

ACGME Impact/Justification Statement
Proposed Program Requirements for Fellowship Education
in Child Abuse Pediatrics

1. *Impact on resident education*

How will the proposed change improve the quality of resident/fellow education?

The purpose of establishing and recognizing additional training and separate certification in child abuse pediatrics is to ensure that abused and neglected children will receive expert and appropriate care. Most pediatricians currently in practice have had only limited experience in providing care to victims of child abuse and do not believe they have sufficient expertise to provide such care¹. A small sample of the areas of knowledge and skills required to practice competent child abuse pediatrics includes: pediatric gynecology, an understanding of forensic pathology reports, knowledge of the biomechanics of injury, conditions mimicking abuse, forensic interviewing, family dynamics, understanding child welfare, law enforcement, and judicial issues, and knowledge of effective methods for prevention of abuse and neglect. There is broad agreement that such expertise is beyond the scope of pediatric residency. Currently, there are approximately 25 unaccredited fellowship programs across the United States which offer specialized training in child abuse and neglect. However, there is no standard set of educational requirements. As such, training varies greatly. Adopting the proposed requirements will ensure that there are minimum standards for training in child abuse pediatrics.

The American Board of Pediatrics will administer the first certification examination in child abuse pediatrics in the fall of 2009. As such, minimum standards for education will have corresponding standards for certification in this area. Training of the next generation of child abuse pediatricians will be done in recognized educational programs by recognized and Board certified experts.

2. *Impact on patient care*

How will the proposed change affect the way the resident/fellow, the service, and the staff provide the patients with continuing care?

Implementing the minimum requirements will not only delineate minimum expectations of patient care, but also clarify how child abuse pediatricians will work collaboratively with other services in the institution to provide appropriate patient care for abused and neglected children.

3. *Impact on faculty resources*

Will an increase in number of faculty from within the discipline or from other disciplines be required? If so, please explain.

Child abuse pediatrics programs will likely exist in institutions that have the full range of subspecialty program directors. As such, the biggest financial impact for sponsoring institutions who wish to offer training in this area will be the need to recruit at least two child abuse pediatricians as faculty.

1. Dubowitz, H. Child Abuse programs and pediatric residency training. *Pediatrics*. 83: 805-807. 1988

4. *Impact on the institutional facilities, services, faculty*

Will there be required institutional resources for the educational or service unit as a result of the proposed change?

The sponsoring institution will need to allocate funds for appropriately equipped child abuse facilities (see proposed Program Requirements IX.C.1 for greater specificity). This is not expected to be overly burdensome or costly for sponsoring institutions. Additional funds may need to be allocated to ensure that a multidisciplinary support staff is available (e.g., nurses, social workers etc.) for educational purposes. However, the financial impact of acquiring the additional support staff is not expected to be substantial.

Will there be any additional costs to the institution(s) in this regard? If so, please explain.

There are no additional costs anticipated.

5. *Impact on other services and educational programs in the institution*

If these changes are implemented, will there be an adequate volume and variety of patients to provide proper educational resources in the institution(s)?

In 2006, an estimated 1,500 children died as a result of child abuse or neglect. Approximately three and a half million cases of child abuse or neglect were investigated or assessed and close to a million of these cases were substantiated.² Even if only half of these children need to see a specialist in evaluating child abuse, the number of patients requiring such services is great.

How will other services or departments of the institution be affected by the change?

An important part of training in child abuse pediatrics is the acquisition of skills needed to interact with practicing general pediatricians, other medical and surgical subspecialists, community agencies and multidisciplinary teams. Unlike training in most fellowship areas, the child abuse specialist is not "isolated" from the other health care providers, services and departments. Because of the complexity of the systems involved in recognition, confirmation, treatment, investigation, prosecution, advocacy, prevention, and management of child abuse, having a recognized child abuse pediatrician available to manage or guide a case, or at least to offer advice and direction will be appreciated. As such, having child abuse pediatricians in the institution will not negatively impact other services or departments in the institution. Child Abuse pediatricians will work collaboratively with other established departments and services.

6. *Implementation*

What is the effective date of these proposed changes? Please rationalize the requested effective date based upon the need for faculty, institutional services, financial, or other support.

The requested effective date of accreditation will be the date of approval by the ACGME Board of Directors.

2. U.S. Department of Health & Human Services. Administration Children, Youth and Families, Children's Bureau. *Child Maltreatment 2006*. Washington, D.C., Government Printing Office. 2008).