 Requirement #: **Int.B.-Int.C.**

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

**Int.B. Definition of Subspecialty**

Fellowship education in pediatric urology consists of the diagnosis, management, and treatment of fetal, perinatal, childhood, pre-adolescent, and adolescent genitourinary and adrenal abnormalities and diseases, and the promotion of health with prevention of disease. This education includes experience with fetal and genetic evaluation; pediatric endocrinology; issues of renal disease, such as chronic renal insufficiency, and transplantation; congenital and acquired neurological diseases affecting the urinary tract, such as spina bifida and neurogenic bladder; treatment and management of congenital genitourinary abnormalities and reconstructive urology across all ages. Fellowship education in pediatric urology also includes scholarly activity to advance education, improve quality of care, and further the basic understanding of pediatric urologic disease through clinical outcome, health services, and laboratory-based research. *(Core)*

**Int.C. Length of Educational Program**

The educational program in pediatric urology must be 24 months in length. *(Core)*

1. Describe the Review Committee’s rationale for this revision:

   The revisions reflect the incorporation of a second year, including scholarly activity requirements, into the ACGME-accredited program. Pediatric urology is currently a two-year fellowship, one year of which is ACGME-accredited. The ACGME has oversight of the clinical year and the American Board of Urology (ABU) has oversight of the research year. Both the Review Committee and the ABU believe fellow education would be improved if the ACGME had oversight of both years of pediatric urology education, that is, both clinical and research education. The ACGME has considerable experience setting educational standards that advance health care and a well-established process of monitoring and assessing program compliance with those standards. In addition, having one entity overseeing pediatric urology education will reduce program confusion over which entity is responsible for which aspects of program curriculum. The ACGME and ABU are collaborating to ensure this is a smooth transition.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   A two-year accredited program will provide programs with greater flexibility in the curriculum. For example, research rotations can be scheduled in month-long rotations over the 24 month period instead of one year-long block. Programs can also make the choice to have fewer than 12 months of research. The proposed change may also improve clinical education by providing additional exposure to complex cases and complimentary pediatric urology electives.

3. How will the proposed requirement or revision impact continuity of patient care?
Fellows will have increased opportunities for longitudinal 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?

Initially, additional administrative resources will be needed to create/revise program policies, evaluations, and other documents to reflect the incorporation of the second year into the accredited program. Programs may need additional administrative resources to ensure compliance with the ACGME Program Requirements, as the accredited program will be longer (e.g., semi-annual meetings with the fellow, Milestones assessments). It is not expected that these additional administrative responsibilities will present an undue burden as programs are already engaged in these activities.

Some fellowships may require additional financial support if funding for the fellowship has heretofore come all or in part from fellows billing for clinical services during the unaccredited research year. This may be mitigated by the opportunity for independent practice [see Program Requirements IV.E.-IV.E.1.a)].

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

N/A

<table>
<thead>
<tr>
<th>Requirement #:</th>
<th>I.D.1.c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
<td></td>
</tr>
<tr>
<td>I.D.1.c)</td>
<td>The program must have access to adequate research resources to support faculty members’ and fellows’ scholarly activities. <em>(Core)</em></td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:

This requirement is intended to ensure the program has the resources needed for fellows’ required scholarly project [see Program Requirements IV.D.3.-IV.D.3.d).(5).(b)] as well as for faculty members’ research activities, which foster a scholarly environment.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Access to research resources will allow fellows to successfully complete their required scholarly project.

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?

There should not be a need for additional institutional resources as pediatric urology programs have research resources in place to support the scholarly activities that take place during the current unaccredited research year. Similarly, resources should already be in place to support faculty scholarship.
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 with at least four hours per week of protected time to conduct the administrative responsibilities of the program. (Core) 

1. Describe the Review Committee’s rationale for this revision: 
The Review Committee concluded four hours per week would be sufficient for program oversight, curriculum development, evaluation activities, and other administrative activities associated with the fellowship. 

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? 
This may improve fellow education by providing program directors with protected time to devote to program administration. 

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? 
At some institutions, this may represent an increase in financial support for the program director. 

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

Requirement #: IV.C.1.a) 
Requirement Revision (significant change only):

IV.C.1.a) Clinical experiences must be of sufficient length to ensure continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core) 

1. Describe the Review Committee’s rationale for this revision: 
The requirement reinforces that high quality fellow education and safe patient care depend on sufficient time with faculty members and patients. 

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? 
More time with fellows improves faculty member feedback. Ensuring continuity of care experiences will have a positive effect on patient safety and quality of care. 

3. How will the proposed requirement or revision impact continuity of patient care? 
Clinical experiences will be required to incorporate continuity of 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.C.3.-IV.C.3.b)

Requirement Revision (significant change only):
IV.C.3. The program must ensure that the educational program for each fellow is allocated as follows:

IV.C.3.a) Clinical education must consist of at least 12 consecutive months of clinical pediatric urology.; and (Core)

IV.C.3.a).(1) Clinical pediatric urology rotations must be comprised of surgical and clinic experiences that include pre-operative, operative, and post-operative patient care. (Core)

IV.C.3.a).(2) Fellows must work in multidisciplinary teams to learn a wide range of clinical pediatric urology. (Core)

IV.C.3.a).(3) Fellows should attend a minimum of four clinic sessions per month. (Detail)

IV.C.3.b) up to 12 months of non-clinical pediatric urology education and/or research consistent with the program aims, and at the discretion of the program director. (Core)

1. Describe the Review Committee’s rationale for this revision:
   Programs will have flexibility to determine the curriculum that will best educate the fellows at their institution while ensuring that fellows have a comprehensive clinical experience in pediatric urology.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Clinical education may be improved if programs choose to add required or elective clinical rotations beyond the current 12 months. Programs that choose to offer non-clinical pediatric urology education will provide fellows with the opportunity to focus on specific areas of interest.

3. How will the proposed requirement or revision impact continuity of patient care?
   Programs that increase the number of clinical months may increase opportunities for continuity of 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?
While programs may make changes to their current curriculum, it is not anticipated that these changes will required additional resources.

5. How will the proposed revision impact other accredited programs? 
   If a program increases the number of clinical months in the two-year program, there will be increased opportunities for fellows to teach urology residents in the clinical and operative settings. The proposed revisions should not negatively impact the urology residents’ pediatric urology procedural experience, but programs should continue to monitor this.

Requirement #: IV.D.3.-IV.D.3.d).(5).(b)

Requirement Revision (significant change only):

IV.D.3. Fellow Scholarly Activity

IV.D.3.a) Dedicated research time must not occur during the fellowship (i.e., accredited clinical year). (Core)

IV.D.3.b) Fellows should participate in other forms of scholarly activity, such as manuscript preparation, lectures, teaching activities, abstracts, quality improvement projects, and research project preparation or project completion. (Detail)

IV.D.3.c) Each fellow must design and conduct a scholarly project, under the guidance of a designated faculty mentor, that results in at least one manuscript of publishable quality. (Core)

IV.D.3.c).(1) The scholarly project must be:

IV.D.3.c).(1).a) related to the field of pediatric urology; and (Core)

IV.D.3.c).(1).b) hypothesis-driven basic, translational, clinical, or quality improvement research. (Core)

IV.D.3.c).(2) The fellow must be the lead on the scholarly project. (Core)

IV.D.3.d) The fellow and the faculty mentor must develop a written Individualized Scholarly Activity Plan (ISAP) for the scholarly project. (Core)

IV.D.3.d).(1) At a minimum, the ISAP must be completed two months before the fellow initiates the scholarly project. (Core)

IV.D.3.d).(2) The ISAP must be approved by the program director, faculty mentor, and the Clinical Competency Committee as described in V.A.3.-V.A.3.b.(3). (Core)

IV.D.3.d).(3) The faculty mentor must review fellow progress on the ISAP at least quarterly and provide written feedback to the fellow. (Core)
### IV.D.3.d).(3).(a)

The program director and members of the Clinical Competency Committee must receive a copy of the faculty mentor feedback. (Core)

### IV.D.3.d).(4)

TheClinical Competency Committee must monitor the fellow’s progress on the ISAP at least twice per year. (Core)

### IV.D.3.d).(5)

Prior to completion of the fellowship, each fellow must:

- **(5).(a)** give an oral presentation of the scholarly project to the program director, faculty mentor, members of the Clinical Competency Committee, other faculty members, and other learners; and (Core)

- **(5).(b)** submit the manuscript to a peer-reviewed journal. (Core)

1. Describe the Review Committee’s rationale for this revision:

   These requirements are based on the current ABU requirements for the scholarly project. The Review Committee has proposed transitioning oversight of the scholarly project from the ABU’s Pediatric Fellowship Review Committee to the program’s Clinical Competency Committee (CCC).

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   It is not anticipated that these changes will affect fellow education, as a scholarly project is currently required during the unaccredited research year.

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?

   The CCC will have the added responsibility of overseeing each fellow’s scholarly project.

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

   N/A

### Requirement #: IV.E.1.a)

### Requirement Revision (significant change only):

**IV.E.1.a)** Pediatric Urology programs are permitted to utilize independent practice in general urology, but it must not exceed 10 percent of fellows’ time per week, averaged over four weeks, up to a maximum of 24 hours per month. (Core)

1. Describe the Review Committee’s rationale for this revision:

   The Review Committee believes 10 percent is an appropriate amount of time to assign fellows to general urology without negatively affecting their education in pediatric urology. Twenty four hours per month is approximately 10 percent of a sixty-hour work week. Averaging hours over four weeks provides programs with
flexibility, but prohibits blocks of independent practice, which would be detrimental to fellow education.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? 
   Fellows will have the opportunity to maintain primary core specialty skills.

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? 
   Fellows practicing general urology may supervise urology residents.