ACGME Program Requirements for Graduate Medical Education
in Child and Adolescent Psychiatry
Summary and Impact of Focused Requirement Revisions

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

Requirement Revision (significant change only):
II.A.2.a) Child and adolescent psychiatry program directors must devote on average (over one month) at least 20 hours per week to program administration. (Core) The sponsoring institution must provide at least 50 percent salary support, and protected time of 50 percent FTE (at least 20 hours per week) for the program director dedicated to program administration. (Core)

II.A.2.b) Additional dedicated time and salary support must be provided for the program director or for associate program directors based on program size. (Core) Programs with an approved fellow complement of 20 or more require 30 hours per week effort and/or the appointment of an associate program director. (Core)

1. Describe the Review Committee’s rationale for this revision:
   This requirement was added to ensure that program directors and/or associate program directors have sufficient support to conduct program administration that benefits the program and residents.

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

3. How will the proposed requirement or revision impact continuity of patient care?
   This will not affect 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?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

Requirement #: II.C.1.b)

Requirement Revision (significant change only):
Program coordinator support must increase relative to the size and complexity (e.g., number of clinical sites, diversity of disciplines required) of the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   This requirement was added to ensure that programs have adequate administrative support while still allowing flexibility for programs of all sizes.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will not affect resident/fellow education, patient safety, and/or patient care quality.
3. How will the proposed requirement or revision impact continuity of patient care?
   This will not affect 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?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

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

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

**IV.C.1.a)** Curriculum design must be consistent with the program’s aims (IV.A.1.), and must demonstrate a systematic approach, with attention to evidence-based principles and scientific literature, standards of the psychiatric profession, and developmental appropriateness for learners. *(Core)*

**IV.C.1.b)** The assignment of rotations must be structured to minimize the frequency of rotational transitions. *(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 residents 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 negative 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 when creating resident and faculty member schedules. 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, quality and safety 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?**
   This will not necessitate additional institutional resources.

5. **How will the proposed revision impact other accredited programs?**
   This will not affect other accredited programs.