

**ACGME Program Requirements for Graduate Medical Education  
in Pediatrics  
IMPACT STATEMENT**

Line Number(s): 60-66

Requirement Revision (major revisions only): PR: I.A.1. – I.A.1.a)

The sponsoring institution and the program must support additional program leadership to include associate program director(s), chief resident(s), and residency coordinator(s) to assist the program director in effective administration of the program.

The program leadership must not be required to generate clinical or other income for this support.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **Requiring program director and other program leadership support should help to ensure that adequate time is devoted to the administration of educational activities.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **The RC currently requires dedicated time for the administration of the program. It has clarified that the institution is responsible for providing this support and leadership must not be responsible for generating income to provide it. For those institutions that have not been providing this support, there will be an added financial cost.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 317-319

Requirement Revision (major revisions only): PR: II.B.6

For each required educational unit, a core faculty member must be responsible for curriculum development, and ensuring orientation, supervision, teaching, and timely feedback and evaluation.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Identifying one faculty member to be in charge of each area of experience should ensure that residents have appropriate supervision in caring for patients.**
- 2) improves the quality of resident education; **Identifying one faculty member to be in charge of each area of experience should ensure that residents receive the appropriate education and feedback on their performance.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **There should not be a financial impact unless faculty are not devoting sufficient time to the program.**

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 323-330

Requirement Revision (major revisions only): PR: II.B.7.a) - b)  
Program leadership and core faculty members must participate at least annually in faculty or leadership development programs relevant to their roles in the program.

All faculty members should participate in programs to enhance the effectiveness of their skills as educators at least every 24 months, based on their roles in the program, and as needed according to their faculty evaluations.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **Faculty participation in development programs should develop their skills needed to provide quality education for the residents.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 427-433

Requirement Revision (major revisions only): PR: III.B.1 – 3  
 The program ~~must~~ should offer a minimum total of 12 resident positions.

The number of combined positions should not exceed the number of categorical pediatrics positions.

Resident attrition must not have a negative impact on the stability of the educational environment.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **Maintaining a standard resident complement should contribute to a stable learning environment.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 469-477

Requirement Revision (major revisions only): PR: IV.A.2. a) - b)

The curriculum should incorporate the competencies into the context of the major professional activities for which residents should be entrusted.

For each educational unit, the curriculum must contain competency-based goals and objectives, educational methods, and the evaluation tools that the program will use to assess each resident's competence and achievement of entrusted professional activities.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **This requirement provides a link between the program requirements with the pediatrics milestones being developed.**
- 2) improves the quality of resident education; **See response above.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 481-493

Requirement Revision (major revisions only): PR: IV.A.3.a) - IV.A.3.a).1).(b).

The program must have planned educational experiences which include both independent study and group learning exercises necessary to ensure each resident acquires the knowledge, skills, and attitudes needed for the practice of pediatrics.

The program must establish requirements for resident participation in order to achieve competence.

Participation by residents must ~~should~~ be documented.

Faculty oversight, involvement, and attendance, must be documented.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **The requirement recognizes that educational experiences should not be limited to didactic conferences and should include multiple educational methods. Faculty participation and oversight are necessary to provide optimal educational experiences.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**

6) impacts residency education in other specialties. **N/A**

Line Number(s): 518-546

Requirement Revision (major revisions only): PR: IV.A.5.a).(1) – IV.A.5.a).(1).(k). must be able to competently perform procedures used by a pediatrician in general practice. This includes being able to describe the steps in the procedure, indications, contraindications, complications, pain management, post-procedure care, and interpretation of applicable results. Residents must demonstrate procedural competence by performing the following procedures:

bag-mask ventilation;

bladder catheterization;

giving immunizations;

incision and drainage of abscess;

lumbar puncture;

reduction of simple dislocation;

simple laceration repair;

simple removal of foreign body;

temporary splinting of fracture;

umbilical venous catheter placement; and,

venipuncture.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Requiring procedural competency should improve patient care by ensuring residents are competent to perform standard procedures performed by pediatricians.**
- 2) improves the quality of resident education; **Allows residents to have sufficient experience to become competent in the procedural skills required of a pediatrician.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **May require an increase in patient volume/variety, if programs do not have sufficient numbers of patients needed in order to perform sufficient numbers of procedures to become competent in them.**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 561-583

Requirement Revision (major revisions only): PR: IV.A.5.b).(1) – (2).  
must be competent in the understanding of the indications, contraindications, and complications for the following procedures:

arterial line placement;

arterial puncture;

chest tube placement;

circumcision;

endotracheal intubation;

peripheral intravenous catheter placement;

thoracentesis; and,

umbilical artery catheter placement.

When these procedures are important for a resident's post-residency position, residents should receive real and/or simulated training

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Requiring procedural competency should improve patient care by ensuring residents are competent in their understanding of procedures performed by pediatricians**
- 2) improves the quality of resident education; **Ensures residents have the requisite knowledge of procedures required of a pediatrician.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 691-700

Requirement Revision (major revisions only): PR: IV.A.6.a). – IV.A.6.a).(1).(b).  
The curriculum should be organized in Educational Units.

An Educational Unit should be a block (four weeks or one month) or a longitudinal experience.

A longitudinal outpatient educational unit should be a minimum of 32 half-day sessions.

A longitudinal inpatient educational unit should be a minimum of 200 hours.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**

- 2) improves the quality of resident education; **Allows programs the flexibility to organize experiences in the format that best suits the program.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 702-710

Requirement Revision (major revisions only): PR: IV.A.6.b) - IV.A.6.b).(1).(a).

The overall structure of the program must include:

a minimum of six educational units of an individualized curriculum;

The individualized curriculum must be determined by the learning needs and career plans of the resident and must be developed through the guidance of a faculty mentor.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **Allows residents to be better prepared for independent practice when they finish the program.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 828-863

Requirement Revision (major revisions only): PR: IV.A.6.b).(6). - IV.A.6.b).(6).(f).

a minimum of 36 half-day sessions per year, which must occur over a minimum of 26 weeks, of a longitudinal outpatient experience.

PGY-1 and PGY-2 residents must have a longitudinal general pediatric outpatient experience in a setting that provides a medical home for the spectrum of pediatric patients.

PGY-3 residents should continue this experience at the same clinical site or, if appropriate for an individual resident's career goals, sessions in the final year may take place in a longitudinal subspecialty clinic or alternate primary care site.

The medical home model of care must focus on wellness and prevention, coordination of care, longitudinal management of children with special health care needs and chronic conditions, and provide a patient- and family-centered approach to care.

Consistent with the concept of the medical home, residents must care for a panel of patients

that identify the resident as their primary care provider.

There must be an adequate volume of patients to ensure exposure to the spectrum of normal development at all age levels, as well as the longitudinal management of children with special health care needs and chronic conditions.

There must be a longitudinal working experience between each resident and a single or core group of faculty members with expertise in primary care pediatrics and the principles of the medical home.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **The requirements allow for greater flexibility in providing continuity of care to patients. The focus of the continuity requirements has shifted from the number of patients seen to the content of the experience.**
- 2) improves the quality of resident education; **See response above.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **See response above.**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 888-904

Requirement Revision (major revisions only): PR: V.A.1.a).(1) - V.A.1.a).(1).(d).

Residents must be evaluated utilizing a structured approach by faculty members or other appropriate supervisors using multiple assessment methods, in different settings, for the following:

performing histories and physical examinations;

providing effective counseling of patients and families on the broad range of issues addressed by general pediatricians;

demonstrating the ability to make diagnostic and therapeutic decisions based on best evidence and to develop and carry out management plans; and,

providing longitudinal care for healthy and chronically-ill children of all ages.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **These requirements specify some of the areas in which residents must be evaluated. Evaluating the residents in these areas and providing them with feedback will allow programs to develop improvements plans for individual residents.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other

services; addition of faculty; financial impact); **N/A**

5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**

6) impacts residency education in other specialties. **N/A**

Line Number(s): 985

Requirement Revision (major revisions only): PR: V.C.1.c).(2).

At least 60% 70% of a program's graduates from the preceding five years who are taking the certifying examination for the first time should have passed.

Describe, as appropriate, how the revision:

1) impacts the quality and safety of patient care; **N/A**

2) improves the quality of resident education; **The expected pass rate was changed after analysis of Board pass rates across all programs for the past several years. It provides a more realistic benchmark to assess the educational effectiveness of programs.**

3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**

4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**

5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**

6) impacts residency education in other specialties. **N/A**

Line Number(s): 1005-1008

Requirement Revision (major revisions only): PR: V.C.2.a).

There must be regular meetings, at least six times per year, of the program leadership, including select core faculty members and residents, to review program outcomes and develop, review, and follow-through on program improvement plans.

Describe, as appropriate, how the revision:

1) impacts the quality and safety of patient care; **More frequent reviews of the program outcomes should lead to quicker identification of areas in need of improvement.**

2) improves the quality of resident education; **More frequent reviews of the program outcomes should lead to quicker identification of areas in need of improvement and allow for rapid cycle improvement.**

3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**

4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**

5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**

6) impacts residency education in other specialties. **N/A**