ACGME Program Requirements for Graduate Medical Education  
in Adolescent Medicine  
Summary and Impact of Major Requirement Revisions

<table>
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<th>Requirement #: All</th>
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<td>Requirement Revision (significant change only): All</td>
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| 1. Describe the Review Committee’s rationale for this revision: 
  Currently, pediatric subspecialty program directors need to comply with 
  requirements in two separate documents: 1) the Program Requirements for Graduate 
  Medical Education in the Subspecialties of Pediatrics; and, 2) the Program 
  Requirements for Graduate Medical Education in Adolescent Medicine. Having one 
  comprehensive integrated set of requirements should simplify finding related 
  requirements. |
| 2. How will the proposed requirement or revision improve resident/fellow education, patient 
  safety, and/or patient care quality? 
  Not applicable |
| 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 |

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<td>Requirement Revision (significant change only):</td>
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| II.B.3.d).1) In addition to the adolescent medicine faculty members, 
  ABP- or AOA-certified faculty members and consultants in 
  the following subspecialties must be available: |
| II.B.3.d).1.(a) pediatric cardiology; (Core) |
| II.B.3.d).1.(b) pediatric critical care medicine; (Core) |
| II.B.3.d).1.(c) pediatric endocrinology; (Core) |
| II.B.3.d).1.(d) pediatric gastroenterology; (Core) |
| II.B.3.d).1.(e) pediatric hematology-oncology; (Core) |
| II.B.3.d).1.(f) pediatric infectious diseases; (Core) |
II.B.3.d).(1).(g) pediatric nephrology; (Core)
II.B.3.d).(1).(h) pediatric pulmonology; and, (Core)
II.B.3.d).(1).(i) pediatric rheumatology. (Core)

1. Describe the Review Committee’s rationale for this revision:
   Instead of requiring representation from each of the pediatric subspecialty areas (as is currently the case), the requirement for other pediatric subspecialty faculty members has been tailored to fit the needs of each pediatric subspecialty. This should relieve the burden of requiring what may be non-essential faculty members.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Not applicable

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 Revision (significant change only):
II.B.3.d).(2) In addition to the full range of pediatric subspecialists, consultant faculty in the following areas must be available to the program: [Moved from VII.A.2] The faculty should also include the following specialists with substantial experience with pediatric problems:

II.B.3.d).(2).(a) allergist and immunologist(s); (Detail)
II.B.3.d).(2).(b) anesthesiologist(s); (Detail)
II.B.3.d).(2).(c) child and adolescent psychiatrist(s); (Core Detail)
II.B.3.d).(2).(d) child neurologist(s); (Detail)
II.B.3.d).(2).(e) dermatologist(s); (Detail)
II.B.3.d).(2).(f) diagnostic radiologist(s); (Detail)
II.B.3.d).(2).(g) obstetrics/gynecology obstetrician(s) and gynecologist(s); (Core Detail)
II.B.3.d).(2).(h) orthopaedic surgeon(s) surgery; (Detail)
II.B.3.d).(2).(i) pathologist(s); (Detail)
II.B.3.d).(2).(j) pediatric surgeon(s); (Detail)
II.B.3.d).(2).(k) sports medicine physician(s); and, (Core Detail)
II.B.3.d).(2).(l) urologist(s). (Detail)
II.B.3.d).(3) Consultants should be available for transition care of young adults. (Detail)

1. Describe the Review Committee's rationale for this revision:
   The requirement for other faculty members has been tailored to fit the needs of each pediatric subspecialty. This should relieve the burden of requiring what may be non-essential faculty members, and clearly identify which specialists are essential to the education of the fellows.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Having faculty members from related disciplines should enhance fellow education, patient safety, and patient care quality by providing interdisciplinary education and care.

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?
   There may be a cost to hire new faculty members if the Sponsoring institution does not already include these specialists.

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

Requirement #: II.D.1.-II.D.3)

Requirement Revision (significant change only):
II.D.1. In order to enhance fellows' understanding of the multidisciplinary nature of adolescent medicine, the following personnel with pediatric focus and experience should be available:

II.D.1.a) child life therapist(s); (Detail)
II.D.1.b) nutritionist/dietician(s); (Detail/Core)
II.D.1.c) mental health professional(s); (Detail)

II.D.1.d) nurse(s); (Detail)

II.D.1.e) pharmacist(s); (Detail)

II.D.1.f) physical and occupational therapist(s); (Detail)

II.D.1.g) school and special education liaison(s); (Detail)

II.D.1.h) social worker(s); and, (Detail)

II.D.1.i) speech and language therapist(s). (Detail)

II.D.2. In addition, personnel from the following categories should be available: (Detail) [Moved from VII.B.1]

II.D.2.a) psychology; (Detail) [Moved from VII.B.1.a]

II.D.2.b) social work; (Detail) [Moved from VII.B.1.b]

II.D.2.c) public and private school systems; (Detail) [Moved from VII.B.1.c]

II.D.2.d) education; (Detail) [Moved from VII.B.1.d]

II.D.2.e) public health; (Detail) [Moved from VII.B.1.e]

II.D.2.f) chemical dependency; (Detail) [Moved from VII.B.1.f]

II.D.2.g) nutrition; and, (Detail) [Moved from VII.B.1.g]

II.D.2.h) clinical pharmacology/toxicology. (Detail) [Moved from VII.B.1.h]

II.D.3. Professional personnel should include nutritionists, social workers, respiratory therapists, pharmacists, subspecialty nurses, physical and occupational therapists, child life therapists, and speech therapists with pediatric focus and experience, as appropriate to the subspecialty. (Detail) [Moved from II.C.1.] [This requirement has been broken out as listed above]

1. Describe the Review Committee’s rationale for this revision:

   The requirement for personnel has been tailored to fit the needs of each pediatric subspecialty. This should relieve the burden of requiring what may be non-essential personnel, and clearly identify the personnel essential to fellow education.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   Having personnel from related services should enhance fellow education, patient safety, and patient care quality by providing interprofessional education and care.
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?
   There may be a hiring cost if the Sponsoring Institution does not already have such personnel.

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

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Requirement #: IV.B.1.b).(1).(f)

Requirement Revision (significant change only):

Fellows must demonstrate competence in providing or coordinating care with a medical home for patients with complex and chronic diseases. (Core)

1. Describe the Review Committee’s rationale for this revision:
   Providing care in line with medical home concepts is not new and incorporates many of the principles contained in requirements related to multi-disciplinary/interprofessional teams that provide coordinated, continuous, comprehensive, patient- and family-centered care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   A medical home permits integration of services centered on the comprehensive needs of the individual patient and family, leading to decreased health care costs, reduction in fragmented care, and improvement in the patient/family care experience.

3. How will the proposed requirement or revision impact continuity of patient care?
   Participating in medical home care should have a positive impact on the continuity of patient care by monitoring and anticipating the health care needs of patients.

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 institutions that do not utilize a medical home approach, institutional support and resources may be needed. Elements of providing a medical home, which may require additional resources, are addressed in requirements related to faculty and other personnel.

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

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Requirement #: IV.B.1.b).(1).(i)- IV.B.1.b).(1).(i).(ii)
### Requirement Revision (significant change only):

**IV.B.1.b).(1).(i)**

Fellows must demonstrate the ability to perform:

- **breast examinations**; and, *(Outcome) (Core)*
- **genitourinary examinations**. *(Outcome) (Core)*

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<td><em>Being able to provide these specialized examinations is crucial to providing preventive health services to patients.</em></td>
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<td>2.</td>
<td>How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?</td>
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<td><em>Performing these examinations will provide fellows with the skills to provide preventive health services to patients.</em></td>
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<td>3.</td>
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### Requirement #: IV.B.1.b).(2).(a)

**Requirement Revision (significant change only):**

Fellows must acquire demonstrate the necessary procedural skills and develop an understanding of the indications, risks, and limitations of implanting long acting reversible contraception (LARC). *(Core)* [Moved from IV.A.5.a).(2).(a).(i)]

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<td>Describe the Review Committee’s rationale for this revision:</td>
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<td><em>The Review Committee has specified the required procedural skills needed.</em></td>
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<td>2.</td>
<td>How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?</td>
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<td><em>Reproductive health is a vital aspect of adolescent medicine. Fellows must be knowledgeable of contraception options, and be skilled in the implantation of contraceptive devices in order to provide safe and quality patient care.</em></td>
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May require an increase in patient volume/variety, if programs do not have sufficient numbers of patients needed in order to perform sufficient numbers of procedures to become competent in them.

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

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Requirement #: IV.C.1.a)-b)

Requirement Revision (significant change only):

Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback.

Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement.

1. Describe the Review Committee’s rationale for this revision:
   The requirements reflect the need for programs to consider the impact of frequent rotational transitions, such as occurs when fellows are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity on patient care and fellow education. They are also intended to address the impact of assigning supervising faculty members for very brief assignments.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The intent of the requirements is to ensure that programs consider the impact of frequent rotational changes and the accompanying lack of supervisory continuity on patient care. This new requirement prioritizes patient safety and education in curriculum planning.

3. How will the proposed requirement or revision impact continuity of patient care?
   The requirements are intended to minimize the frequency of rotational transitions and emphasize the importance of supervisory continuity. It is expected that this will have a positive impact on continuity of patient care.

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 additional resources will be needed.

5. How will the proposed revision impact other accredited programs?
   Not applicable
Requirement #: IV.C.3.

Requirement Revision (significant change only):

Fellows must have at least 12 months of clinical experience. (Core)

1. Describe the Review Committee’s rationale for this revision:
   Providing a minimum of 12 months of clinical experience has been an expectation of the Review Committee for many years. It is stated in the current FAQs, and will now be codified in the Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   As this has been the practice, no effect is anticipated.

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?  
   As this has been the practice, no effect is anticipated.

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

Requirement #: IV.C.4.

Requirement Revision (significant change only):

Fellows must have responsibility throughout their educational program for providing longitudinal outpatient care that is supervised by one or more members of the adolescent medicine faculty. (Core)

1. Describe the Review Committee’s rationale for this revision:
   As much of an adolescent medicine specialist’s practice is on an outpatient basis, the ability to provide continuity care for adolescent patients is vital.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   It is anticipated that this will establish an improved structure and opportunity for fellows and faculty members to provide the required continuing care for their patients, and for faculty members to supervise and instruct fellows during this experience.

3. How will the proposed requirement or revision impact continuity of patient care?  
   It is anticipated that this will establish an improved structure and opportunity for fellows and faculty members to provide the required continuing care for their patients, and for faculty members to supervise and instruct fellows during this experience.
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?

*Faculty members are most likely already providing outpatient care for their patients. Adding the fellows should not have a major impact except for the need to provide an educational experience (with structured curriculum for outpatient care, evaluation, etc.). If fellows are seeing the same patients as the faculty members, there is no need to increase the numbers of patients beyond those already required for the fellowship.*

5. How will the proposed revision impact other accredited programs?

*Not applicable*

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**Requirement #: IV.D.3.d).(1)**

**Requirement Revision (significant change only):**

Fellows must have at least 12 months dedicated to research and scholarly activity, including project completion, and presentation of results to the scholarship oversight committee. **(Core)**

1. Describe the Review Committee’s rationale for this revision:

*Providing a minimum of 12 months of research experience has been an expectation of the Review Committee for many years. It is stated in the current FAQs, and will now be codified in the Program Requirements.*

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

*As this has been the practice, no effect is anticipated.*

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?

*As this has been the practice, no effect is anticipated.*

5. How will the proposed revision impact other accredited programs?

*Not applicable*