

**ACGME Program Requirements for Graduate Medical Education
in the Subspecialties of Pediatrics
Summary and Impact of Major Requirement Revisions**

Requirement #: I.A.4.

Requirement Revision (significant change only):

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

1. Describe the Review Committee's rationale for this revision: **This requirement was added at the request of the Association of Pediatric Program Directors (APPD). The APPD surveyed the fellowship program director membership regarding the time expended and time required to adequately administer their fellowship program and made specific recommendations on the amount of support required based on the data gathered.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Requiring a minimum level of program leadership support should help to ensure that adequate protected time is devoted to the administration of educational activities.**
3. How will the proposed requirement or revision impact continuity of patient care? **Not Applicable**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **For those institutions that have not been providing this level of support, there may be an added financial cost.**
5. How will the proposed revision impact other accredited programs? **Not Applicable**

Requirement #: I.A.5.

Requirement Revision (significant change only):

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

1. Describe the Review Committee's rationale for this revision: **This requirement was added at the request of the APPD Fellowship Program Director Executive Committee.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Requiring support for a program coordinator(s) should help to ensure that adequate support is devoted to the administration of educational activities of the fellowship program.**
3. How will the proposed requirement or revision impact continuity of patient care? **Not Applicable**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support;

volume and variety of patients), if so, how? **For those institutions that have not been providing the fellowship programs with a program coordinator or other support staff as needed, there may be an added financial cost.**

5. How will the proposed revision impact other accredited programs? **Not Applicable**

Requirement #: IV.A.2.a)-c)

Requirement Revision (significant change only):

IV.A.2.a) Each educational unit or major professional activity must have a curriculum associated with it. ^(Core)

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

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

1. Describe the Review Committee's rationale for this revision: **This requirement provides a link between the Program Requirements and the Pediatrics Milestones and Entrustable Professional Activities.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **It is expected that aligning the curriculum, goals and objectives, and assessment methods to the intended outcomes will allow for a better assessment of program quality. Ultimately this is expected to have a positive impact on fellow education.**
3. How will the proposed requirement or revision impact continuity of patient care? **Not Applicable**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **Not Applicable**

5. How will the proposed revision impact other accredited programs? **Not Applicable**

Requirement #: IV.A.5.a).(1).(b)-(e); IV.A.5.e).(6)-(8)

Requirement Revision (significant change only):

Fellows:

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

IV.A.5.a).(1).(c) must demonstrate the ability to make informed diagnostic and therapeutic decisions that result in optimal clinical judgment; ^(Outcome)

IV.A.5.a).(1).(d) must demonstrate the ability to develop and carry out management plans; and, ^(Outcome)

IV.A.5.a).(1).(e) must demonstrate the ability to provide appropriate role modeling. ^(Outcome)

Fellows are expected to demonstrate:

IV.A.5.e).(6) trustworthiness that makes colleagues feel secure when the fellow is responsible for the care of patients; (Outcome)

IV.A.5.e).(7) leadership skills that enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients; and, (Outcome)

IV.A.5.e).(8) the capacity to recognize that ambiguity is part of clinical medicine and response by utilizing appropriate resources in dealing with uncertainty. (Outcome)

1. Describe the Review Committee's rationale for this revision: **The requirements added address subcompetencies on which the programs must report Milestones progress.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **This ensures that fellows have the necessary skills, abilities, and knowledge to become competent subspecialty pediatricians instead of just focusing on the experiences/curriculum.**
3. How will the proposed requirement or revision impact continuity of patient care? **The intended focus on transitions of care, patient safety, professional dedication to systems improvement, and personal responsibility to patient needs should enhance overall patient care and continuity experiences.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **Not Applicable**
5. How will the proposed revision impact other accredited programs? **Not Applicable**

Requirement #: IV.A.6.b)-IV.A.6.b).(6)

Requirement Revision (significant change only):

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

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

IV.A.6.b).(2) contribute to the fiscally sound and ethical management of a practice (e.g., through billing, scheduling, coding, and record-keeping practices); (Core)

IV.A.6.b).(3) apply public health principles and improvement methodology to improve care for populations, communities, and systems; (Core)

IV.A.6.b).(4) lead an interprofessional health care team; (Core)

IV.A.6.b).(5) facilitate hand-overs to another health care provider; and, (Core)

IV.A.6.b).(6) lead within the subspecialty profession. (Core)

1. Describe the Review Committee's rationale for this revision: **These requirements are based on the professional activities identified by the subspecialty groups as applicable to all pediatric subspecialties.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Although fellows should have been introduced to these curricular elements in residency, fellows will be expected to demonstrate an advanced skill set to prepare them for independent subspecialty practice.**
3. How will the proposed requirement or revision impact continuity of patient care? **The intended focus on transitions of care, patient safety, professional dedication to systems improvement, and personal responsibility to patient needs should enhance overall patient care and continuity experiences.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **It is not anticipated that any additional resources will be required beyond those that should already be available to the program.**
5. How will the proposed revision impact other accredited programs? **Not Applicable**