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

Requirement #: All

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

1. Describe the Review Committee's rationale for this revision:
   During the last major revision of the Program Requirements for Graduate Medical Education in Internal Medicine-Pediatrics, one comprehensive set of requirements for these combined programs was developed to include all relevant requirements from both the Program Requirements for Graduate Medical Education in Internal Medicine and the Program Requirements for Graduate Medical Education in Pediatrics. Those combined Program Requirements are now being revised and updated to align with the subsequent major changes to the respective individual specialty Program Requirements. Minimal impact is expected as these changes have already become effective for internal medicine programs and will become effective in 2025 for pediatrics programs. Some modifications have been made to reflect the shortened duration of the educational program in each specialty; significant changes are identified below.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Addressed in subsequent sections below for each requirement change listed.

3. How will the proposed requirement or revision impact continuity of patient care?
   Addressed in subsequent sections below for each requirement change listed.

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?
   Addressed in subsequent sections below for each requirement change listed.

5. How will the proposed revision impact other accredited programs?
   Addressed in subsequent sections below for each requirement change listed.

Requirement #: II.B.4.d)

Requirement Revision (significant change only):

At a minimum, the required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. (Core)

1. Describe the Review Committee's rationale for this revision:
   The requirement is intended to ensure that core faculty members have dedicated time and support to meet the educational and administrative responsibilities of the program as assigned by the program director.

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

Providing appropriate support to core faculty members should help to ensure they have adequate time to devote to resident education.

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?
   As there may be variability in the amount of support provided to core faculty members, additional financial support may be needed. The Review Committees did not specify how the aggregate FTE support should be distributed so as to allow programs, in partnership with their Sponsoring Institution, to allocate the support as they see fit.

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

Requirement #: IV.C.6.b).(6).(a)-(d)

Requirement Revision (significant change only):

~~Residents should see a minimum of 54 adult and a minimum of 54 pediatric patient visits in the PGY-1.~~ ~~(Detail)~~

~~Residents should see a minimum of 72 adult and a minimum of 72 pediatric patient visits in the PGY-2.~~ ~~(Detail)~~

~~Residents should see a minimum of 90 adult and a minimum of 90 pediatric patient visits in the PGY-3.~~ ~~(Detail)~~

~~Residents should see a minimum of 90 adult and a minimum of 90 pediatric patient visits in the PGY-4.~~ ~~(Detail)~~

1. Describe the Review Committee's rationale for this revision:
   Neither the Program Requirements for Internal Medicine nor the Program Requirements for Pediatrics specify a minimum number of longitudinal/continuity clinic patients. In the absence of clear data defining an optimal patient panel and the move to competency-based medical education, the minimum numbers have been removed.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   There should be no impact.

3. How will the proposed requirement or revision impact continuity of patient care?
   The removal of the minimum numbers will allow programs flexibility to assign an appropriate patient panel for each resident.

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.

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

Requirement #: IV.C.10-IV.C.10.c).(2)

Requirement Revision (significant change only):

IV.C.10. Pediatrics Component

IV.C.10.a) ~~A pediatric educational unit must be a block (four weeks or one month) or longitudinal experience.~~ ~~(Core)~~

IV.C.10.a).(1) ~~A longitudinal outpatient educational unit should be a minimum of 32 half-day sessions. A longitudinal inpatient educational unit should be a minimum of 200 hours.~~ ~~(Detail)~~

IV.C.10.b) The pediatrics curriculum be organized as block and/or longitudinal experiences and must include: (Core)

IV.C.10.b).(1) a minimum of 32 weeks of primarily ambulatory care experiences, including elements of community pediatrics and child advocacy, to include a minimum of:

IV.C.10.b).(1).(a) 8 weeks of general ambulatory pediatric clinic; (Core)

Specialty-Specific Background and Intent: The Review Committee for Pediatrics recognizes the value of ambulatory experience to align with pediatric practice trends for the care of well children, the acutely ill, and those with chronic diseases. The eight weeks of general ambulatory pediatric clinic is in addition to the longitudinal clinic. Programs need to find the experiences that best fulfill this requirement in their own institutions. Patients seen in urgent care sites may be counted toward the general ambulatory pediatric clinic experience. However, it is up to the program director to ensure that a broad experience is provided that will reflect the experience graduates will encounter in practice after residency.

IV.C.10.b).(1).(b) 4 weeks of subspecialty outpatient experience, composed of no fewer than two subspecialties, in the first 24 months of the program; (Core)

IV.C.10.b).(1).(c) 4 weeks adolescent medicine; (Core)

IV.C.10.b).(1).(d) 4 weeks of mental health; (Core)

IV.C.10.b).(1).(e) 4 weeks developmental-behavioral pediatrics; and, (Core)

Specialty-Specific Background and Intent: Early exposure to a variety of subspecialties can serve as a foundation for both general and subspecialty pediatricians and includes exposure to common conditions referred for subspeciality evaluation. Adolescent medicine, mental health, and developmental-behavioral rotations may include inpatient components but should not be exclusively inpatient in focus, so these experiences are included in the ambulatory section of the Program Requirements.

IV.C.10.b).(1).(f) 8 weeks of pediatric emergency medicine. (Core)

IV.C.10.b).(2) a minimum of 32 weeks of inpatient care experiences, to include: (Core)

IV.C.10.b).(2).(a) 20 weeks of inpatient medicine, with a minimum of 16 weeks of general pediatrics or pediatric hospital medicine service; (Core)

IV.C.10.b).(2).(a).(i) The remaining time must be on the general pediatrics or pediatric hospital medicine service or other subspecialty services, and no more than 4 weeks spent on a single subspecialty service, exclusive of pediatric hospital medicine. (Core)

IV.C.10.b).(2).(b) 8 weeks intensive care, to include a minimum of 4 weeks of pediatric intensive care unit and 4 weeks of neonatal intensive care unit; and, (Core)

IV.C.10.b).(2).(c) 4 weeks of newborn nursery. (Core)

IV.C.10.b).(3) a minimum of 20 weeks of an individualized curriculum. (Core)

IV.C.10.b).(3).(a) The individualized curriculum must be determined by the learning needs and career plans of each resident and developed with guidance of the program director or designee. (Core)

IV.C.10.b).(3).(b) Experiences must be distributed across all years of the educational program. (Core)

IV.C.10.b).(3).(c) There must be a minimum of 12 weeks of at least 3 additional pediatric subspecialty experiences beyond those used to meet the inpatient and outpatient requirements. (Core)

IV.C.10.b).(3).(c).(i) Each subspecialty experience must be a minimum of 1 week and a maximum of 4 weeks in duration. (Core)

Specialty-Specific Background and Intent: Subspecialty experiences used to meet this requirement may not also be counted toward the required time for inpatient and outpatient

experiences. For example, the required four weeks of adolescent medicine may not count toward the required five additional subspecialty experiences. However, the individualized curriculum may include additional time in adolescent medicine as an elective experience. There is no double counting of subspecialty experience.

IV.C.10.b).(3).(d) There must be a minimum of 8 weeks of elective clinical, scholarly, and/or other experiences. (Core)

IV.C.10.c) Residents must have experience in a supervisory role, under faculty guidance. (Core)

IV.C.10.c).(1) This experience should occur for a minimum of 16 weeks during the final three years in the program. (Core)

IV.C.10.c).(2) 8 weeks of this experience should be on the inpatient general pediatrics or pediatric hospital medicine service. (Detail)

1. Describe the Review Committee's rationale for this revision:
   When revising the Program Requirements for Pediatrics, the Review Committee for Pediatrics considered that the time it takes to acquire competence may vary among residents. Some abilities, once acquired, may not be permanent, and require ongoing attention and effort by graduates throughout their careers. The shift to competency-based medical education needs to be incremental. The curriculum requirements were modified to allow programs flexibility to tailor educational experiences, but still provide parameters to ensure that the minimum foundational experiences are provided for all residents. These requirements were slightly modified for combined internal medicine-pediatrics considering the shortened duration of the educational program. The intent was to balance inpatient and outpatient experiences. Four, four-week blocks of curriculum are not specified and may be assigned at the program director's discretion, including additional inpatient or outpatient experiences.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The revised requirements will improve resident education by allowing for greater individualization of resident experiences.

3. How will the proposed requirement or revision impact continuity of patient care?
   The revised requirements will allow greater flexibility for programs to offer improved continuity experiences for residents.

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.

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