

Additional revisions have been made to the requirements for Faculty and Patient Care and Procedural Skills. These groupings of requirements are being posted for a second review and comment period. The Review Committee will only accept comments related to these groupings of requirements. This is not meant to imply that other revisions will not be made. Previously submitted comments related to all other requirements are still under review and may result in additional revisions as the Program Requirements are finalized. A final version of the Program Requirements will be released once they have been approved by the ACGME Board of Directors.

ACGME Program Requirements for Graduate Medical Education in Pediatrics

Common Program Requirements (Residency) are in BOLD

II.B. Faculty

Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.

Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the residents and themselves.

Background and Intent: “Faculty” refers to the entire teaching force responsible for educating residents. The term “faculty,” including “core faculty,” does not imply or require an academic appointment.

- II.B.1. There must be a sufficient number of faculty members with competence to instruct and supervise all residents. (Core)**

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. **Faculty Qualifications**

II.B.3.a) Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments.^(Core)

II.B.3.b) Physician faculty members must:

II.B.3.b).(1) have current certification in the specialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. ^(Core)

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 graduatedes from an of~~ ACGME-accredited or AOA-approved pediatrics programs 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."~~

Patient Care and Procedural Skills

IV.B.1.b).(2)

Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. ^(Core)

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 trainingand maintain certification, and achieve competence in pediatric advanced life support including ~~simulated placement of an intraosseous line,~~ and neonatal resuscitation. ^(Core)