

*Revisions to the Pediatrics Program
Requirements*

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Pediatrics Requirements

- Pediatrics Requirements were approved by the ACGME Board of Directors
 - Major revision to pediatrics requirements
 - Focused revision to med-peds
 - Focused revisions to pediatrics subs
- Effective date is July 1, 2013

Pediatrics Requirement Changes

- IV.A.6.b).(2).(c) inpatient pediatrics;^(Core)
- IV.A.6.b).(2).(c).(i) There must be five educational units. ^(Detail)
- IV.A.6.b).(2).(c).(ii) No more than one of the five required months should may be devoted to the care of patients in a single subspecialty. ^(Detail)

Program Requirement Changes

IV.A.2.a) For each educational unit, the curriculum must contain competency-based goals and objectives, educational methods, and the evaluation tools that the program will use to assess each resident's competence and achievement of entrusted professional activities. (Core)

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

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 should 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 residents should be entrusted. (Detail)

Med-Peds Requirement Changes

PR VI.B.2.d) The remaining educational units as an individualized curriculum.

Two educational units as an individualized curriculum.

Categorization of All Requirements

- Standards (CPRs and Specialty specific)
Organized by
 - Core (Structure, Resource, Process)
 - Followed by all programs
 - Detail (Structure, Resource, Process)
 - Way to achieve compliance with “Core” requirements
 - “Waived” for good programs to allow innovation
 - Outcomes
 - The Competencies and Sub-competencies which are tied to the Milestones

Misc. Key Changes

- 30 months at primary or participating site(s)
- PD should be meeting requirements for MOC
- Semi-annual resident reviews no longer under PD responsibilities, but they still are required
- Details on ILP
- 70% Board pass rate (5 yr avg)
- Regular meetings for program improvement
- Night experiences must be educational and be part of the curriculum

FAQs

- What specialty qualifications are acceptable to the Review Committee if the program director does not have current certification in pediatrics by the ABMS?
- The program director must be board certified in Pediatrics or a subspecialty of Pediatrics by the American Board of Pediatrics and meet the requirements for Maintenance of Certification. There are no acceptable alternative qualifications.

Curriculum

- Content not dictated by requirements
- However, a curriculum is required
 - Each educational unit or
 - Major professional activity
- Core faculty must be assigned responsibility for the components of the curriculum
- Should incorporate competencies into EPAs (detailed)
- Faculty development requirements

Resources

- Faculty
 - PEM
 - “Five other distinct pediatric medical disciplines”
- Facilities
- Patient Population

FAQs

- What specialty qualifications are acceptable to the Review Committee if the physician faculty does not have current certification in pediatrics by the ABMS?
- For faculty members who have achieved certification from another country, e.g. the Royal College, the Review Committee (RC) will consider the following criteria in determining whether alternate qualifications are acceptable:
 - Completion of a pediatrics residency program
 - Leadership in the field of pediatrics
 - Scholarship within the field of pediatrics
 - Involvement in pediatrics organizations

FAQs

- Alternate qualifications will not be accepted for individuals who have completed residency education within the United States and are not eligible for Board certification by the American Board of Pediatrics (ABP), have failed the ABP certification exam, or who have chosen not to take ABP certification exam.
- Years of practice are not an equivalent of specialty board certification and neither ABMS nor the RRC accepts the phrase "board eligible."
- The onus of documenting alternate qualifications is on the program director.

“Didactics”

- Planned educational experiences
 - Establish requirements for resident and faculty participation (detailed)
 - Participation must be monitored (detail)

Procedures

- Must be able to competently perform
 - Neonatal endotracheal intubation
 - Peripheral intravenous catheter placement
 - Umbilical catheter placement
- Other procedures important for a resident's post-residency position

Competencies

- Personal and Professional development sub-competencies are under professionalism

Educational Units

- 6 EU of Individualized Curriculum
 - Not “electives/selectives”
 - Educational Units (block/longitudinal)
 - Guidance of a faculty mentor
 - Tracks OK

FAQs

- What is the expectation of the individualized curriculum?
- The individualized curriculum should not be thought of as additional “electives” for the resident. The curriculum can be unique for each resident or designed as tracks within the program. The main focus should be on providing experiences that will help the resident be better prepared for the next step in their career after residency.

FAQs

- Experiences can be inpatient, outpatient, research, or other. They may be repeated experiences, done previously in the program, or experiences that are at a higher level with less supervision, e.g., acting as a co-fellow on a subspecialty experience. Educational units allow the experiences to be block or longitudinal. The timing (year of training) should also be determined by the program. If the subspecialty experiences for the “three additional educational units” (IV.A.6.b).(3).(d) are chosen based on needed experiences for the individualized curriculum, then they can count toward this requirement (a.k.a. “double counting”).

Educational Units

- 2 NICU (minimum)
- No maximums or caps
- “Second List” of subspecialties
 - Specific listing is “detail”
 - Can be used for Individualized Curriculum if assignment based on learning needs and career plans of the residents
- 3 EU PEM (2 in ED)

FAQs

- What is the expectation for the design of the subspecialty experiences for the residents?
- The design of subspecialty experiences needs to fit the goals of residency training: “Educational experiences emphasize the competencies and skills needed to practice general pediatrics of high quality in the community. Education in the fields of subspecialty pediatrics enables graduates to participate as team members in the care of patients with chronic and complex disorders”. (See Introduction B).

FAQs

- Thus, they need to be a blend of inpatient and outpatient experiences that reflect the spectrum of practice of that specialty, but emphasizing the skills needed by the general pediatrician.
- Educational units allow for experiences that are block or longitudinal. Subspecialties on the “second list” (IV.A.6.b).(3).(d).(i) (a)-(n) do not have to be full educational unit. They can be shorter and combined with other specialties to add up to the three educational units.

Longitudinal Outpatient Experience

- 36 half-day sessions
- Scheduled in no fewer than 26 weeks
- Medical Home
- PGY-3 may change site (optional for program not resident)

FAQs

- What is the definition of a medical home and what are the essential components expected by the RC?
- The definition of a patient centered medical home continues to evolve. A current definition can be found on the following American Academy of Pediatrics sponsored website: www.medicalhomeinfo.org

FAQs

- However, it should contain the following elements:
 1. Care that is family-centered
 2. Care should be team-based with health professionals from different specialties and disciplines
 3. An identified Care Coordinator
 4. A registry so that there is a focus on the health of a population of patients
 5. A connection to the community, e.g. schools, fosters care, etc.

Supervision, Levels, Workload

- PGY-1 must be supervised directly or indirectly with direct immediately available
 - Faculty or senior resident
- PD sets workload balance
- Levels of training
 - PGY-2 is intermediate
 - PGY-3 is in final years of education
 - Fellows are all in final year
 - They do not restart at PGY-1

Questions ???