### Requirement #: All

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

**All**

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 Pediatric Transplant Hepatology. 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

### Requirement #: II.A.2.a)

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

The program director and associate program director(s), must be provided with a minimum combined total of 20 percent full time equivalent (FTE) protected time for the administration of the program (not including scholarly activity). *(Core)*

1. Describe the Review Committee’s rationale for this revision: This requirement was added at the request of the Association of Pediatric Program Directors (APPD) to the Program Requirements for all of the three-year pediatric programs. The APPD surveyed the fellowship program director membership regarding the time expended and time required to adequately administer their fellowship program and made specific recommendations on the amount of support required based on the data gathered.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Requiring a minimum level of program leadership**
support should ensure that adequate protected time is devoted to the administration of educational activities.

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? **For those institutions that have not been providing this level of support, there may be an added financial cost.**

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

**Requirement #: II.B.3.d).(1)-II.B.3.d).(1).(i)**

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

II.B.3.d).(1) In addition to the pediatric transplant hepatology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:

II.B.3.d).(1).(a) neonatal-perinatal medicine; *(Core)*
II.B.3.d).(1).(b) pediatric cardiology; *(Core)*
II.B.3.d).(1).(c) pediatric critical care medicine; *(Core)*
II.B.3.d).(1).(d) pediatric endocrinology; *(Core)*
II.B.3.d).(1).(e) pediatric gastroenterology; *(Core)*
II.B.3.d).(1).(f) pediatric hematology-oncology; *(Core)*
II.B.3.d).(1).(g) pediatric infectious diseases; *(Core)*
II.B.3.d).(1).(h) pediatric nephrology; and; *(Core)*
II.B.3.d).(1).(i) 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**

<table>
<thead>
<tr>
<th>Requirement #</th>
<th>Requirement Revision (significant change only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.B.3.d).(2)</td>
<td><strong>The faculty should also include the following specialists with substantial experience with pediatric problems:</strong> The following physician faculty from other disciplines must also be available: [Moved from II.B.6.a)]</td>
</tr>
<tr>
<td>II.B.3.d).(2).(a)</td>
<td>allergist-immunologist(s); (Detail)</td>
</tr>
<tr>
<td>II.B.3.d).(2).(b)</td>
<td>anesthesiologist(s); (Detail) [Moved from II.B.6.a)]</td>
</tr>
<tr>
<td>II.B.3.d).(2).(c)</td>
<td>child psychiatry and adolescent psychiatrist(s) or pediatric developmental-behavioral medicine; (DetailCore) [Moved from II.B.6.a)]</td>
</tr>
<tr>
<td>II.B.3.d).(2).(d)</td>
<td>child neurologist(s); (Detail)</td>
</tr>
<tr>
<td>II.B.3.d).(2).(e)</td>
<td>medical geneticist(s); (DetailCore)</td>
</tr>
<tr>
<td>II.B.3.d).(2).(f)</td>
<td>and a pathologist(s) with experience in interpretation of liver and transplant histology; (DetailCore) [Moved from II.B.6.a)]</td>
</tr>
<tr>
<td>II.B.3.d).(2).(g)</td>
<td>pediatric radiology radiologist(s); and (DetailCore) [Moved from II.B.6.a)]</td>
</tr>
<tr>
<td>II.B.3.d).(2).(h)</td>
<td>pediatric surgery transplant surgeon(s); (DetailCore) [Moved from II.B.6.a)]</td>
</tr>
</tbody>
</table>

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?
   **Not applicable**

---

**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 transplant hepatology, the following personnel with pediatric focus and experience should be available: The professional staff must include (Detail) [Moved from II.C.1.]

- **II.D.1.a)** child life therapist(s); (Detail) [Moved from II.C.1.]
- **II.D.1.b)** clinical nurse coordinators; (Detail) [Moved from II.C.1.]
- **II.D.1.c)** nutritionists/dietician(s); (Detail) [Moved from II.C.1.]
- **II.D.1.d)** mental health professional(s); (Detail)
- **II.D.1.e)** subspecialty nurses; (Detail)
- **II.D.1.f)** pharmacist(s); and should include subspecialty nurses. (Detail) [Moved from II.C.1.]
- **II.D.1.g)** physical and occupational 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.** The professional staff must include social workers, nutritionists, clinical nurse coordinators, child life therapists and a pharmacist and should include subspecialty nurses, physical and occupational therapists, and
speech therapists with pediatric focus and experience. [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 these personnel.

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

Requirement #: IV.B.1.b).(1).(b)-(c)

Requirement Revision (significant change only):

IV.B.1.b).(1).(b) Fellows must demonstrate the ability to provide consultation, perform a history and physical examination, make informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and develop and carry out management plans. (Core)

IV.B.1.b).(1).(c) Fellows must demonstrate the ability to provide transfer of care that ensures seamless transitions, counsel patients and families, use information technology to optimize patient care and provide appropriate role modeling and supervision. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The list of patient skills was updated to include basis skills needed to care for pediatric transplant hepatology patients.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Requiring that fellows demonstrate the ability to perform these activities will ensure that fellows 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.B.1.b).(1).(d)**

**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 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

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

IV.C.1.b) 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.5.

Requirement Revision (significant change only):

Fellows must have responsibility for providing longitudinal care for outpatients throughout their educational program, supervised by one or more members of the pediatric transplant hepatology faculty. (Core)
1. Describe the Review Committee’s rationale for this revision:
   As much of a pediatric transplant hepatologist’s practice is on an outpatient basis, the ability to provide continuity care for pediatric transplant hepatology 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?
   The 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 the fellows are seeing the same patients as the faculty members, there is no need to increase the numbers of patients beyond those which are already required for the fellowship.

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