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

Requirement #: I.A.1.a) – I.A.1.a).(1).(d)

Requirement Revision (significant change only):

I.A.1.a) If the pediatric surgery program participates in a joint surgery/pediatric surgery program, both programs should be sponsored by the same ACGME-accredited Sponsoring Institution. *(Core)*

I.A.1.a).(1) If the pediatric surgery program’s Sponsoring Institution does not sponsor a surgery program, the following conditions must be met for participation in a joint surgery/pediatric surgery program:

I.A.1.a).(1).(a) the pediatric surgery program must limit the experience to a single ACGME-accredited surgery program; *(Core)*

I.A.1.a).(1).(b) the primary clinical site of that surgery program must be located in close geographic proximity to the primary clinical site of the pediatric surgery program; *(Core)*

I.A.1.a).(1).(c) the combined participation of the pediatric surgery program and that surgery program in offering a joint surgery/pediatric surgery program must be ongoing; and, *(Core)*

I.A.1.a).(1).(d) the combined participation of the pediatric surgery program and that surgery program in offering a joint surgery/pediatric surgery program must be approved in advance by the Review Committee. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
   The Committee believes this requirement is necessary for stand-alone pediatric surgery programs that wish to partake in a joint surgery/pediatric surgery program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Twelve additional months of experience in pediatric surgery is expected to better prepare residents to enter a pediatric surgery fellowship program, and for those participating, may increase their satisfaction with their longitudinal educational experience.

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?
   This is not expected to necessitate additional resources.

5. How will the proposed revision impact other accredited programs?
   The program directors of the surgery and pediatric surgery programs will be required to work closely to ensure that candidates have the appropriate approvals from the Review Committee for Surgery and the American Board of Surgery.

Requirement #: I.D.1.a).(1)-(4)

Requirement Revision (significant change only):

I.D.1.a) Fellows should have adequate access to the educational resources for the discipline of pediatric surgery, including:

I.D.1.a).(1) electronic learning aids (e.g., pediatric surgery SCORE curriculum);  (Detail)

I.D.1.a).(2) the required educational curriculum of the discipline (e.g., pediatric life saving certification); (Detail)

I.D.1.a).(3) courses and symposia (e.g., colorectal, pediatric oncology); and, (Detail)

I.D.1.a).(4) simulation exercises (e.g., disaster training, rapid response, ECMO response).

1. Describe the Review Committee’s rationale for this revision:
   This is an expansion of the prior requirement outlining some of the options through which programs can provide educational resources.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This does not represent a change in the current expectations.

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?
   This is not expected to necessitate additional resources.

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

Requirement #: II.A.2.a)

Requirement Revision (significant change only):
II.A.2.a) The program director must be provided a minimum of 0.1 FTE (at least 4 hours weekly) support for the administration of the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Committee feels it is important to ensure the program director has at least a minimum amount of protected time to facilitate the administration of the program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This requirement facilitates the program director in the administration 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?
   Additional resources could potentially be required, depending on the structure of the Sponsoring Institution.

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

Requirement #: II.B.4.c)

Requirement Revision (significant change only):

Core faculty members must be board certified or board eligible in pediatric surgery by the American Board of Surgery. (Core)

1. Describe the Review Committee’s rationale for this revision:
   Core faculty members are critical to the success of fellows’ education. Since core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education, this requirement will ensure there are 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?
   Faculty members who have completed a fellowship program in this subspecialty will have a better understanding of the requirements, and be prepared to provide the expected supervision and mentoring.

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

N/A

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<th>Requirement #: II.B.4.d</th>
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<td>Requirement Revision (significant change only):</td>
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<td>II.B.4.d) In addition to the program director, there must be one more core faculty member(s) than enrolled fellow(s) in the program. (Core)</td>
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<td>1. Describe the Review Committee’s rationale for this revision: The increase in the number of required faculty members per fellowship position helps to ensure that a sufficient number of faculty members are appointed to educate the fellows.</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? Additional faculty members increases the input into the fellows’ educational experiences and evaluations, increases operative opportunities among the faculty members, and ensures there are no gaps in faculty member availability.</td>
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<td>3. How will the proposed requirement or revision impact continuity of patient care? This requirement is not expected to impact continuity of patient care.</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? Depending on the structure of the faculty at the Sponsoring Institution and participating sites, this requirement may necessitate additional institutional resources.</td>
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<td>5. How will the proposed revision impact other accredited programs? N/A</td>
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<th>Requirement #: II.C.1.a</th>
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<td>Requirement Revision (significant change only):</td>
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<td>II.C.1.a) At a minimum, the program coordinator must be supported at 0.25 FTE (at least 10 hours per week) for program administration. (Core)</td>
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<td>1. Describe the Review Committee’s rationale for this revision: The Review Committee identified the minimum administrative/coordinator support in accordance with the Common Program 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? This will reduce the administrative burden on the program director.</td>
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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?
   This could potentially necessitate additional resources, depending on the organizational structure and resources available to the program.

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

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<td>Requirement Revision (significant change only):</td>
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<td>IV.C.1.a) Pediatric surgery rotations must be a minimum of four weeks duration. (Core)</td>
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<td>1. Describe the Review Committee’s rationale for this revision: While the Committee agrees that non-pediatric surgery rotations may be less than four weeks in duration, a minimum of four weeks for each pediatric surgery rotation helps to ensure continuity of educational experience and facilitates the longitudinal evaluation of fellows.</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? A minimum of four weeks for each pediatric surgery rotation helps to ensure continuity of educational experience and facilitates the longitudinal evaluation of fellows.</td>
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<td>3. How will the proposed requirement or revision impact continuity of patient care? The minimum of four week rotations allows fellows to follow a panel of patients for an extended period of time while on each pediatric surgery rotation, which provides for continuity.</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? It is not expected that this requirement will necessitate additional resources.</td>
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<td>5. How will the proposed revision impact other accredited programs? N/A</td>
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<th>Requirement #: IV.C.2.a); IV.C.2.a).(1)-(4)</th>
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<td>Requirement Revision (significant change only):</td>
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<td>IV.C.2.a) Instruction in pain management must include education about:</td>
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<td>IV.C.2.a).(1) conscious sedation; (Core)</td>
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IV.C.2.a).(2) indications for the use of regional blocks; *(Core)*

IV.C.2.a).(3) integrative forms of pain management; and, *(Core)*

IV.C.2.a).(4) non-narcotic and narcotic systemic medications. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
   The Committee felt it was important to outline the major methods of pain management to ensure that fellows receive appropriate education and experience.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   These requirements will ensure fellows receive appropriate education and experience in pain management.

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?
   This is not expected to require additional resources.

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

Requirement #: V.A.1.a).(1)

Requirement Revision (significant change only):

V.A.1.a).(1) Fellows must be evaluated after every elective rotation (e.g., NICU, PICU, pediatric urology). *(Core)*

1. Describe the Review Committee’s rationale for this revision:
   This provides for a minimum frequency/number of evaluations across the duration of a fellow’s education to ensure that the fellow’s competence, learning needs, and operative/technical skills are routinely evaluated.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Evaluations conducted at appropriate intervals allows the program to fully assess each fellow’s education and training needs expeditiously.

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?
   This is not expected to require additional resources.
5. How will the proposed revision impact other accredited programs?

N/A