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Requirement Number	Requirement Language	Requirement Number	Requiremer
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 me residency program for physicians will practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and educa group of physicians brings to medical inclusive and psychologically safe left Fellows who have completed resident in their core specialty. The prior medi- fellows distinguish them from physic care of patients within the subspecial faculty supervision and conditional if serve as role models of excellence, of professionalism, and scholarship. The knowledge, patient care skills, and e area of practice. Fellowship is an inte clinical and didactic education that fo 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.	[None] - (Continued)	In addition to clinical education, mar fellows' skills as physician-scientists knowledge within medicine is not ex- physicians, the fellowship experienc pursue hypothesis-driven scientific i the medical literature and patient car expertise achieved, fellows develop infrastructure that promotes collabor
Int.B.	Definition of Subspecialty Pediatric dermatology is the subspecialty of dermatology focused on the study, diagnosis, treatment, tertiary outpatient, and inpatient medical and procedural management of neonates, infants, children, and adolescents with skin disorders.	[None]	Definition of Subspecialty Pediatric dermatology is the subspecial diagnosis, treatment, tertiary outpatient, management of neonates, infants, child disorders.

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

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

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

alty of dermatology focused on the study, nt, and inpatient medical and procedural ildren, and adolescents with skin

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	Length of Educational Program		
Int.C.	The educational program in pediatric dermatology must be 12 months in length. (Core)	4.1.	Length of Educational Program The educational program in pediatric der (Core)
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic response medical education consistent with the When the Sponsoring Institution is no most commonly utilized site of clinic
I.A.	most commonly utilized site of clinical activity for the program is the primary clinical site.	[None]	most commonly utilized site of clinica primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution. ^(Core)	1.1.	The program must be sponsored by o Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	An accredited pediatric dermatology program must be an integral part of or have a partnership with an ACGME-accredited dermatology residency program and should be sponsored by the same ACGME-accredited Sponsoring Institution. (Core)	1.2.a.	An accredited pediatric dermatology pro- a partnership with an ACGME-accredited should be sponsored by the same ACGM (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must I by the program director, who is accou site, in collaboration with the program

lermatology must be 12 months in length.

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

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

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

rogram must be an integral part of or have ted dermatology residency program and GME-accredited Sponsoring Institution.

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

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

cal learning and working environment

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

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I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)		Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	There should be appropriate space for fellows to readily access and review clinical photographs, and view and share educational materials. (Detail)	1.8.a.	There should be appropriate space for fe clinical photographs, and view and share
I.D.1.b)	There should be adequate space available for didactic conferences. (Detail)	1.8.b.	There should be adequate space availab
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care, if the fellows are assigned in-house call; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate are assigned in-house call; (Core)
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core) security and safety measures appropriate to the participating site; and,	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa security and safety measures approp
I.D.2.d)	(Core)	1.9.d.	(Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core

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

on

Sponsoring Institution, must engage driven, ongoing, systematic recruitment sive workforce of residents (if present), ministrative 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)

r fellows to readily access and review are educational materials. (Detail)

able for didactic conferences. (Detail)

Sponsoring Institution, must ensure ng environments that promote fellow

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/rest facilities available and accessible ite for safe patient care, if the fellows

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

opriate to the participating site; and,

isabilities consistent with the re)

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Requirement Numbe	r Requirement Language	Requirement Number	Requiremen
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
	Other Learners and Health Care Personnel The presence of other learners and health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed		Other Learners and Health Care Perso The presence of other learners and he not limited to residents from other pro advanced practice providers, must no
I.E.	fellows' education. (Core)	1.11.	fellows' education. (Core)
I.E.1.	The presence of other learners in the program, including students, residents, fellows in non-ACGME-accredited programs, visiting scholars, and advanced practice providers, must not interfere with the appointed fellows' education. (Core)	1.11.a.	The presence of other learners in the pro fellows in non-ACGME-accredited progra practice providers, must not interfere wit (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.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
II.A.2.a)	At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. (Core)	2.3.a.	At a minimum, the program director mus dedicated minimum of 0.2 FTE for admir
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

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

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

program, including students, residents, grams, visiting scholars, and advanced with the appointed fellows' education.

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

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

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

tor: s subspecialty expertise and view Committee. (Core)

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	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess subspecialty expertise and qualifications acceptable to the Review Committee. (Core)
	must include current certification in the subspecialty for which they are the program director by the American Board of Dermatology or by the American Osteopathic Board of Dermatology, or subspecialty qualifications that are acceptable to the Review Committee; (Core)	2.4.a.	The program director must possess current certification in the subspecialty for which they are the program director by the American Board of Dermatology or by the American Osteopathic Board of Dermatology, or subspecialty qualifications that are acceptable to the Review Committee. (Core)
I.A.3.c)	must include at least three years of patient care experience as a pediatric dermatologist after fellowship; and, (Core)	2.4.b.	The program director must possess at least three years of patient care experience as a pediatric dermatologist after fellowship. (Core)
I.A.3.d)	must include at least one year of post-fellowship experience as a faculty member in graduate medical education in dermatology or pediatric dermatology; or qualifications acceptable to the Review Committee. (Core)	2.4.c.	The program director must possess at least one year of post-fellowship experience as a faculty member in graduate medical education in dermatology or pediatric dermatology; or qualifications acceptable to the Review Committee. (Core)
	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)
l.A.4.a)		[None]	
I.A.4.a).(1)		2.5.a.	The program director must be a role model of professionalism. (Core)
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program. (Core)
	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval. (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement Language
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit accurate and complete information required and requested by the DIO, GMEC, and ACGME. (Core)
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. (Core)
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	The program director must ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow. (Core)
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document verification of education for all fellows within 30 days of completion of or departure from the program. (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide verification of an individual fellow's education upon the fellow's request, within 30 days. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
- ·	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.		Faculty Faculty members are a foundational education – faculty members teach fe Faculty members provide an importa and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a of Faculty members experience the priod development of future colleagues. The the opportunity to teach and model education scholarly approach to patient care, fa graduate medical education system, and the population. Faculty members ensure that patients from a specialist in the field. They react the patients, fellows, community, and provide appropriate levels of supervi Faculty members create an effective professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1.a) II.B.2	In addition to the program director, there must be at least one faculty member who is actively involved in the clinical practice of pediatric dermatology. (Core) Faculty members must:	2.6.a. [None]	In addition to the program director, there who is actively involved in the clinical pr Faculty Responsibilities
II.B.2.a) II.B.2.b)	be role models of professionalism; (Core) demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7. 2.7.a.	Faculty members must be role model Faculty members must demonstrate of equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching t
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly part discussions, rounds, journal clubs, a

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

nts receive the level of care expected ecognize 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)

re must be at least one faculty member practice of pediatric dermatology. (Core)

els of professionalism. (Core)

e commitment to the delivery of safe, ve, 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)

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Requirement Number	Requirement Language	Requirement Number	Requiremen Faculty members must pursue faculty
II.B.2.f)	pursue faculty development designed to enhance their skills. (Core)	2.7.e.	their skills. (Core)
			Faculty Qualifications
II.B.3.	Faculty Qualifications	2.8.	Faculty members must have appropri hold appropriate institutional appoint
II.D.J.		2.0.	Faculty Qualifications
	Faculty members must have appropriate qualifications in their field and		Faculty members must have appropri
II.B.3.a)	hold appropriate institutional appointments. (Core)	2.8.	hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	2.9.	
II.B.3.b).(1)	have current certification in the subspecialty by the American Board of Dermatology or the American Osteopathic Board of Dermatology, 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 Dermatology, or acceptable to the Review Committee.
			Subspecialty physician faculty members
	have evidence of current clinical activity in pediatric dermatology that provides		activity in pediatric dermatology that pro-
II.B.3.b).(2)	greater than 50 percent of clinical time caring for children. (Core)	2.9.b.	time caring for children. (Core)
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.
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II.B.3.d)	Other specialty physician faculty members may include members from specialties and subspecialties directly related to pediatric dermatology, such as dermatology, dermatopathology, pediatric allergy and immunology, pediatric medical oncology and hematology, pediatric rheumatology, and pediatric plastic surgery. (Detail)	2.9.c.	Other specialty physician faculty member specialties and subspecialties directly re dermatology, dermatopathology, pediatri medical oncology and hematology, pedia surgery. (Detail)
	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 sign supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
	Faculty members must complete the annual ACGME Faculty Survey.		Faculty members must complete the
II.B.4.a)	(Core)	2.10.a.	(Core)
II.B.4.b)	In addition to the program director, the program should maintain a ratio of at least one core faculty member to each fellow appointed to the program. (Core)	2.10.b.	In addition to the program director, the p least one core faculty member to each fe
II.C.	Program Coordinator	2.11.	Program Coordinator There must be administrative support

Ity development designed to enhance

oriate qualifications in their field and ntments. (Core)

oriate qualifications in their field and ntments. (Core)

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nbers must have current certification in coard of Dermatology or the American or possess qualifications judged e. (Core)

rs must have evidence of current clinical rovides greater than 50 percent of clinical

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

bers may include members from related to pediatric dermatology, such as atric allergy and immunology, pediatric diatric rheumatology, and pediatric plastic

significant role in the education and vote a significant portion of their entire ministration, and must, as a , evaluate, and provide formative

e annual ACGME Faculty Survey.

program should maintain a ratio of at fellow appointed to the program. (Core)

ort for program coordination. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.C.1.	There must be administrative support for program coordination. (Core)	2.11.	Program Coordinator There must be administrative suppor
II.C.1.a)	The program coordinator must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. (Core)	2.11.a.	The program coordinator must be provid minimum of 0.2 FTE for administration of
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
. .A.	Fellow Appointments Eligibility Criteria	Section 3 [None]	Section 3: Fellow Appointments
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 Ad 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)	3.2.a.	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 dermatology fellowship must include the satisfactory completion of a dermatology residency program that satisfies the requirements listed in III.A.1. (Core)	3.2.a.1.	Prerequisite education for entry into a perind include the satisfactory completion of a c satisfies the requirements listed in 3.2. (
III.A.1.c)	Fellow Eligibility Exception The Review Committees for Dermatology will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Dermatolog to the fellowship eligibility requirement
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 applic eligibility requirements listed in 3.2., to following additional qualifications and

ort for program coordination. (Core)

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

Sponsoring Institution, must jointly personnel for the effective e)

ip Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, m, 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 field using ACGME, ACGME-I, or om the core residency program. (Core)

pediatric dermatology fellowship must a dermatology residency program that . (Core)

ogy will allow the following exception nents:

rogram may accept an exceptionally licant who does not satisfy the , but who does meet all of the nd conditions: (Core)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
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 an 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 Commissio (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 Com 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 appoir Review Committee. (Core)
	Educational Program		Section 4: 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.		The ACGME accreditation system is a and innovation in graduate medical ec organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
N/	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	Section 4	It is recognized that programs may pla 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
	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		a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m
IV.A.1.	applicants, fellows, and faculty members; (Core)	4.2.a.	applicants, fellows, and faculty memb

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

t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

pint more fellows than approved by the

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

port the development of who provide compassionate care.

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

llowing educational components:

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

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	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in		competency-based goals and objectiv designed to promote progress on a tr
	their subspecialty. These must be distributed, reviewed, and available to		their subspecialty. These must be dis
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	fellows and faculty members; (Core)
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.	Curriculum Organization and Fellow I 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 pror tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqui
IV.D.	The program must integrate the following ACGME Competencies into the		renning the other competencies acqu
IV.B.1.	curriculum:	[None]	The program must integrate all ACGN
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
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 should demonstrate the ability to manage patients with chronic diseases on an ongoing basis. (Detail)	4.4.a.	Fellows should demonstrate the ability to on an ongoing basis. (Detail)

ctives for each educational experience a trajectory to autonomous practice in distributed, reviewed, and available to e)

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

eyond direct patient care; and, (Core) w Experiences – Didactic and Clinical

tected time to participate in core

romote patient safety-related goals,

eptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each subspecialty. The developmental encies are articulated through the The focus in fellowship is on and medical knowledge, as well as quired in residency.

GME Competencies into the curriculum.

nalism itment to professionalism and an pre)

re

tient care that is patient- and familye, appropriate, and effective for the he promotion of health. (Core)

to manage patients with chronic diseases

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(b)	Fellows should demonstrate the ability to formulate diagnostic strategies and therapeutic plans for acute and chronic skin conditions and develop an ongoing relationship with families of children with chronic skin problems. (Detail)	4.4.b.	Fellows should demonstrate the ability to therapeutic plans for acute and chronic s relationship with families of children with
IV.B.1.b).(1).(c)	Fellows should actively participate in outpatient and inpatient consultation for referrals to the service, (including for pediatric inpatients, patients in the normal newborn or intensive care nurseries, general or subspecialty clinic patients, and pediatric patients in the urgent care and emergency department), by performing a history, physical examination, and diagnostic studies, as appropriate. (Detail)	4.4.c.	Fellows should actively participate in out referrals to the service, (including for peo newborn or intensive care nurseries, ger pediatric patients in the urgent care and a history, physical examination, and diag
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 – Procedural S Fellows must be able to perform all m procedures considered essential for t
IV.B.1.b).(2).(a)	Fellows should demonstrate competence in pediatric therapeutic procedures in the clinical setting, including cryotherapy, laser therapy, shave removals, and surgical excisions with appropriate closures. (Detail)	4.5.a.	Fellows should demonstrate competence the clinical setting, including cryotherapy surgical excisions with appropriate closu
IV.B.1.b).(2).(b)	Fellows should demonstrate competence in diagnostic techniques, including skin biopsies, potassium hydroxide examinations, mineral oil examinations, techniques for microbiologic sampling for infection, and hair mounts. (Detail)	4.5.b.	Fellows should demonstrate competence skin biopsies, potassium hydroxide exan techniques for microbiologic sampling fo
IV.B.1.b).(2).(c)	Fellows should demonstrate competence in the pre-operative assessment, preparation, and management of children for excisional surgery, including use of appropriate techniques for post-operative wound care and control of post- operative pain. (Detail)	4.5.c.	Fellows should demonstrate competence preparation, and management of childre appropriate techniques for post-operative operative pain. (Detail)
IV.B.1.b).(2).(d)	Fellows should demonstrate competence in the use of topical and local anesthetic agents, as well as the indications for conscious sedation and general anesthesia. (Detail)	4.5.d.	Fellows should demonstrate competence anesthetic agents, as well as the indicati anesthesia. (Detail)
IV.B.1.b).(2).(e)	Fellows should demonstrate competence in the use of the pulsed dye laser and other lasers, as available, for the treatment of vascular and other relevant skin lesions in children. (Detail)	4.5.e.	Fellows should demonstrate competence other lasers, as available, for the treatme lesions in children. (Detail)
IV.B.1.b).(2).(f)	Fellows should demonstrate competence in the pre-operative assessment, choice, and timing of treatment, preparation, and management of children for laser surgery, including use of appropriate techniques for post-operative wound care and control of post-operative pain. (Detail)	4.5.f.	Fellows should demonstrate competence choice, and timing of treatment, prepara laser surgery, including use of appropria care and control of post-operative pain.

to formulate diagnostic strategies and c skin conditions and develop an ongoing ith chronic skin problems. (Detail)

butpatient and inpatient consultation for bediatric inpatients, patients in the normal general or subspecialty clinic patients, and ad emergency department), by performing agnostic studies, as appropriate. (Detail)

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

nce in pediatric therapeutic procedures in py, laser therapy, shave removals, and sures. (Detail)

nce in diagnostic techniques, including aminations, mineral oil examinations, for infection, and hair mounts. (Detail)

nce in the pre-operative assessment, ren for excisional surgery, including use of ive wound care and control of post-

nce in the use of topical and local ations for conscious sedation and general

nce in the use of the pulsed dye laser and ment of vascular and other relevant skin

nce in the pre-operative assessment, ration, and management of children for riate techniques for post-operative wound n. (Detail)

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Requirement Number	Requirement Language	Requirement Number	Requiremen
	Medical Knowledge 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)
IV.B.1.c).(1)	Fellows should demonstrate specialized knowledge about pediatric skin diseases and their associations, comorbidities, impact on overall health and wellness, psychosocial impact, and stigma. (Detail)	4.6.a.	Fellows should demonstrate specialized diseases and their associations, comorb wellness, psychosocial impact, and stigr
IV.B.1.c).(2)	Fellows should demonstrate knowledge of developmental and psychosocial concepts relevant to neonates, infants, children, and adolescents with skin disease. (Detail)	4.6.b.	Fellows should demonstrate knowledge concepts relevant to neonates, infants, o disease. (Detail)
IV.B.1.c).(3)	Fellows should understand the developmental stages of childhood as they relate to patient care, communication, shared decision making, family dynamics, socioeconomic determinants of health, disease comorbidities, and addressing the stigma of visible conditions. (Detail)	4.6.c.	Fellows should understand the developm to patient care, communication, shared of socioeconomic determinants of health, of the stigma of visible conditions. (Detail)
	Fellows should demonstrate an understanding of health literacy as it relates to styles of communication with patients and families regarding assessments, care plans, and approach to procedures in patients of all ages from birth through adolescence. (Detail)	4.6.d.	Fellows should demonstrate an understa styles of communication with patients ar plans, and approach to procedures in pa adolescence. (Detail)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care ba lifelong learning. (Core)
	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of inf patients, their families, and health pro

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

ed knowledge about pediatric skin rbidities, impact on overall health and gma. (Detail)

le of developmental and psychosocial , children, and adolescents with skin

pmental stages of childhood as they relate d decision making, family dynamics, , disease comorbidities, and addressing l)

standing of health literacy as it relates to and families regarding assessments, care patients of all ages from birth through

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)

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Requirement Number	Requirement Language	Requirement Number	Requirement
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Ba Fellows must demonstrate an awaren larger context and system of health c social determinants of health, as well other resources to provide optimal he
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	 4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experie These educational experiences incluce patient care responsibilities, clinical t events. (Core) 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with protect didactic activities. (Core) 4.12. Curriculum Organization and Fe The program must provide instruction management if applicable for the sub- the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Organization and Fellow E The curriculum must be structured to experiences, the length of the experie These educational experiences incluc patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Clinical experiences 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 high-quality assessment and feedback. (Core)	4.10.a.	Clinical experiences must be of sufficien experience, defined by continuity of patie longitudinal relationships with faculty me and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows the fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of comprehensive and high- quality patient care and optimal communication with team members, patients, and families. (Detail)	4.10.b.	Clinical experiences should be structure allows the fellows to function as part of a works together longitudinally with shared quality patient care and optimal commun and families. (Detail)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow I The program must provide instruction management if applicable for the sub the signs of substance use disorder.

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

Fellow Experiences – Curriculum

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

Fellow Experiences – Didactic and

ected time to participate in core

Fellow Experiences – Pain Management on and experience in pain Ibspecialty, including recognition of r. (Core)

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

ent length to provide a quality educational atient care, ongoing supervision, nembers, and high-quality assessment

red to facilitate learning in a manner that f an effective interprofessional team that ed goals of comprehensive and highunication with team members, patients,

v Experiences – Pain Management on and experience in pain Ibspecialty, including recognition of r. (Core)

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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 months of clinical experience. (Core)
IV.C.4.	Fellows must have responsibility throughout their educational program for providing direct care to outpatients and inpatients. (Core)		Fellows must have responsibility throughout their educational program for providing direct care to outpatients and inpatients. (Core)
IV.C.5.	The program must provide education and training in, and include an appropriate balance among, clinical, didactic, teaching, and research activities. (Core)		The program must provide education and training in, and include an appropriate balance among, clinical, didactic, teaching, and research activities. (Core)
IV.C.6.	The program must provide education in the broad and diverse knowledge base related to patient care, consultations, inpatient rounds, and other education relevant to developmental and psychosocial and other issues specific to children with skin disease. (Core)		The program must provide education in the broad and diverse knowledge base related to patient care, consultations, inpatient rounds, and other education relevant to developmental and psychosocial and other issues specific to children with skin disease. (Core)
IV.C.7.	Fellows must have a formally structured clinical and didactic educational program in practical and scientific aspects of pediatric dermatology. (Core)		Fellows must have a formally structured clinical and didactic educational program in practical and scientific aspects of pediatric dermatology. (Core)
IV.C.8.	Dedicated pediatric dermatology educational sessions must occur at least monthly and must involve active fellow participation in planning and implementation. (Core)		Dedicated pediatric dermatology educational sessions must occur at least monthly and must involve active fellow participation in planning and implementation. (Core)
IV.C.9.	The program must include a minimum of five weekly outpatient half-day clinics, including at least one continuity clinic, that focus on the diagnosis and management of pediatric dermatologic disease. (Core)		The program must include a minimum of five weekly outpatient half-day clinics, including at least one continuity clinic, that focus on the diagnosis and management of pediatric dermatologic disease. (Core)
IV.C.10.	Fellow education must include clinical experiences, exposure to, or instruction in a broad range of pediatric skin diseases, including inflammatory and papulosquamous diseases; bullous diseases; viral, bacterial, and fungal infections of the skin; infestations of the skin; drug reactions; genodermatoses and skin manifestations of genetic diseases; birthmarks and developmental anomalies; neonatal skin disorders; disorders of cornification; hair and nail disorders; acne and related diseases; skin malignancies; autoimmune and connective tissue diseases; granulomatous diseases; vascular anomalies; melanocytic lesions; psychocutaneous disease; skin signs of child abuse; skin signs of systemic diseases; skin disorders in immunocompromised patients; and photosensitivity diseases. (Core)		Fellow education must include clinical experiences, exposure to, or instruction in a broad range of pediatric skin diseases, including inflammatory and papulosquamous diseases; bullous diseases; viral, bacterial, and fungal infections of the skin; infestations of the skin; drug reactions; genodermatoses and skin manifestations of genetic diseases; birthmarks and developmental anomalies; neonatal skin disorders; disorders of cornification; hair and nail disorders; acne and related diseases; skin malignancies; autoimmune and connective tissue diseases; granulomatous diseases; vascular anomalies; melanocytic lesions; psychocutaneous disease; skin signs of child abuse; skin signs of systemic disease; skin disorders in immunocompromised patients; and photosensitivity diseases. (Core)

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IV.D.	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. 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]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expec will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, pop other programs might choose to utili research as the focus for scholarship Program Responsibilities
IV.D.1.	Program Responsibilities	4.13.	The program must demonstrate evid consistent with its mission(s) and air
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 evid consistent with its mission(s) and air
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity The program must demonstrate dissem external to the program by methods suc curriculum development, participation in quality improvement presentations, pod participation in collaborative research, r resources, articles or publications, book on professional committees, or service a member, or editor. (Outcome)
IV.D.2.a)	The program must demonstrate dissemination of scholarly activity within and external to the program by methods such as peer-reviewed publication, curriculum development, participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, participation in collaborative research, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or service as a journal reviewer, editorial board member, or editor. (Outcome)	4.14.	Faculty Scholarly Activity The program must demonstrate dissem external to the program by methods suc curriculum development, participation in quality improvement presentations, pod participation in collaborative research, r resources, articles or publications, book on professional committees, or service a member, or editor. (Outcome)

ce. The physician is a humanistic his requires the ability to think critically, ly 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 opulation health, and/or teaching, while illize more classic forms of biomedical hip.

idence of scholarly activities, aims. (Core)

idence of scholarly activities, aims. (Core)

mination of scholarly activity within and uch as peer-reviewed publication, in grand rounds, posters, workshops, odium presentations, grant leadership, , non-peer-reviewed print/electronic ok chapters, textbooks, webinars, service e as a journal reviewer, editorial board

mination of scholarly activity within and uch as peer-reviewed publication, in grand rounds, posters, workshops, odium presentations, grant leadership, , non-peer-reviewed print/electronic ok chapters, textbooks, webinars, service e as a journal reviewer, editorial board

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IV.D.3.	Fellow Scholarly Activity	4.15.	Fellow Scholarly Activity Each fellow must participate in at least of developing or working on a research stur suitable for submission to a peer-review educational materials or curriculum; auth and/or presenting at a local, regional, or meeting, or other educational venue on the (Outcome)
IV.D.3.a)	Each fellow must participate in at least one scholarly activity, defined as developing or working on a research study of any type; preparing a manuscript suitable for submission to a peer-reviewed publication; creating durable educational materials or curriculum; authoring a textbook or textbook chapter(s); and/or presenting at a local, regional, or national meeting, professional society meeting, or other educational venue on topics relevant to pediatric dermatology. (Outcome)		Fellow Scholarly Activity Each fellow must participate in at least of developing or working on a research stur- suitable for submission to a peer-review educational materials or curriculum; auth and/or presenting at a local, regional, or meeting, or other educational venue on to (Outcome)
IV.E.	Independent Practice Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.	[None]	Independent Practice Fellowship programs may assign fello practice of their core specialty during
IV.E.1. V.	If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core) Evaluation	4.16. Section 5	If programs permit their fellows to util it must not exceed 20 percent of their academic year. (Core) Section 5: Evaluation
v. V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva 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)	Evaluations must be completed at least every three months. (Core)	5.1.a.1.	Evaluations must be completed at lea
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 objectiv the Competencies and the subspecial (Core)

t one scholarly activity, defined as tudy of any type; preparing a manuscript wed publication; creating durable uthoring a textbook or textbook chapter(s); or national meeting, professional society n topics relevant to pediatric dermatology.

t one scholarly activity, defined as tudy of any type; preparing a manuscript wed publication; creating durable uthoring a textbook or textbook chapter(s); or national meeting, professional society n topics relevant to pediatric dermatology.

llows to engage in the independent ng their fellowship program.

tilize the independent practice option, ir time per week or 10 weeks of an

aluation

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

valuation

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

aluation

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

the completion of the assignment.

east every three months. (Core)

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

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		Requirement Number	Requirement
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 r 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 perfo unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty- specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation along the subspecialty-specific Milest
V.A.1.d).(2)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.d.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.e.	The evaluations of a fellow's performably the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors neco (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared v program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)

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

ical Competency Committee for its formance and improvement toward

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

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

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 ust be used as tools to ensure fellows practice upon completion of the

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

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

with the fellow upon completion of the

nust be appointed by the program

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Kequitement
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competence members, at least one of whom is a co be faculty members from the same pro health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee I 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 r progress on achievement of the subs
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 r annual evaluations and advise the pro fellow's progress. (Core)
V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (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 performance as it relates to the educa (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 teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pr program's continuous improvement p

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

e must review all fellow evaluations at

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

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

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

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

n, confidential evaluations by the

back on their evaluations at least

ent

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

ent

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

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Requirement Numbe	r Requirement Language	Requirement Number	Requirement
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 m program faculty members, at least on 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 respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue 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 respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee 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 members of the teaching faculty and the fellows, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, inclu distributed to and discussed with the the fellows, and be submitted to the D
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)
	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		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima The program director should encoura
V.C.3.	take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	take the certifying examination offere of Medical Specialties (ABMS) member Association (AOA) certifying board.

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

oonsibilities must include review of the d progress toward meeting them.

oonsibilities must include guiding luding development of new goals,

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

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 members of the teaching faculty and e DIO. (Core) Self-Study and submit it to the DIO.

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

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

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Requirement Number	Requirement Language	Requirement Number	Requirement
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
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 bott 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 bott 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 specifi an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g

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)

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

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

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

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

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

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	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:		Fellowship education must occur in a environment that emphasizes the following the fol
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality 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 today's fellows in their future practic
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
N/I	•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.		Section 6	
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuo and a willingness to transparently de organization has formal mechanisms attitudes of its personnel toward safe improvement.
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, a patient safety systems and contribute
VI.A.1.a).(1).(a)	Patient Safety Events	0.1.	Patient Safety Events
VI.A.1.a).(2)	Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Reporting, investigation, and follow-unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	

ng Environment

n the context of a learning and working ollowing principles:

ty of care rendered to patients by

ty of care rendered to patients by lice

roviding care for patients

he students, residents, fellows, faculty nealth care team

ous identification of vulnerabilities deal with them. An effective ns to assess the knowledge, skills, and afety in order to identify areas for

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

w-up of safety events, near misses, and nanisms for improving patient safety, of any patient safety program. Feedback ntial to developing true competence in nstitute sustainable systems-based ty vulnerabilities.

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VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary 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 implementatio
VI.A.1.a).(3)	Quality Metrics 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
			Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structure accountability as it relates to the supe
VI.A.2.	Supervision and Accountability	[None]	Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.

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

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

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

tizing activities for care improvement ment efforts.

receive data on quality metrics and populations. (Core)

a ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and upervision of all patient care.

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Baguiromon
Requirement Number	Requirement Language	Requirement Number	Requiremen
	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 and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the supe
VI.A.2.a)	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 in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
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.	Fellows and faculty members must in roles in that patient's care when prov
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.a.	This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as app
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physica key portions of the patient interaction
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback

a ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and pervision of all patient care.

nte 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. (Core)

to fellows, faculty members, other nd patients. (Core)

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

cally present with the fellow during the on.

cally present with the fellow during the on.

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

ble to provide review of ck provided after care is delivered.

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			Kequienen
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
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).(1)	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
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 t 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 s
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, includi 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, includi to be appropriately rested and fit to po patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	

ent Language
vsical presence of a supervising
rity and responsibility, conditional ole in patient care delegated to each gram director and faculty members.
e each fellow's abilities based on stones. (Core)
pervising physicians must delegate n the needs of the patient and the skills
ory role to junior fellows and residents /ard independence, based on the needs individual resident or fellow. (Detail)
ircumstances and events in which e supervising faculty member(s). (Core)
f their scope of authority, and the low is permitted to act with conditional
nust be of sufficient duration to assess llow and to delegate to the fellow the thority and responsibility. (Core)
Sponsoring Institutions, must educate erning the professional and ethical uding but not limited to their obligation provide the care required by their
Sponsoring Institutions, must educate erning the professional and ethical uding but not limited to their obligation pprovide the care required by their

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Requirement Number	Requirement Language	Requirement Number	Requiremen
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 programing objectives of the programing 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 the meaning that each fellow finds in including protecting time with patient 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 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 f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)

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

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

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

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

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

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

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Poquiromor
Requirement Number		Requirement Number	Requiremer
	Well-Being		Wall Baing
	Psychological, emotional, and physical well-being are critical in the		Well-Being Psychological, emotional, and physic
	development of the competent, caring, and resilient physician and require		development of the competent, carin
	proactive attention to life inside and outside of medicine. Well-being		proactive attention to life inside and
	requires that physicians retain the joy in medicine while managing their		requires that physicians retain the jo
	own real-life stresses. Self-care and responsibility to support other		own real-life stresses. Self-care and i
	members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and		members of the health care team are professionalism; they are also skills
	nurtured in the context of other aspects of fellowship training.		nurtured in the context of other aspe
	Fellows and faculty members are at risk for burnout and depression.		Fellows and faculty members are at r
	Programs, in partnership with their Sponsoring Institutions, have the		Programs, in partnership with their S
	same responsibility to address well-being as other aspects of resident		same responsibility to address well-k
	competence. Physicians and all members of the health care team share		competence. Physicians and all mem responsibility for the well-being of ea
	responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and		clinical learning environment models
	prepares fellows with the skills and attitudes needed to thrive throughout		prepares fellows with the skills and a
VI.C.	their careers.	[None]	their careers.
	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
	attention to scheduling, work intensity, and work compression that		attention to scheduling, work intensit
VI.C.1.a)	impacts fellow well-being; (Core)	6.13.a.	impacts fellow well-being; (Core)
	evaluating workplace safety data and addressing the safety of fellows and		evaluating workplace safety data and
VI.C.1.b)	faculty members; (Core)	6.13.b.	faculty members; (Core)
	policies and programs that encourage optimal fellow and faculty member		policies and programs that encourag
VI.C.1.c)	well-being; and, (Core)	6.13.c.	well-being; and, (Core)
	Fellows must be given the opportunity to attend medical, mental health,		Fellows must be given the opportunit
	and dental care appointments, including those scheduled during their		and dental care appointments, includ
VI.C.1.c).(1)		6.13.c.1.	working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
	identification of the symptome of humanit depression, and substance use		identification of the symptoms of bur
	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or poten
VI.C.1.d).(1)		6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek		recognition of these symptoms in the
VI.C.1.d).(2)	appropriate care; and, (Core)	6.13.d.2.	appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-s

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

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

in partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

age optimal fellow and faculty member

nity to attend medical, mental health, uding those scheduled during their

embers in:

urnout, depression, and substance use ential for violence, including means to conditions; (Core)

hemselves and how to seek

-screening. (Core)

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Requirement Number	Requirement Language	Requirement Number	Requirement
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 24 hours a day, seven days a week. (C
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 fell including but not limited to fatigue, ill 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 provide the program must have policies and provide the provide the provide the provide the provide the provided t
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 consequences for the fellow who is of 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 h
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 f patient safety, fellow ability, severity a illness/condition, and available suppo
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 e communication and promotes safe, in the subspecialty and larger health sys

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

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

d 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 I)

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

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

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

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

Roman Numeral	Deguirement Lenguege	Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requiremen Transitions of Care
			Programs must design clinical assign
VI.E.3.	Transitions of Care	6.19.	patient care, including their safety, free
			Transitions of Care
	Programs must design clinical assignments to optimize transitions in		Programs must design clinical assign
VI.E.3.a)	patient care, including their safety, frequency, and structure. (Core)	6.19.	patient care, including their safety, free
	Programs, in partnership with their Sponsoring Institutions, must ensure		Programs, in partnership with their S
	and monitor effective, structured hand-off processes to facilitate both	C 40 -	and monitor effective, structured han
VI.E.3.b)	continuity of care and patient safety. (Core)	6.19.a.	continuity of care and patient safety.
	Programs must ensure that fellows are competent in communicating with		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
	Clinical Experience and Education		
			Clinical Experience and Education
	Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with		Programs, in partnership with their S
	educational and clinical experience opportunities, as well as reasonable		an effective program structure that is educational and clinical experience o
VI.F.	opportunities for rest and personal activities.	[None]	opportunities for rest and personal ad
	Maximum Hours of Clinical and Educational Work per Week		
	Clinical and educational work hours must be limited to no more than 80		Maximum Hours of Clinical and Educ
	hours per week, averaged over a four-week period, inclusive of all in-		hours per week, averaged over a four
	house clinical and educational activities, clinical work done from home,		house clinical and educational activit
VI.F.1.	and all moonlighting. (Core)	6.20.	and all moonlighting. (Core)
			Mandatory Time Free of Clinical Work
			Fellows should have eight hours off b
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	education periods. (Detail)
	Fellows should have eight hours off between scheduled clinical work and		Mandatory Time Free of Clinical Work Fellows should have eight hours off b
VI.F.2.a)	education periods. (Detail)	6.21.	education periods. (Detail)
	Fellows must have at least 14 hours free of clinical work and education		Fellows must have at least 14 hours f
VI.F.2.b)	after 24 hours of in-house call. (Core)	6.21.a.	after 24 hours of in-house call. (Core)
l	Fellows must be scheduled for a minimum of one day in seven free of		Fellows must be scheduled for a mini
VI.F.2.c)	clinical work and required education (when averaged over four weeks). At- home call cannot be assigned on these free days. (Core)	6.21.b.	clinical work and required education home call cannot be assigned on the
			Maximum Clinical Work and Educatio
l			Clinical and educational work periods
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	hours of continuous scheduled clinic
			Maximum Clinical Work and Educatio
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Clinical and educational work periods hours of continuous scheduled clinic
v1.F.J.aj	nours or continuous scheddied chinical assignments. (Core)	0.22.	

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

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

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

are competent in communicating with ess. (Outcome)

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

icational 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

free of clinical work and educatione)

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

ion Period Length ds for fellows must not exceed 24 ical assignments. (Core)

ion Period Length ds for fellows must not exceed 24 ical assignments. (Core)

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VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time m patient safety, such as providing effe fellow education. Additional patient c assigned to a fellow during this time.
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 conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give of a patient or patient's family; or to a (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 Dermatology will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Dermatology exceptions to the 80-hour limit to the fell
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)

may be used for activities related to fective transitions of care, and/or care responsibilities must not be e. (Core)

Exceptions

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

Exceptions

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

ducation must be counted toward the

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

gy will not consider requests for ellows' work week.

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

h 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 st be counted toward the 80-hour

Roman Numeral		Reformatted	
Requirement Number	Requirement Language	Requirement Number	Requirement Language
	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in-		In-House Night Float Night float must occur within the context of the 80
VI.F.6.	seven requirements. (Core)	6.26.	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)	6.27.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no me every third night (when averaged over a four-week
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities by fellows on count toward the 80-hour maximum weekly limit. T home call is not subject to the every-third-night lin the requirement for one day in seven free of clinica when averaged over four weeks. (Core)
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities by fellows on count toward the 80-hour maximum weekly limit. T home call is not subject to the every-third-night lin the requirement for one day in seven free of clinica when averaged over four weeks. (Core)
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent or taxing as reasonable personal time for each fellow. (Core)

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

ncy ouse call no more frequently than ver a four-week period). (Core)

s by fellows on at-home call must weekly limit. The frequency of aty-third-night limitation, but must satisfy n free of clinical work and education, pre)

s by fellows on at-home call must weekly limit. The frequency of aty-third-night limitation, but must satisfy n free of clinical work and education, pre)

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