ACGME Program Requirements for Graduate Medical Education in Pediatric Otolaryngology
Summary and Impact of Focused Requirement Revisions

Requirement #: II.A.2.a)

Requirement Revision (significant change only):

The program director should have a minimum of five percent protected time. (Core)

1. Describe the Review Committee’s rationale for this revision:
The Review Committee attempted to make a realistic determination of the time needed by program directors for administration of the program balanced by the goal of not creating a burden that would adversely affect clinical and teaching time.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will help to ensure timely completion of the administrative needs of the program.

3. How will the proposed requirement or revision impact continuity of patient care?
n/a

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?
n/a

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

Requirement #: II.B.4.c)

Requirement Revision (significant change only):

There must be at least three core faculty members who are ABOHNS-certified in otolaryngology – head and neck surgery and who have completed a pediatric otolaryngology fellowship program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   This requirement will ensure there are at least three board-certified core faculty members who have completed a fellowship in this subspecialty and who will be available as role models and mentors for fellows.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Board certification is one important metric for highly competent, up-to-date surgeons who operate with safety and quality in mind, and therefore board-certified otolaryngology – head and neck surgeons are better prepared to serve as role models and mentors for fellows and provide high quality, safe patient care. Faculty members who have completed a fellowship program in this subspecialty will have a better understanding of the requirements, and should be prepared to provide the
expected supervision and mentoring. By requiring more than one such core faculty member, fellows will have multiple highly qualified and experienced role models for future practice.

3. How will the proposed requirement or revision impact continuity of patient care? 
n/a

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? 
Some institutions may need to add faculty members.

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

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

Requirement Revision (significant change only):

Fellows must demonstrate proficiency in care that is: (Core)

  culturally sensitive; (Core)

  situationally sensitive; and, (Core)

  specific to the particular patient/family needs. (Core)

Fellows must demonstrate proficiency in care that is accurate in diagnosis and treatment care options, and based on best practice and standards of practice. (Core)

1. Describe the Review Committee’s rationale for this revision: 
These requirements were developed in response to the requirement that each Review Committee further specify expected fellow outcomes “to be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.”

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? 
Attention to the whole person as part of patient care is correlated with improved patient outcomes.

3. How will the proposed requirement or revision impact continuity of patient care? 
n/a

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? 
n/a

5. How will the proposed revision impact other accredited programs? 
n/a
Requirement #: IV.C.1.a)

Requirement Revision (significant change only):

Clinical rotations must be at least four weeks in length. (Core)

1. Describe the Review Committee’s rationale for this revision:
   This requirement will reinforce the importance of ensuring that all fellows regularly participate in comprehensive patient management.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   A longer rotation will increase the number of patients fellows are able to follow longitudinally. This is correlated with improved patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?
   This will provide more opportunities for 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?
   n/a

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

Requirement #: IV.E.1.

Requirement Revision (significant change only):

Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.

If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee agrees with the Common Program Requirements Task Force: “This option is designed to enhance fellows’ maturation and competence in their core specialty. This enables fellows to occupy a dual role in the health system: as learners in their subspecialty, and as credentialed practitioners in their core specialty.”

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Fellows who are able to take advantage of this option will be able to maintain their core skills in otolaryngology – head and neck surgery and advance their progressive autonomy.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a
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?
   Since this is an optional requirement, programs that wish to offer it will need to work with their Sponsoring Institutions to determine if additional resources are needed and can be provided.

5. How will the proposed revision impact other accredited programs?
   Fellowship programs using sites also used by otolaryngology – head and neck surgery residency program(s) will need to carefully monitor fellow independent practice activities to ensure that residents’ access to cases is not negatively affected either in number or relative to the appropriate level of resident participation.