

**ACGME Program Requirements for Graduate Medical Education
in Pediatric Hospital Medicine
Summary and Impact of New Specialty Requirements**

1. Describe the scope of practice of the new specialty, as well as the process involved in development of the requirements (e.g., date of recognition of the specialty by the ACGME Board, involvement of specialty boards/organizations, etc.).

Although there is heterogeneity in the roles and the current scope of practice of those who identify themselves as pediatric hospitalists, pediatric hospital medicine, whether practiced in a children's facility or a community site, has at its core the care of the child "between" the emergency department and critical care units. Hospital medicine is a specialty dedicated to the delivery of comprehensive medical care to hospitalized patients, including those with acute serious complications of common problems, those more complicated patients with multiple co-morbidities and/or injuries, complex chronic diseases, special health care needs, technology dependency, and those needing palliative care.

The ACGME Board of Directors approved a petition from the American Board of Pediatrics to accredit programs in this subspecialty at its September 2017 meeting.

The Review Committee, with consultation from two specialists in the subspecialty, utilized the Entrustable Professional Activities (EPAs) and associated curricular components developed by the American Board of Pediatrics in conjunction with representatives from the Pediatric Hospital Medicine Fellowship Directors Group as resources in developing the proposed Program Requirements.

2. How will the proposed requirements improve resident/fellow education?

A large number of pediatricians currently practice as hospitalists, and a significant number of graduating residents choose to enter this field. The practicing pediatrician in the community is increasingly less likely to care for his or her hospitalized patient. Requiring accredited fellowship education with standardized curricula will improve the consistency and educational quality of current and future hospitalist fellowship programs.

3. How will the proposed requirements improve patient care and patient safety/quality?

The proposed Program Requirements should improve access to primary care physicians (PCPs), and pediatric medical and surgical subspecialists. There has been a notable decrease in PCPs caring for their own patients within the hospital setting for a variety of factors, including time, efficiency, and system and patient complexities. The emergence of hospitalists has allowed PCPs to remain in their office setting to address the increasing complexity of outpatient care and an increasing population of outpatient visits for time-intensive behavioral, developmental, and mental health problems.

The public will benefit from highly educated and trained practitioners who have expertise in areas of patient safety, quality improvement, transitions and coordination of care, and clinical practice pathways. Designation of pediatric hospital medicine as a new subspecialty will likely result in a better definition of a hospitalist's scope of practice, so there can be trust among the public and referring pediatricians that the title "hospitalist" has meaning and

value.

The increasing role of hospitalists in the co-management of these patients is likely to improve ambulatory access to subspecialty care as subspecialists are able to spend less time in the hospital, and like PCPs, more time in their ambulatory clinics providing care that might prevent unnecessary emergency department or hospital visits.

4. How will the proposed requirements impact continuity of patient care?

There should be a positive impact on continuity of care as the fellows and faculty members are available on a full-time basis to provide care for hospitalized patients.

5. Will the proposed requirements 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 cost of fellowship education depends on the number of fellows, and cost will vary from program to program. It is likely, given the indirect benefit of pediatric hospital medicine programs to hospitals and the current financial support most hospitals provide to such programs, that hospitals will bear some of the costs of establishing and maintaining pediatric hospital fellowships.

6. How will the proposed requirements impact other accredited programs?

The proposed requirements should have no negative impact on experiences in other specialties. Rather than competition with other residency and fellowship programs for educational resources (i.e., patients), the emphasis is on co-management and team collaboration. This is an opportunity to highlight, emphasize, and model the benefits of professional interactions designed to improve care delivery.

Although there will be overlap with inpatient experiences with both categorical and internal medicine-pediatrics residency programs, the pediatric hospital medicine curriculum goes beyond general pediatrics residency topics and adds significant education and training in other areas for acute and complex care, quality improvement, procedural skills, academic scholarship, and advancement of the field through research than is achieved in residency programs.