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

Requirement #: II.A.3.b).(1)

Requirement Revision (significant change only):

The program director must meet the requirements for either Maintenance of Certification in pediatrics or a subspecialty of pediatrics through the ABP or Osteopathic Continuous Certification through the AOBP. (Core)

1. Describe the Review Committee’s rationale for this revision:
   - The change in the requirement will ensure that program directors are keeping current in the medical knowledge that is needed to educate residents.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   - Demonstrating current medical knowledge will provide improved education, patient safety, and patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   - Not applicable

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?
   - If any program directors have not been participating in Maintenance of Certification (MOC), there will be the added expense of participating in MOC.

5. How will the proposed revision impact other accredited programs?
   - Not applicable

Requirement #: II.B.4. c)

Requirement Revision (significant change only):

In addition to the program director, there must be at least one ABP- or ABOP-certified core faculty member for every five residents in the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   - The Common Program Requirements require Review Committees to specify a minimum number of core faculty members. The Review Committee felt this was a reasonable ratio of faculty members to residents and reflective of current practice.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   - The requirement will ensure there is a sufficient number of core faculty members to provide education and supervision.

3. How will the proposed requirement or revision impact continuity of patient care?
   - Not applicable
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?
Programs will need to assess their current Faculty Roster and determine whether it meets the new requirement. However, this revision is unlikely to require additional resources, as programs already generally meet this requirement.

5. How will the proposed revision impact other accredited programs?
Not applicable

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

Requirement Revision (significant change only):

IV.B.1.b).(1).(b) In order to promote emotional resilience in children, adolescents, and their families, residents must demonstrate the ability to:

IV.B.1.b).(1).(b).(i) provide care across all clinical settings that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family; and, (Core)

IV.B.1.b).(1).(b).(ii) manage, co-manage, and appropriately refer patients with common behavioral and mental health issues along with appropriate specialists when indicated. (Core)

1. Describe the Review Committee’s rationale for this revision:
Given the national crises in mental health, the American Board of Pediatrics requested that the Review Committee consider adding requirements related to the care of patients with behavioral and mental health issues. The requirements are similar to those added to the pediatric subspecialty requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The requirements are intended to improve resident education and patient care by requiring education in the prevention and identification of behavioral/mental health problems and the care of patients with these problems.

3. How will the proposed requirement or revision impact continuity of patient care?
Not applicable

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?
If programs do not have faculty members with expertise in behavioral/mental health issues, additional faculty members or faculty development may be required.

5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: IV.C.1.a)-b)
IV.C.1.a) Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)

IV.C.1.b) Clinical experiences should be structured to facilitate learning in a manner that allows residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (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 resident education. They are also intended to address the 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. 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 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?
   It is not anticipated that additional resources will be needed.

5. How will the proposed revision impact other accredited programs?
   Not applicable

Requirement #: IV.C.6.c).(3).(c)

Requirement Revision (significant change only):

[The overall structure of the program must include: a minimum of nine educational units of additional subspecialty experiences, including: four educational units of four key subspecialties from the following subspecialties:]

   mental and behavioral health; (Core)

1. Describe the Review Committee’s rationale for this revision:
The change in the requirements gives programs the flexibility to develop a mental and behavioral health rotation and have it count as one of the required subspecialty rotations.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
The requirements are intended to improve resident education and patient care by providing education in the prevention and identification of behavioral/mental health problems and the care of patients with these problems.

3. How will the proposed requirement or revision impact continuity of patient care?  
Not applicable

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?  
Not applicable

5. How will the proposed revision impact other accredited programs?  
Not applicable