

Addendum to the ACGME Program Requirements for Graduate Medical Education
in Internal Medicine and Pediatrics

**ACGME Program Requirements for Graduate Medical Education
in Internal Medicine-Pediatrics**

Effective: June 27, 2006

I. Introduction

The four-year combined training in internal medicine and pediatrics must be provided by core programs in these specialties that are accredited by ACGME. The curriculum must comply with the ACGME requirements for the two specialties, with the modifications to accommodate overlapping experiences in both disciplines, as noted below.

II. Relation to Core Residencies

- II.A. A combined program must function as an integral part of one accredited core program in each specialty, while preserving the integrity of these core programs. Core programs must participate in only one medicine-pediatrics program. The residents in the core and combined programs must interact at all levels of training.
- II.B. A combined program will not be approved if there is evidence that its presence will have a negative impact on either of the core residency programs.
- II.C. The two participating core residency programs must be accredited by the ACGME, be sponsored by the same ACGME Sponsoring Institution, and must be in close geographic proximity within the same academic health system. The one exception is when the pediatrics program is sponsored by a children's hospital, in which case the Designated Institutional Official of the institution that sponsors the internal medicine residency program will have responsibility for oversight of the combined program.
- II.D. Participating sites that are used for training by the combined program must be approved for simultaneous use by the core programs, and must be covered by the inter-institutional agreements of the sponsoring institution. Institutions must not be used for the combined program that have not been approved for use by the core program.
- II.E. With the exception of a combined med-peds continuity clinic, the components of training in internal medicine and pediatrics that constitute the curriculum in a combined residency program must be derived from the training that has been accredited as part of the core internal medicine program by the Residency Review Committee for Internal Medicine and the core pediatrics program by the Residency Review Committee for Pediatrics. For subspecialty rotations, the resident may combine experiences from each of the core disciplines to allow for an integrated medicine-pediatric experience (i.e., one month of rheumatology may involve inpatient and outpatient experiences that are utilized by the categorical residents in each discipline).

II.F. If one of the core programs loses its ACGME accreditation, the RRC will administratively withdraw the accreditation of the combined training program.

III. Residents

Residents should be appointed to the combined program and reported as such in the ACGME Accreditation Data System (ADS). Residents should enter combined training at the Year-1 level. Residents must not enter combined residency training beyond the beginning of the Year-2 level.

IV. Program Director

IV.A. The sponsoring institution must ensure that adequate salary support is provided to the Program Director for the administrative activities of the combined training program. The Program Director must not be required to generate clinical or other income to provide this administrative support. It is suggested that this support be 25-50% of the Program Director's salary, depending on the size of the program.

IV.B. The Program Director of the Medicine-Pediatrics program must have demonstrated ability as a clinician, medical educator, and administrator, and have an understanding of, and commitment to, internal medicine and pediatric education.

IV.C. The Program Director should have the sufficient authority and resources to enact any changes required to the combined program.

IV.D. There should be one person appointed as the Program Director of the medicine-pediatrics program, who is responsible for ensuring the program's compliance with all pertinent requirements and who is responsible for all communication with the specialty boards, the ACGME, and the respective Residency Review Committees. This Program Director must be certified by both the American Board of Internal Medicine and the American Board of Pediatrics, or possess qualifications that are judged to be acceptable by the RRC.

IV.E. When a Program Director with dual certification is not available, there must be two co-directors, one certified in Internal Medicine and the other certified in Pediatrics, one of whom must be identified as the Administrative Director who must assume these responsibilities. As an attestation of the requisite collaboration, all official communication should include the signature of the Program Director or of the co-directors, where appropriate, of the combined program and the signatures of the respective core Program Directors.

IV.F. In either leadership model, the Program Directors of the related core programs and the Program Director(s) of the combined program must demonstrate collaboration and coordination of curriculum and rotations. There must be shared accountability among them to ensure integration of the combined residents into the core residencies.

IV.G. To achieve appropriate coordination of the combined program, including integration of the training and supervision in each discipline, the Program Directors of the core programs and the Program Director(s) of the combined

program must hold at least quarterly meetings that involve consultation with faculty and residents from both departments.

- IV.H. The Program Director or administrative co-director must also document meetings for educational activities with medicine-pediatrics residents at least monthly, such as jointly sponsored journal clubs, clinic conferences, occasional combined grand rounds, conferences on medical ethics program administration and research.
- IV.I. The Program Director of the combined program, in collaboration with the Program Directors of the related core programs, must be responsible for ensuring that residents in the combined program have schedules that comply with the ACGME duty hours standards, and for carefully monitoring the potential for excessive duty hours that may occur during the transition between specialty assignments.
- V. Shared Curricular Requirements for Medicine and Pediatrics
 - V.A. The Program Requirements for Graduate Medical Education in Internal Medicine and for Graduate Medical Education in Pediatrics regarding faculty qualifications, research and scholarly activity, duty hours, and evaluation apply to combined programs.
 - V.B. When residents rotate on a service in either specialty, they are subject to the minimum numbers, the caps on patient numbers, and all other conditions that are specified in the Program Requirements for that specialty.
 - V.C. Although combined inpatient medicine-pediatrics experiences should not be developed, some joint medicine-pediatrics experiences should be encouraged and might include continuity clinics, acute illness/emergency department experiences for situations where there are not separate emergency departments, and subspecialty experiences (e.g., in endocrinology, infectious diseases, and rheumatology).
 - V.D. The curriculum must provide a cohesive planned educational experience, and may not simply involve a series of rotations between the two specialties.
 - V.E. Residents must have graded responsibility for patient care and teaching.
 - V.F. There must be 24 months of training in each specialty, of which 22 months must be in clinical rotations and other educational experiences.
 - V.G. In each specialty, up to 2 months per specialty off-site is allowed for outside elective experiences.
 - V.H. For the first two years of training, continuous assignments to one specialty or the other should be for periods of not less than 3 nor more than 6 months. For subsequent training, these continuous assignments should be for periods of no more than 6 months. Except where stated in the Program Requirements for each specialty, rotations should be at least 4 weeks in duration. Occasional variations in these assignments in Years 3 and/or 4 may be permitted for valid educational reasons. In order to provide as many opportunities as possible, unnecessary

duplication of educational experiences should be avoided.

V.I. Continuity Clinics

- V.I.1. Weekly continuity clinic experience must begin at the onset of residency and be maintained throughout the 4 years of combined training. Each resident must attend a minimum of 36 weeks of continuity clinic sessions each year during the 48 months of training.
- V.I.2. Continuity clinic experience must be obtained either by a weekly combined medicine-pediatrics continuity clinic or by alternating every other week between an internal medicine and a pediatrics continuity clinic.
- V.I.3. The minimum numbers of patients per session from the core program requirements will apply to combined med-peds residents for the first 3 years of training. The minimum number of patients per session for the fourth year of training is the same as listed for the third year of training in the core program requirements. In cases where there is a combined medicine-pediatrics continuity clinic:
 - V.I.3.a) the number of patients seen by a first-year resident, when averaged over the year, must not be fewer than 3 nor greater than 5, per scheduled half-day session;
 - V.I.3.b) the number of patients seen by a second-year resident, when averaged over the year, must not be fewer than 4 nor greater than 6, per scheduled half-day session;
 - V.I.3.c) the number of patients seen by a third or fourth-year resident, when averaged over the year, must not be fewer than 5, per scheduled half-day session.
- V.I.4. The patients should be equally balanced between pediatrics and internal medicine, whether the experience occurs in combined or alternating separate clinic settings. Sequential continuity experiences, (e.g., 24 months of internal medicine followed by 24 months of pediatrics) are not acceptable.
- V.I.5. It is suggested that residents follow their continuity patients during the course of a hospitalization.

V.J. Intensive Care

Because of the truncated training and the transferability of critical care experience between internal medicine and pediatrics, it is important to avoid excessive time in intensive care units. The total required critical care experience must not exceed 8 months, and must include 4 months in pediatrics and at least 2 months in internal medicine. Reference should be made to the program requirements for internal medicine and for pediatrics for more specific criteria.

VI. Specialty-Specific Curricula

Except for the following provisions, combined residencies must conform to the ACGME Program Requirements for Graduate Medical Education in Internal Medicine and the Program Requirements for Graduate Medical Education in Pediatrics. Reference should be made to the Requirements for Internal Medicine and for Pediatrics for a fuller description of the content of the specialty experiences.

VI.A. Internal Medicine Component

The training in Internal Medicine for the combined program must include the following:

- VI.A.1. 20 months of direct patient care or supervision of more junior residents in direct patient care;
- VI.A.2. a maximum of 2 months of night float, with no more than one month in any year;
- VI.A.3. at least 6 months of supervision of the care provided by more junior residents;
- VI.A.4. one-month experience in the emergency department during the first or second year;
- VI.A.5. at least 8 months of clinical experience with hospitalized patients;
- VI.A.6. care of adults with various illnesses in critical care units (e.g., intensive care units, cardiac care units, respiratory care units) for 3 to 4 weeks during the first or second year, and once again in subsequent years;
- VI.A.7. at least one-third of internal medicine clinical experience involving ambulatory care;
- VI.A.8. at least 4 months of subspecialty experience that is inpatient, outpatient, or a combination of the two, including experience as a consultant, with significant exposure to cardiology;
- VI.A.9. clinical experience in geriatrics; and
- VI.A.10. regular attendance at morning report, medical grand rounds, residents' work rounds, and mortality and morbidity conferences when on internal medicine rotations.

VI.B. Pediatrics Component

The breadth of the required patient population is specified in the Program Requirements for Pediatrics. Care for young adults must be included, but may be part of either the pediatrics or of the internal medicine experience. The training in Pediatrics for the combined program must comply with the following:

- VI.B.1. experience at the first- year level of pediatrics not to exceed 9 months;
- VI.B.2. senior supervisory experience of at least 4 months;
- VI.B.3. pediatric subspecialty experience of at least 4 block months taken from the first list of subspecialties in the program requirements for core programs, each of which must include inpatient and outpatient experience and the opportunity to function as a consultant under appropriate supervision;
- VI.B.4. ambulatory pediatric experience of at least 40% of the total clinical experience that includes all assignments in continuity clinic, acute illness/emergency medicine, and community-based experiences, and the ambulatory portion of the subspecialty, developmental/behavioral, and adolescent experiences, as well as the ambulatory component allowed for the normal term nursery;
- VI.B.5. Acute Illness Clinic and Emergency Department experience of at least 3 months, one of which must be a block month in the emergency department;
- VI.B.6. pediatric inpatient care of at least 5 months, as defined in the core pediatrics program requirements, which includes at least 2 months in a supervisory role during the latter part of training;
- VI.B.7. at least one month of normal newborn nursery, in either a block or longitudinal format;
- VI.B.8. Intensive Care Experience, limited to a total of 4 months, of which 3 months are NICU and one month is PICU; one of the 3 months in the NICU may be met by 200 hours of night call;
- VI.B.9. Developmental/Behavioral Pediatrics of at least one block month;
- VI.B.10. Adolescent Medicine of at least one block month, during which an experience in adolescent gynecology should be available; and
- VI.B.11. basic sciences studied in an integrated manner.

VII. Certification

Residents who plan to seek certification by the American Board of Internal Medicine and the American Board of Pediatrics should communicate with the offices of the boards regarding the full requirements for certification.

ACGME Approved: June 27, 2006 Effective: June 27, 2006