the DIO.

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

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

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

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

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

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

5.6. – 5.6.c., any program whose ified in the requirement have achieved at this requirement, no matter the ass rate in that subspecialty.

Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g
	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environme Fellowship education must occur in the environment that emphasizes the following the followin
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality of fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality of today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
NA	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team	Section 6	•Commitment to the well-being of the members, and all members of the hea
VI. VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	Section 6 [None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou a willingness to transparently deal wi has formal mechanisms to assess the its personnel toward safety in order to
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, an patient safety systems and contribute
	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based		Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and insti-
VI.A.1.a).(2)	changes to ameliorate patient safety vulnerabilities. Residents, fellows, faculty members, and other clinical staff members	[None]	changes to ameliorate patient safety
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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

ng Environment

ment In the context of a learning and working following principles:

y of care rendered to patients by

y of care rendered to patients by ice

oviding care for patients

he students, residents, fellows, faculty lealth care team

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

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

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

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

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

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

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

izing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it relates a

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

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it relates a

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

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

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as appr
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
			Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1)	Direct Supervision:	6.7.	The supervising physician and/or path fellow and the supervising physician patient care through appropriate telec
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	The supervising physician and/or path fellow and the supervising physician patient care through appropriate teleo
			Direct Supervision The supervising physician is physical key portions of the patient interaction
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	The supervising physician and/or path fellow and the supervising physician patient care through appropriate teleo
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto

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

rvision while providing for graded gram must use the following

ally present with the fellow during the on.

atient is not physically present with the n is concurrently monitoring the ecommunication technology.

cally present with the fellow during the on.

atient is not physically present with the n is concurrently monitoring the ecommunication technology.

ally present with the fellow during the on.

atient is not physically present with the n is concurrently monitoring the ecommunication technology.

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

ble to provide review of ck provided after care is delivered. sical presence of a supervising

ty and responsibility, conditional le in patient care delegated to each gram director and faculty members.

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as supe portions of care to fellows based on the of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the su
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of th circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments mus the knowledge and skills of each fello appropriate level of patient care autho
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includin to be appropriately rested and fit to pr patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Sp fellows and faculty members concern responsibilities of physicians, includin to be appropriately rested and fit to pr patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program meaning that each fellow finds in the of including protecting time with patients promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership v provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe o
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free fi forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)

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

ry role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail) rcumstances and events in which

supervising faculty member(s). (Core)

their scope of authority, and the w is permitted to act with conditional

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

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

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

am must be accomplished without ill non-physician obligations. (Core) am must ensure manageable patient

am must include efforts to enhance the e experience of being a physician, nts, providing administrative support, ce and flexibility, and enhancing

with the Sponsoring Institution, must that supports patient safety and

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

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
Number	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional		Programs, in partnership with their Sp process for education of fellows and f
VI.B.6.	behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	behavior and a confidential process for addressing such concerns. (Core)
	Well-Being		
	Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of		Well-Being Psychological, emotional, and physica development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and re members of the health care team are i
	professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		professionalism; they are also skills the nurtured in the context of other aspect
	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout		Fellows and faculty members are at ris Programs, in partnership with their Sp same responsibility to address well-be competence. Physicians and all members responsibility for the well-being of eac clinical learning environment models prepares fellows with the skills and at
VI.C.	their careers. The responsibility of the program, in partnership with the Sponsoring	[None]	<i>their careers.</i> The responsibility of the program, in p
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunity and dental care appointments, includi working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of burn
VI.C.1.d).(1)	disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-sc
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affor counseling, and treatment, including a 24 hours a day, seven days a week. (C
vi.0.1.0)	27 110013 a uay, seven uays a week. (0018)	0.13.6.	1^{2+110} a uay, seven days a week. (C

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

ical well-being are critical in the ng, and resilient physician and require I outside of medicine. Well-being oy in medicine while managing their responsibility to support other e important components of s that must be modeled, learned, and ects of fellowship training.

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

n partnership with the Sponsoring

ity, and work compression that

d addressing the safety of fellows and

ge optimal fellow and faculty member

ity to attend medical, mental health, ding those scheduled during their

mbers in:

Irnout, depression, and substance use ntial for violence, including means to conditions; (Core)

nemselves and how to seek appropriate

screening. (Core)

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fello including but not limited to fatigue, illo medical, parental, or caregiver leave. appropriate length of absence for fello care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and p coverage of patient care and ensure c
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented v consequences for the fellow who is or work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe tran may be too fatigued to safely return he
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each fe patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.1.a)	The program director must have the authority and responsibility to set and adjust the clinical responsibilities and ensure that fellows have appropriate clinical responsibilities and an appropriate patient load. (Core)	6.17.a.	The program director must have the auth the clinical responsibilities and ensure th responsibilities and an appropriate patier
VI.E.1.a).(1)	This must include progressive clinical, technical, and consultative experiences that will enable each fellow to develop expertise as a pediatric endocrinology consultant. (Core)	6.17.a.1.	This must include progressive clinical, te that will enable each fellow to develop ex consultant. (Core)
VI.E.1.a).(2)	Lines of responsibility for the fellows must be clearly defined. (Core)	6.17.a.2.	Lines of responsibility for the fellows mus
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an er communication and promotes safe, in the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre

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

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

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

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

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

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

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

uthority and responsibility to set and adjust that fellows have appropriate clinical ient load. (Core)

technical, and consultative experiences expertise as a pediatric endocrinology

ust be clearly defined. (Core)

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

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

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

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

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

are competent in communicating with ess. (Outcome)

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

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

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

s free of clinical work and education e)

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

tion Period Length ds for fellows must not exceed 24 nical assignments. (Core)

tion Period Length ds for fellows must not exceed 24 iical assignments. (Core)

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

Exceptions

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)		Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give a patient or patient's family; or to atte (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Pediatrics will not consider requests for exceptions to the 80-hour limit to the fellows' work week.		A Review Committee may grant rotation percent or a maximum of 88 clinical and individual programs based on a sound The Review Committee for Pediatrics will the 80-hour limit to the fellows' work wee
VI.F.5.	Moonlighting		Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)		Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)		In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)		Maximum In-House On-Call Frequency Fellows must be scheduled for in-hou third night (when averaged over a fou
VI.F.8.	At-Home Call		At-Home Call Time spent on patient care activities b toward the 80-hour maximum weekly b not subject to the every-third-night lin requirement for one day in seven free averaged over four weeks. (Core)

Exceptions off all other responsibilities, a fellow, remain or return to the clinical site in tinue to provide care to a single ve humanistic attention to the needs of tend unique educational events.

lucation must be counted toward the

tion-specific exceptions for up to 10 and educational work hours to nd educational rationale.

will not consider requests for exceptions to eek.

n the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core)

n the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core)

d external moonlighting (as defined in at be counted toward the 80-hour

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

icy

ouse call no more frequently than every our-week period). (Core)

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

Requirement Number	Requirement Language	Reformatted Requirement Number	Poquiromont
Number		Requirement Number	
			At-Home Call
	Time spent on patient care activities by fellows on at-home call must		Time spent on patient care activities b
	count toward the 80-hour maximum weekly limit. The frequency of at-		toward the 80-hour maximum weekly I
	home call is not subject to the every-third-night limitation, but must satisfy		not subject to the every-third-night lim
	the requirement for one day in seven free of clinical work and education,		requirement for one day in seven free
VI.F.8.a)	when averaged over four weeks. (Core)	6.28.	averaged over four weeks. (Core)
	At-home call must not be so frequent or taxing as to preclude rest or		At-home call must not be so frequent
VI.F.8.a).(1)	reasonable personal time for each fellow. (Core)	6.28.a.	reasonable personal time for each fell

s by fellows on at-home call must count y limit. The frequency of at-home call is limitation, but must satisfy the se of clinical work and education, when

nt or taxing as to preclude rest or ellow. (Core)