

**ACGME Program Requirements for Graduate Medical Education  
in Pediatric Surgery  
Summary and Impact of Focused Requirement Revision**

**Proposed effective date: July 1, 2015**

**(It is important to note that the common program requirement language related to eligibility will be incorporated into this updated set of requirements as of July 2016.)**

Requirement #: I.B.3.

Requirement Revision (significant change only):

Clinical assignments to participating (non-integrated) sites ~~must be scheduled only during the first year of the program, and assignments must not exceed six months in total, and must be approved in advance by the Review Committee.~~ <sup>(Core)</sup>

1. **Describe the Review Committee's rationale for this revision:** The rationale for this revision is based on changing demographics of patient referrals to a few pediatric centers, which used to see a lot of index newborn cases but are not seeing as many now. Some of these changes have to do with the development of fetal health centers in many of the programs; some have to do with the development of focused newborn surgical arenas (such as esophageal atresia); and some have to do with changing demographics around the country. The purpose of revising the requirement in this manner is to allow residents to rotate at participating (non-integrated) sites for a period of time during the second year of the program, in order to receive focused training/education in areas that may be lacking at that particular program's primary clinical site. The program director may not appreciate that a resident might not be receiving optimal training until the second year, when the first year Case Log is reviewed. This change is intended to give the program director flexibility in having his/her residents rotate at another hospital in the second year of their educational programs if there is a need.
2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?** Please see above. The proposed revision will improve resident/fellow education in a few centers. It may not necessarily improve patient safety or patient care quality at the time of the resident's training/education. However, it is certainly intended to improve the safety and quality of care of future patients by improving the training/education of the current resident/fellow.
3. **How will the proposed requirement or revision impact continuity of patient care?** Continuity of care should not be impacted, as a resident can rotate for up to six months. Likely, a resident will rotate for several months and therefore, continuity of care should not be impacted.
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 there will be a need for additional institutional resources. Certainly, there will not be a need for addition of new faculty members. Also, residents will rotate only to institutions that have an excess number of these index cases than is needed for the training/education of their own resident/fellows. The receiving institutions will need to approve these rotations, and will not want to or be able to train additional residents if they do not have the patient care

resources to do so.

5. **How will the proposed revision impact other accredited programs?** There should not be any impact on other accredited programs. It is expected that very few programs will need to send their second-year residents for these rotations, but the idea is to give program directors flexibility to send such residents if the need arises. It is important to remember that, under the current Program Requirements, the program director can still send such residents to these rotations during the first year of the program.