

International Advanced Specialty Program Requirements Summary of Requirements for a Newly Accredited Subspecialty

Advanced Specialty Requirements for: **Developmental-Behavioral Pediatrics**
Proposed Effective Date: **1 October 2023**

Comments are currently being solicited on Program Requirements for a newly accredited subspecialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new requirements.

The Review Committee-International will use the comments provided to determine the final Program Requirements, which will be posted on the ACGME-I website once they are approved.

Requirement Number	Line Number	Rationale
II.A. Section on Program Director	51-84	These requirements are consistent across all pediatrics subspecialties. Having common Advanced Specialty Requirements will simplify program development and implementation for designated institutional officials, program directors, and faculty members.
II.B.1. To ensure the quality of the education and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least twocore faculty members, including the program director.	88-91	
II.D. Section on Resources	194-217	
III.A.1. Prior to appointment in the program, fellows should have completed an ACGME or ACGME-I-accredited residency program in pediatrics, or a pediatric residency acceptable to the Sponsoring Institution's Graduate Medical Education Committee.	223-226	
IV.A.1.a)(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.	241-243	
IV.A.1.b).(1)-IV.A.1.b).(1).(a).(iv).(a) Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate competence in the clinical skills needed in developmental-behavioral pediatrics, including: (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	247-282	

management plans; (ii) providing transfer of care that ensures seamless transitions; (iii) Providing for or coordinating with a medical home for patients with complex and chronic diseases; (iii) promoting emotional resilience in children, adolescents, and their families, including (a) providing care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family.		
IV.A.1.c).(1) and IV.A.1.c).(1).(a) Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate knowledge of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and teaching methods.	339-351	
IV.A.1.d) (1) Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.	371-375	
IV.A.1.e) (1) Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.	379-382	
IV.A.1.f) (1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care in the country or region in which they practice, as well as the ability to call effectively on other resources in the system to provide optimal health care.	386-391	
VI.I.1. Lines of responsibility for the fellows must be clearly defined.	524	
I.A.1. A fellowship in developmental-behavioral pediatrics must function as an integral part of an ACGME-I accredited residency program in pediatrics.	33-35	The relationship between the pediatrics residency and the fellowship can take many forms. The Review Committee-International does not expect a financial relationship but does expect that there is a system to ensure effective communication, planning, and evaluation of

		educational experiences between the two programs. Examples include (1) faculty members from the residency and fellowship programs collaborating to plan rotations in developmental-behavioral pediatrics for residents; (2) faculty members of the fellowship program being involved in teaching residents from the pediatrics residency program; or (3) fellows being involved in teaching and providing education to pediatrics residents.
<p>II.A.1. and 2. The program director must demonstrate a record of ongoing involvement in scholarly activity.</p> <p>The program director must demonstrate a record of mentoring or guiding fellows in the acquisition of competence in the clinical, teaching, research, quality improvement, and advocacy skills pertinent to the discipline.</p>	53-59	Development of competence in research is considered fundamental to the education of pediatric subspecialists. The requirements for program director and faculty member engagement in scholarly activity and the requirements related to fellow scholarly activity support this development. Scholarly activity is interpreted broadly to include basic science, clinical care, education, health policy, health services, patient safety, and quality improvement research.
<p>IV.D.1. Section on Fellow Scholarly Activity</p>	456--495	
<p>II.B.3.-II.B.3.d) Qualified faculty members in the following pediatric subspecialties must be available for the education of fellows: a) adolescent medicine; b) child and adolescent psychiatry; c) child neurology; and, d) medical genetics.</p>	105-114	The pediatric subspecialties listed are those considered essential for fellow education and quality patient care in developmental-behavioral pediatrics.
<p>II.B.4.-II.B.4.u) The faculty should also include the following specialists with substantial experience in treating pediatric problems: a) allergist and immunologist(s); b) dermatologist(s); c) neonatologist(s); d) neurological surgeon(s); e) ophthalmologist(s); f) orthopaedic surgeon(s); g) otolaryngologist(s); h) palliative care specialist(s); i) pediatric cardiologist(s); j) pediatric child abuse physician(s); k) pediatric endocrinologist(s); l) pediatric gastroenterologist(s); m) pediatric hematology-oncologist(s); n) pediatric infectious</p>	116--159	The requirement for other faculty members is tailored to fit the needs of the educational program for developmental-behavioral pediatrics. This is intended to relieve the burden of requiring non-essential faculty members, and clearly identifies which specialists are essential for the education of fellows. Having faculty members from related disciplines should

<p>disease specialist(s); o) pediatric nephrologist(s); p) pediatric pulmonary medicine specialist(s); q) pediatric rheumatologist(s); r) pediatric surgeon(s); s) physiatrist(s); t) radiologist(s); and, u) urologist(s).</p>		<p>enhance fellow education, patient safety, and patient care quality by providing interdisciplinary education and care.</p>
<p>IV.A.1.c).(1).(c) Fellows must demonstrate an understanding of the major diagnostic classification schemas in the current versions of <i>The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood</i> (DC;0-3), <i>The Diagnostic and Statistical Manual of Mental Disorders</i>, and <i>The Diagnostic and Statistical Manual for Primary Care</i>.</p>	<p>360-367</p>	<p>As subspecialists and consultants, developmental-behavioral pediatrics fellow must have a working knowledge of these resources. This is important, not only for delivery of collaborative care with other specialists, but also to provide fellows with the ability understand when and with whom to consult when providing developmental-behavioral pediatrics care.</p>