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

Requirement #: **II.B.1.a)-b); II.B.3.c)**

Requirement Revision (significant change only):

Specialty-Specific Background and Intent: The requirements that mandated faculty members in specific subspecialty areas have been removed. The Review Committee did not wish to specifically identify only a few subspecialty areas, as that may suggest that only those subspecialties are required, which is not the case. The Review Committee still expects that there be ABP- or AOBP-certified subspecialty physician faculty members available to teach and supervise pediatrics residents, including subspecialty faculty members in adolescent medicine, developmental-behavioral pediatrics, neonatal-perinatal medicine, pediatric critical care medicine, pediatric emergency medicine, and in each available subspecialty rotation. Refer to Faculty Qualification requirements in Section II.B.3., and to those in Section IV.C.6. regarding required curricular components, including subspecialty experiences.

II.B.1.a) General Pediatricians

II.B.1.a).(1) ~~There must be faculty members with expertise in general pediatrics who have ongoing responsibility for the care of general pediatric patients.~~ ~~(Core)~~

II.B.1.a).(2) ~~These faculty members must participate actively in formal teaching sessions, and serve as attending physicians.~~ ~~(Core)~~

II.B.1.a).(2).(a) ~~This must occur on inpatients, outpatients, and term newborns.~~ ~~(Detail)~~

II.B.1.b) ~~Subspecialty Faculty~~

~~Faculty members with subspecialty board certification must function on an ongoing basis as integral parts of the clinical and instructional components of the program in both inpatient and outpatient settings.~~ ~~(Core)~~

II.B.1.b).(1) ~~This should include a faculty member in each of the following subspecialty areas of pediatrics:~~ ~~(Core)~~

II.B.1.b).(2) ~~adolescent medicine;~~ ~~(Core)~~

II.B.1.b).(3) ~~developmental-behavioral pediatrics;~~ ~~(Core)~~

II.B.1.b).(4) ~~neonatal-perinatal medicine;~~ ~~(Core)~~

II.B.1.b).(5) ~~pediatric critical care;~~ ~~(Core)~~

II.B.1.b).(6)	~~pediatric emergency medicine; and,~~ ~~(Core)~~
II.B.1.b).(7)	~~subspecialists from at least five other distinct pediatric medical disciplines.~~ ~~(Core)~~
II.B.3.a) II.B.3.b) II.B.3.c)	For all pediatric subspecialty rotations there must be pediatric subspecialty physician faculty members who have current certification in their subspecialty by the ABP or the AOBP, or who possess other qualifications judged acceptable to the Review Committee. (Core)

Specialty-Specific Background and Intent: The Review Committee maintains that ABP and AOBP specialty/subspecialty board certification is the standard for expertise.

The onus of documenting alternate qualifications is the responsibility of the program director. For a faculty member without ~~pediatrics~~ certification from the ABP or AOBP, the Review Committee will consider the following criteria in determining whether alternative qualifications are acceptable:

- completion of a pediatrics residency program
- completion of a pediatric subspecialty fellowship program
- demonstrated ability in teaching
- leadership and/or participation on committees in national pediatric organizations
- scholarship within the field of pediatrics, specifically, evidence of ongoing scholarship documented by contributions to the peer-reviewed literature in pediatrics, and pediatrics presentations at national meetings
- experience in providing clinical activity in pediatrics

The Review Committee expects faculty members who ~~are~~ recently graduated~~es~~ from an ~~of~~ ACGME-accredited or AOA-approved pediatrics program~~s~~ to take and pass the next available ABP or AOBP pediatrics certifying examination. An explanation is to be provided for any ~~If a~~ faculty member ~~is~~ unable to take the next administration of the certifying examination~~, an explanation must be provided~~.

Years of practice are not ~~an~~ equivalent to specialty board certification.~~, and the Review Committee does not accept the phrase "board eligible."~~

1. Describe the Review Committee's rationale for this revision:
   Based on the feedback received to the proposed revisions in the Faculty section of the Program Requirements, it was evident that the revised language did not convey the Review Committee's expectations related specifically to faculty member qualifications. It is the expectation of the Review Committee that physician faculty members be board certified and, specifically, that pediatrics subspecialty faculty members be certified by the ABP or AOBP in the subspecialty. The list of specific faculty members was removed, not because they are no longer required or optional, but to treat all subspecialties equally and not just identity a few. The Review Committee believes that Program Requirement II.B.3.c) clearly conveys the need for ABP- or AOBP-certified subspecialty faculty members for all pediatric subspecialty

rotations. As the Review Committee currently allows, alternative qualifications to board certification will be considered on an individual basis.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   As board-certified faculty members are currently required, there is expected to be no impact.

3. How will the proposed requirement or revision impact continuity of patient care?
   There should be no impact.

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 be no impact as board-certified faculty members are currently required.

5. How will the proposed revision impact other accredited programs?
   There should be no impact.

Requirement #: **IV.B.1.b).(2).(a)-(c)**

Requirement Revision (significant change only):

IV.B.1.b).(2).(a)	~~Residents must be able to competently perform procedures used by a pediatrician in general practice, including 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~~ in the following procedures: (Core)
IV.B.1.b).(2).(a).(i)	bag-mask ventilation; (Core) [Moved from IV.B.1.b).(2).(a).(vi)]
IV.B.1.b).(2).(a).(ii)	lumbar puncture; (Core) [Moved from IV.B.1.b).(2).(a).(x)]
IV.B.1.b).(2).(a).(iii)	neonatal delivery room resuscitation; (Core)
IV.B.1.b).(2).(a).(iv)	peripheral intravenous catheter placement; and (Core) [Moved from IV.B.1.b).(2).(a).(xiii)]
IV.B.1.b).(2).(a).(v)	simple laceration repair. (Core) [Moved from IV.B.1.b).(2).(a).(xv)]
~~IV.B.1.b).(2).(a).(vi)~~	~~bag-mask ventilation; (Core)~~

~~IV.B.1.b).(2).(a).(vii)~~	~~bladder catheterization; (Core)~~
~~IV.B.1.b).(2).(a).(viii)~~	~~giving immunizations; (Core)~~
~~IV.B.1.b).(2).(a).(ix)~~	~~incision and drainage of abscess; (Core)~~
~~IV.B.1.b).(2).(a).(x)~~	~~lumbar puncture; (Core)~~
~~IV.B.1.b).(2).(a).(xi)~~	~~neonatal endotracheal intubation; (Core)~~
~~IV.B.1.b).(2).(a).(xii)~~	~~peripheral intravenous catheter placement; (Core)~~
~~IV.B.1.b).(2).(a).(xiii)~~	~~reduction of simple dislocation; (Core)~~
~~IV.B.1.b).(2).(a).(xiv)~~	~~simple laceration repair; (Core)~~
~~IV.B.1.b).(2).(a).(xv)~~	~~simple removal of foreign body; (Core)~~
~~IV.B.1.b).(2).(a).(xvi)~~	~~temporary splinting of fracture; (Core)~~
~~IV.B.1.b).(2).(a).(xvii)~~	~~umbilical catheter placement; and, (Core)~~
~~IV.B.1.b).(2).(a).(xviii)~~	~~venipuncture. (Core)~~
IV.B.1.b).(2).(b)	The program must provide instruction and opportunities for residents to perform procedures, as applicable to each resident's future career plans. (Core) [Moved from IV.C.8.]

Specialty-Specific Background and Intent: The procedural skills a resident will need to develop will be determined by the program director or designee in collaboration with the resident, considering program aims, the individual resident's future career plans, and the needs of the community to be served. Examples of procedures to consider include: incision and drainage of an abscess; simple removal of a foreign body; venipuncture; umbilical catheter placement; immunization administration; neonatal male circumcision; temporary splinting of a fracture; reduction of simple joint dislocation; replacement of gastrostomy tube; replacement of tracheostomy tube; and point-of-care laboratory and imaging. The use of simulation to supplement clinical experience is encouraged.

IV.B.1.b).(2).(c)	Residents must complete training ~~and~~, maintain certification, and achieve competence in pediatric advanced life support ~~including simulated placement of an intraosseous line,~~ and neonatal resuscitation. (Core)

1. Describe the Review Committee's rationale for this revision:
   Although the original proposed revision to the requirements in the Patient Care and Procedural Skills section did not specify which procedures residents were expected to perform, it was not the intent of the Review Committee that residents did not have to perform any of the procedures currently listed in the Program Requirements. In

response to concerns raised, the Review Committee identified procedures that all residents must be competent to perform. It will be up to the program to provide instruction and opportunities for residents to perform other procedures to prepare residents for future practice.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The proposed revision will improve resident education and patient care by specifically identifying those procedures all residents are required to perform while still allowing programs to determine which additional procedures in which individual residents must develop competence for their future careers.

3. How will the proposed requirement or revision impact continuity of patient care?
   There may be some opportunities to teach procedures not previously taught, and to utilize the strength of local faculty members to enable residents to develop competence in new skills (e.g., POCUS).

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?
   Resources to provide required procedures not currently accessible to the residents may need to be provided.

5. How will the proposed revision impact other accredited programs?
   There should be no impact.