



**ACGME International**

**Advanced Specialty Program Requirements for  
Graduate Medical Education in  
Developmental-Behavioral Pediatrics  
(Pediatrics)**

Initial approval:

1 **ACGME International Specialty Program Requirements for**  
2 **Graduate Medical Education**  
3 **in Developmental-Behavioral Pediatrics (Pediatrics)**  
4

5 **Int. Introduction**  
6

7 *Background and Intent: Programs must achieve and maintain Foundational*  
8 *Accreditation according to the ACGME-I Foundational Requirements prior to*  
9 *receiving Advanced Specialty Accreditation. The Advanced Specialty*  
10 *Requirements noted below complement the ACGME-I Foundational*  
11 *Requirements. For each section, the Advanced Specialty Requirements should*  
12 *be considered together with the Foundational Requirements.*  
13

14 **Int. I. Definition and Scope of the Specialty**  
15

16 Specialists in developmental-behavioral pediatrics focus on the complex  
17 developmental processes of infants, children, adolescents, and young  
18 adults in the context of their families and communities. Through an  
19 understanding of the biological, psychological, and social influences on  
20 development in emotional, social, motor, language, and cognitive  
21 domains, developmental-behavioral pediatricians identify and treat  
22 disorders of behavior and development.  
23

24 **Int. II. Duration of Education**  
25

26 Int. II.A. The educational program in developmental-behavioral pediatrics must be  
27 36 or 48 months in length.  
28

29 **I. Institution**  
30

31 **I.A. Sponsoring Institution**  
32

33 I.A.1. A fellowship in developmental-behavioral pediatrics must function  
34 as an integral part of an ACGME-I-accredited residency program  
35 in pediatrics.  
36

37 I.A.1.a) The developmental-behavioral pediatrics fellowship  
38 program should be geographically proximate to the  
39 affiliated pediatrics residency program.  
40

41 I.A.2. The educational program in developmental-behavioral pediatrics  
42 must not negatively affect the education of residents in the  
43 affiliated pediatrics residency program.  
44

45 **I.B. Participating Sites**  
46

47 See International Foundational Requirements, Section I.B.  
48

49 **II. Program Personnel and Resources**  
50

51 **II.A. Program Director**

- 52  
53 II.A.1. The program director must demonstrate a record of ongoing  
54 involvement in scholarly activity.  
55  
56 II.A.2. The program director must demonstrate a record of mentoring or  
57 guiding fellows in the acquisition of competence in the clinical,  
58 teaching, research, quality improvement, and advocacy skills  
59 pertinent to the discipline.  
60  
61 II.A.3. The program director must ensure that each fellow is provided  
62 with mentorship in development of the necessary clinical,  
63 educational, scholarship, and administrative skills.  
64  
65 II.A.4. The program director must coordinate with the program directors  
66 of the affiliated pediatrics residency and other related subspecialty  
67 program directors the incorporation of the Competencies into  
68 fellowship education to foster consistent expectations for fellows'  
69 achievement and faculty members' evaluation processes.  
70  
71 II.A.5. Meetings with the program directors of the pediatrics residency  
72 program and all pediatric subspecialty programs should take place  
73 at least semiannually.  
74  
75 II.A.5.a) There must be documentation of the meetings.  
76  
77 II.A.5.b) The meetings should address a departmental approach to  
78 common educational issues and concerns that may include  
79 core curriculum, the Competencies, and evaluation.  
80  
81 II.A.6. The program director must have the authority and responsibility to  
82 set and adjust the clinical responsibilities and ensure that fellows  
83 have appropriate clinical responsibilities and an appropriate  
84 patient load.  
85  
86 **II.B. Faculty**  
87  
88 II.B.1. To ensure the quality of the education and scholarly activity of the  
89 program, and to provide adequate supervision of fellows, there  
90 must be at least two full-time equivalent (FTE) faculty members,  
91 including the program director.  
92  
93 II.B.2. Faculty members must encourage and support fellows in scholarly  
94 activities.  
95  
96 II.B.2.a) This must include mentoring fellows in the application of  
97 scientific principles, epidemiology, biostatistics, and  
98 evidence-based medicine to the clinical care of patients.  
99  
100 II.B.2.b) Scholarly activities must be in basic science, clinical care,  
101 education, health policy, health services, patient safety, or  
102 quality improvement with implications for the field of

- 103 developmental-behavioral pediatrics.  
104
- 105 II.B.3. Qualified faculty members in the following pediatric subspecialties  
106 should be available for the education of fellows:  
107
- 108 II.B.3.a) adolescent medicine;  
109
- 110 II.B.3.b) child and adolescent psychiatry;  
111
- 112 II.B.3.c) child neurology; and,  
113
- 114 II.B.3.d) medical genetics.  
115
- 116 II.B.4. The faculty should also include the following specialists with  
117 substantial experience in treating pediatric problems:  
118
- 119 II.B.4.a) allergist and immunologist(s);  
120
- 121 II.B.4.b) dermatologist(s);  
122
- 123 II.B.4.c) neonatologist(s);  
124
- 125 II.B.4.d) neurological surgeon(s);  
126
- 127 II.B.4.e) ophthalmologist(s);  
128
- 129 II.B.4.f) orthopaedic surgeon(s);  
130
- 131 II.B.4.g) otolaryngologist(s);  
132
- 133 II.B.4.h) palliative care specialist(s);  
134
- 135 II.B.4.i) pediatric cardiologist(s);  
136
- 137 II.B.4.j) pediatric child abuse specialist(s);  
138
- 139 II.B.4.k) pediatric endocrinologist(s);  
140
- 141 II.B.4.l) pediatric gastroenterologist(s);  
142
- 143 II.B.4.m) pediatric hematologist-oncologist(s);  
144
- 145 II.B.4.n) pediatric infectious disease specialist(s);  
146
- 147 II.B.4.o) pediatric nephrologist(s);  
148
- 149 II.B.4.p) pediatric pulmonary medicine specialist(s);  
150
- 151 II.B.4.q) pediatric rheumatologist(s);  
152
- 153 II.B.4.r) pediatric surgeon(s);

154		
155	II.B.4.s)	physiatrist(s);
156		
157	II.B.4.t)	radiologist(s); and,
158		
159	II.B.4.u)	urologist(s).
160		
161	II.B.5.	Consultants should be available for transition care of young
162		adults.
163		
164	<b>II.C.</b>	<b>Other Program Personnel</b>
165		
166	II.C.1.	To ensure multidisciplinary and interprofessional practice in
167		developmental-behavioral pediatrics, the following personnel with
168		pediatric focus and experience should be available:
169		
170	II.C.1.a)	audiologist(s);
171		
172	II.C.1.b)	child life therapist(s);
173		
174	II.C.1.c)	child psychologist(s);
175		
176	II.A.1.a)	dietitian(s);
177		
178	II.A.1.b)	nurse(s);
179		
180	II.A.1.c)	pediatric mental health counselors;
181		
182	II.A.1.d)	pharmacist(s);
183		
184	II.A.1.e)	physical and occupational therapist(s);
185		
186	II.A.1.f)	public health liaison(s);
187		
188	II.A.1.g)	school and special education liaison(s);
189		
190	II.A.1.h)	social worker(s); and,
191		
192	II.A.1.i)	speech and language therapist(s).
193		
194	<b>II.D.</b>	<b>Resources</b>
195		
196	II.D.1.	There must be established linkages with community-based
197		resources that serve children and families, such as childcare
198		programs; early intervention programs; schools; child
199		welfare/protective agencies; and community agencies that serve
200		children with visual impairments, hearing impairments, mental
201		health conditions, or serious developmental, physical, and/or
202		emotional disabilities.
203		
204	II.D.2.	Facilities and services, including a comprehensive laboratory,

205		pathology, and imaging, must be available.
206		
207	II.D.3.	The program must have access to laboratories to perform testing specific to developmental-behavioral pediatrics.
208		
209		
210	II.D.4.	An adequate number of developmental-behavioral pediatrics patients, ranging in age from newborn through young adulthood, must be available to provide a broad experience for the fellows.
211		
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214		
215	II.D.4.a)	A sufficient number of patients must be available in community-based, inpatient, and outpatient settings to meet the educational needs of the program.
216		
217		
218		
219	<b>III. Fellow Appointment</b>	
220		
221	<b>III.A. Eligibility Criteria</b>	
222		
223	III.A.1.	Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in pediatrics, or a pediatric residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.
224		
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226		
227		
228	<b>III.B. Number of Fellows</b>	
229		
230		See International Foundational Requirements, Section III.B.
231		
232	<b>IV. Specialty-Specific Educational Program</b>	
233		
234	<b>IV.A. ACGME-I Competencies</b>	
235		
236	IV.A.1.	The program must integrate the following ACGME-I Competencies into the curriculum.
237		
238		
239	IV.A.1.a)	Professionalism
240		
241	IV.A.1.a).(1)	Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.
242		
243		
244		
245	IV.A.1.b)	Patient Care and Procedural Skills
246		
247	IV.A.1.b).(1)	Fellows must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
248		
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250		
251		
252	IV.A.1.b).(1).(a)	Fellows must demonstrate competence in the clinical skills needed in developmental-behavioral pediatrics, including:
253		
254		
255		

256	IV.A.1.b).(1).(a).(i)	providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and developing and carrying out management plans;
257		
258		
259		
260		
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262		
263		
264	IV.A.1.b).(1).(a).(ii)	providing transfer of care that ensures seamless transitions;
265		
266		
267	IV.A.1.b).(1).(a).(iii)	providing for or coordinating with a medical home for patients with complex and chronic diseases;
268		
269		
270		
271	IV.A.1.b).(1).(a).(iv)	promoting emotional resilience in children, adolescents, and their families, including:
272		
273		
274		
275	IV.A.1.b).(1).(a).(iv).(a)	providing care that is sensitive to the developmental stage of patients with common behavioral and mental health issues, and the cultural context of patients and their families; and,
276		
277		
278		
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280		
281		
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283		
284	IV.A.1.b).(1).(a).(iv).(b)	demonstrating the ability to refer and/or co-manage patients with common behavioral and mental health issues along with appropriate specialists when indicated.
285		
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290		
291	IV.A.1.b).(1).(a).(v)	completing comprehensive histories, physical examinations, and neurodevelopmental assessments to make accurate diagnoses for patients presenting with developmental-behavioral concerns from infancy through young adulthood;
292		
293		
294		
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296		
297		
298		
299		
300	IV.A.1.b).(1).(a).(vi)	identifying and longitudinally managing behavioral variations, problems, and disorders in typically-developing children and children with developmental disorders;
301		
302		
303		
304		
305		
306	IV.A.1.b).(1).(a).(vii)	recommending the appropriate

307		medical laboratory work-up and
308		evidence-based medical,
309		therapeutic, educational, and
310		behavioral interventions for children
311		with developmental-behavioral
312		disorders;
313		
314	IV.A.1.b).(1).(a).(viii)	interpreting and advising patients'
315		families of the early intervention,
316		education, and child
317		welfare/protection systems;
318		
319	IV.A.1.b).(1).(a).(ix)	interpreting and advising patients'
320		families of complementary and
321		alternative approaches;
322		
323	IV.A.1.b).(1).(a).(x)	providing appropriate genetic
324		counseling;
325		
326	IV.A.1.b).(1).(a).(xi)	using and interpreting laboratory
327		tests, imaging, and other diagnostic
328		procedures; and,
329		
330	IV.A.1.b).(1).(a).(xii)	using leadership skills to enhance
331		team function, the learning
332		environment, and/or the health care
333		delivery system/environment with
334		the ultimate intent of improving care
335		of patients.
336		
337	IV.A.1.c)	Medical Knowledge
338		
339	IV.A.1.c).(1)	Fellows must demonstrate knowledge of
340		established and evolving biomedical, clinical,
341		epidemiological, and social-behavioral sciences, as
342		well as the application of this knowledge to patient
343		care. Fellows must demonstrate:
344		
345	IV.A.1.c).(1).(a)	knowledge of biostatistics, clinical and
346		laboratory research methodology, study
347		design, preparation of applications for
348		funding and/or approval of clinical research
349		protocols, critical literature review, principles
350		of evidence-based medicine, ethical
351		principles involving clinical research, and
352		teaching methods;
353		
354	IV.A.1.c).(1).(b)	an understanding of the process of normal
355		and abnormal development from infancy
356		through young adulthood, including
357		biological mechanisms and social/cultural



358 determinants of health and disease; and,  
359  
360 IV.A.1.c).(1).(c) an understanding of the major diagnostic  
361 classification schemas in the current  
362 versions of *The Diagnostic Classification of*  
363 *Mental Health and Developmental Disorders*  
364 *of Infancy and Early Childhood (DC;0-3),*  
365 *The Diagnostic and Statistical Manual of*  
366 *Mental Disorders, and The Diagnostic and*  
367 *Statistical Manual for Primary Care.*  
368

369 IV.A.1.d) Practice-based Learning and Improvement

370  
371 IV.A.1.d).(1) Fellows must demonstrate the ability to investigate  
372 and evaluate their care of patients, to appraise and  
373 assimilate scientific evidence, and to continuously  
374 improve patient care based on constant self-  
375 evaluation and lifelong learning.  
376

377 IV.A.1.e) Interpersonal and Communication Skills

378  
379 IV.A.1.e).(1) Fellows must demonstrate interpersonal and  
380 communication skills that result in the effective  
381 exchange of information and collaboration with  
382 patients, their families, and health professionals.  
383

384 IV.A.1.f) Systems-based Practice

385  
386 IV.A.1.f).(1) Fellows must demonstrate an awareness of and  
387 responsiveness to the larger context and system of  
388 health care, including the social determinants of  
389 health, as well as the ability to call effectively on  
390 other resources in the system to produce optimal  
391 care.  
392

#### 393 **IV.B. Regularly Scheduled Educational Activities**

394  
395 IV.B.1. Fellows must have a formally-structured educational program in  
396 the clinical and basic sciences related to developmental-  
397 behavioral pediatrics.  
398

399 IV.B.1.a) The program must provide didactic experiences, such as  
400 lectures, seminars, case discussions, journal clubs, and  
401 clinical experience.  
402

403 IV.B.1.b) Developmental-behavioral pediatrics conferences must  
404 occur regularly and must involve active participation by the  
405 fellows in planning and implementation.  
406

407 IV.B.1.c) Fellow education must include instruction in:  
408

- 409 IV.B.1.c).(1) basic and fundamental disciplines, as appropriate  
 410 to developmental-behavioral pediatrics, such as  
 411 anatomy, biochemistry, embryology, genetics,  
 412 immunology, microbiology, nutrition/metabolism,  
 413 pathology, pharmacology, and physiology ;  
 414
- 415 IV.B.1.c).(2) pathophysiology of disease; reviews of recent  
 416 advances in clinical medicine and biomedical  
 417 research; and conferences dealing with bioethics;  
 418 complications; end-of-life care; palliation and death;  
 419 and the scientific, ethical, and legal implications of  
 420 confidentiality and informed consent;  
 421
- 422 IV.B.1.c).(3) the economics of health care and current health  
 423 care management issues, such as cost-effective  
 424 patient care, practice management, preventive  
 425 care, population health, quality improvement,  
 426 resource allocation, and clinical outcomes; and,  
 427
- 428 IV.B.1.c).(4) instruction and experience in providing  
 429 consultation.  
 430
- 431 **IV.C. Clinical Experiences**  
 432
- 433 IV.C.1. Fellows must have a minimum of 12 months of clinical experience.  
 434
- 435 IV.C.2. Clinical responsibilities must be structured so that progressive  
 436 clinical, technical, and consultative experiences are provided to  
 437 enable the fellows to develop expertise as a developmental-  
 438 behavioral pediatric consultant.  
 439
- 440 IV.C.3. Fellows must have longitudinal responsibility for providing care to  
 441 a panel of patients throughout their educational program that is  
 442 supervised by one or more members of the developmental-  
 443 behavioral pediatrics program faculty.  
 444
- 445 IV.C.3.a) This must include longitudinal care of outpatients.  
 446
- 447 IV.C.3.b) The panel of patients must be representative of the types  
 448 of developmental-behavioral disorders fellows are likely to  
 449 encounter once they complete the program.  
 450
- 451 IV.C.4. Fellow education must include experience serving as a role model  
 452 and providing supervision to residents and/or medical students.  
 453
- 454 **IV.D. Scholarly Activity**  
 455
- 456 IV.D.1. Fellows' Scholarly Activity  
 457
- 458 IV.D.1.a) The program must have a core curriculum in research and  
 459 scholarship.

- 460  
461 IV.D.1.a).(1) Where appropriate, the curriculum should be a  
462 collaborative effort involving all pediatrics  
463 subspecialty programs at the institution.  
464  
465 IV.D.1.b) The program must provide a Scholarship Oversight  
466 Committee for each fellow to oversee and evaluate the  
467 fellow's progress as relates to scholarly activity.  
468  
469 IV.D.1.b).(1) Where applicable, the fellow Scholarship Oversight  
470 Committee should be a collaborative effort involving  
471 other pediatric subspecialty programs or other  
472 experts.  
473  
474 IV.D.1.c) Each fellow must design and conduct a scholarly project in  
475 the area of developmental-behavioral pediatrics with  
476 guidance from the fellowship program director and a  
477 designated mentor. The designated mentor must:  
478  
479 IV.D.1.c).(1) be approved by the Scholarship Oversight  
480 Committee; and,  
481  
482 IV.D.1.c).(2) have expertise in the fellow's area of scholarly  
483 interest, either as a faculty member in  
484 developmental-behavioral pediatrics or through  
485 collaboration with other departments or divisions.  
486  
487 IV.D.1.d) Fellows' scholarly experience must begin in the first year  
488 and continue for the entire length of the educational  
489 program.  
490  
491 IV.D.1.d).(1) The experience must be structured to allow  
492 development of requisite skills in research and  
493 scholarship, and provide sufficient time for project  
494 completion, and presentation of results to the  
495 Scholarship Oversight Committee.  
496  
497 IV.D.2. Faculty Scholarly Activity  
498  
499 IV.D.2.a) Faculty members' scholarly activity must be in a field such  
500 as basic science, clinical care, health services, health  
501 policy, quality improvement, or education as relates to  
502 developmental-behavioral pediatrics.  
503  
504 **V. Evaluation**  
505  
506 See International Foundational Requirements, Section V.  
507  
508 **VI. The Learning and Working Environment**  
509  
510 **VI.A. Principles**

511		
512		See International Foundational Requirements, Section VI.A.
513		
514	<b>VI.B.</b>	<b>Patient Safety</b>
515		
516		See International Foundational Requirements, Section VI.B.
517		
518	<b>VI.C.</b>	<b>Quality Improvement</b>
519		
520		See International Foundational Requirements, Section VI.C.
521		
522	<b>VI.D.</b>	<b>Supervision and Accountability</b>
523		
524	VI.D.1.	Lines of responsibility for the fellows must be clearly defined.
525		
526	<b>VI.E.</b>	<b>Professionalism</b>
527		
528		See International Foundational Requirements, Section VI.E.
529		
530	<b>VI.F.</b>	<b>Well-Being</b>
531		
532		See International Foundational Requirements, Section VI.F.
533		
534	<b>VI.G.</b>	<b>Fatigue</b>
535		
536		See International Foundational Requirements, Section VI.G.
537		
538	<b>VI.H.</b>	<b>Transitions of Care</b>
539		
540		See International Foundational Requirements, Section VI.H.
541		
542	<b>VI.I.</b>	<b>Clinical Experience and Education</b>
543		
544		See International Foundational Requirements, Section VI.I.
545		
546	<b>VI.J.</b>	<b>On-Call Activities</b>
547		
548		See International Foundational Requirements, Section VI.J.