### Requirement #: All

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

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>All</td>
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<tr>
<td>1. Describe the Review Committee’s rationale for this revision:</td>
<td>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 Pediatric Cardiology. Having one comprehensive integrated set of requirements should simplify finding related requirements.</td>
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<td>2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?</td>
<td>Not applicable</td>
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<td>3. How will the proposed requirement or revision impact continuity of patient care?</td>
<td>Not applicable</td>
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<td>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?</td>
<td>Not applicable</td>
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<tr>
<td>5. How will the proposed revision impact other accredited programs?</td>
<td>Not applicable</td>
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### Requirement #: II.B.3.d).(1)-II.B.3.d).(1).(g)

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

<table>
<thead>
<tr>
<th>Requirement #: II.B.3.d).(1)-II.B.3.d).(1).(g)</th>
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<tbody>
<tr>
<td>II.B.3.d).(1)</td>
<td>In addition to the pediatric cardiology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</td>
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<tr>
<td>II.B.3.d).(1).(a)</td>
<td>neonatal-perinatal medicine; (Core)</td>
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<tr>
<td>II.B.3.d).(1).(b)</td>
<td>pediatric critical care medicine; (Core)</td>
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<tr>
<td>II.B.3.d).(1).(c)</td>
<td>pediatric gastroenterology; (Core)</td>
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<tr>
<td>II.B.3.d).(1).(d)</td>
<td>pediatric hematology-oncology; (Core)</td>
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<tr>
<td>II.B.3.d).(1).(e)</td>
<td>pediatric infectious diseases; (Core)</td>
</tr>
</tbody>
</table>
II.B.3.d).(1).(f) pediatric nephrology; and, (Core)

II.B.3.d).(1).(g) pediatric pulmonology. (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) The faculty should also include the following specialists with substantial experience with pediatric problems:

II.B.3.d).(2).(a) anesthesiologist(s); (Detail) [Moved from II.B.2.b).(1)]

II.B.3.d).(2).(b) child and adolescent psychiatrist(s); (Detail) [Moved from II.B.2.b).(1)]

II.B.3.d).(2).(c) child neurologist(s); (Detail) [Moved from II.B.2.b).(1)]

II.B.3.d).(2).(d) congenital cardiothoracic surgeon(s); (Core)

II.B.3.d).(2).(e) medical geneticist(s); (Core)(Detail) [Moved from II.B.2.b).(1)]

II.B.3.d).(2).(f) pathologist(s); (Detail) [Moved from II.B.2.b).(1)]
II.B.3.d).(2).(g) pediatric surgeon(s); and (Detail) [Moved from II.B.2.b).(1)]

II.B.3.d).(2).(h) physiatrist(s); and, (Detail)

II.B.3.d).(2).(i) radiologist(s). (Core)(Detail)

II.B.3.d).(3) Faculty members with expertise in adult congenital cardiac disease should be available for transition care of young adults. (Detail)

II.B.3.d).(4) Consultants should be available in obstetrics and gynecology and maternal-fetal medicine. (Detail)

II.B.3.d).(5) Teaching and consultant faculty members in the full range of pediatric subspecialties and in other related disciplines must be available as specified in the subspecialty-specific requirements. (Core)[Moved from II.B.2.b]]

II.B.3.d).(6) The faculty should include an anesthesiologist(s), pathologist(s), and radiologist(s) who have substantial experience with pediatric problems and who interact with the fellows, as well as a medical geneticist(s), child neurologist(s), child and adolescent psychiatrist(s), pediatric surgeon(s), and surgical subspecialists, as appropriate to the subspecialty. (Detail)[This requirement has been broken out and modified as listed above]

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 fellows in the program.

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 hiring new faculty members if the Sponsoring institution does not already have these specialists.

5. How will the proposed revision impact other accredited programs?
Requirement #: II.D.1.-II.D.2.

Requirement Revision (significant change only):

II.D.1. In order to enhance fellows’ understanding of the multidisciplinary nature of pediatric cardiology, the following personnel with pediatric focus and experience should be available:

II.D.1.a) child life therapist(s); and (Detail) [Moved from II.C.1.]
II.D.1.b) nutritionists-dietician(s); (Detail) [Moved from II.C.1.]
II.D.1.c) mental health professional(s); (Detail)
II.D.1.d) subspecialty nurse(s); (Detail) [Moved from II.C.1.]
II.D.1.e) pharmacist(s); (Detail) [Moved from II.C.1.]
II.D.1.f) physical and occupational therapist(s); (Detail) [Moved from II.C.1.]
II.D.1.g) respiratory therapist(s); (Detail) [Moved from II.C.1.]
II.D.1.h) school and special education liaison(s); (Detail)
II.D.1.i) social worker(s); and, (Detail) [Moved from II.C.1.]
II.D.1.j) speech and language therapist(s)(Detail) [Moved from II.C.1.]

II.D.2. 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)

[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 in the program.

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

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

Requirement Revision (significant change only):

Fellows must demonstrate competence in providing or coordinating 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 multidisciplinary/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

Requirement #: IV.B.1.b).(1).(h)-V.B.1.b).(1).(i)

Requirement Revision (significant change only):
IV.B.1.b).(1).(h) Fellows must be able to diagnose and manage a broad range of congenital and acquired cardiac problems, including:

IV.B.1.b).(1).(h).(i) cyanotic congenital heart disease (CHD) in the newborn; (Core)

IV.B.1.b).(1).(h).(ii) left to right shunt lesions; (Core)

IV.B.1.b).(1).(h).(iii) outflow obstruction lesions; (Core)

IV.B.1.b).(1).(h).(iv) acquired heart disease in children; and, (Core)

IV.B.1.b).(1).(h).(v) cardiac manifestation of genetic syndromes. (Core)

IV.B.1.b).(1).(i) Fellows must be able to diagnose and manage patients with arrhythmias and conduction abnormalities. (Core)

1. Describe the Review Committee’s rationale for this revision:
The list of patient skills was updated to be consistent with the Entrustable Professional Activities and curricular activities that have been developed by the subspecialty community.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These skills fall within the scope of a practicing pediatric cardiologist. Requiring that fellows demonstrate the ability to perform these activities will ensure that they have the skills needed to provide adequate patient 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?
Not applicable

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

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. (Core)

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. (Core)

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 impact 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 impact is anticipated.

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

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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 pediatric 
cardiology faculty. (Core)

1. Describe the Review Committee's rationale for this revision:
   As much of a pediatric cardiologist’s practice is on an outpatient basis, the ability to 
   provide continuity care for pediatric cardiology 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 the 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
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) [Moved from IV.B.2.c).(1)]

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 impact 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 impact is anticipated.

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