

Frequently Asked Questions for Advanced Specialty Requirements: Pediatrics
(effective: July 1,2026)
Review Committee-International
ACGME International (ACGME-I)

Question	Answer
Program Personnel and Resources	
<p>How does the Review Committee-International assess faculty member expertise in the subspecialty areas of pediatrics?</p> <p><i>Advanced Specialty Requirement: II.B.5.</i></p>	<p>In the absence of faculty members with subspecialty certification, faculty members responsible for the educational experience must have subspecialty education and training, clinical practice, and demonstrated scholarship with a primary focus in the subspecialty.</p>
Specialty-Specific Educational Program	
<p>How can the program determine the procedural skills that are essential for pediatric practice?</p> <p><i>Advanced Specialty Requirements: IV.A.1.b).(1).(r) and IV.C.5.</i></p>	<p>The procedural skills a resident will need to develop will be determined by the program director (or the program director's designee) in collaboration with the resident, considering program aims, the resident's future career plans, and the needs of the country or jurisdiction. 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 may be used to develop residents' competence in such procedures.</p>
<p>What is meant by an individualized curriculum, and does it include electives?</p> <p><i>Advanced Specialty Requirement: IV.C.4.a)</i></p>	<p>The individualized curriculum is part of an individual learning plan (ILP). This means that a resident's educational assignments are tailored to the unique needs of that resident as related to that individual's interests/career goals. While the individualized curriculum may include some electives, the majority of the educational units should be selected by the program director (with input from the resident) to best fit the future plans of the resident. The assignments tailored to a resident's ILP can be spread out over the duration of the educational program.</p>

<p>Is there a requirement for the maximum length of inpatient experience?</p> <p><i>Advanced Specialty Requirement: IV.C.4.b)</i></p>	<p>No. However, the program director must continue to provide an appropriate balance between outpatient and inpatient educational units.</p>
<p>How can the 10 required educational units of inpatient care experiences be structured to meet all required rotations?</p> <p><i>Advanced Specialty Requirement: IV.C.4.b)</i></p>	<p>One way to meet the inpatient care requirements would be that residents be scheduled for two months (or two educational units) in the neonatal intensive care unit, two months (or two educational units) in the pediatric intensive care unit, one month (or one educational unit) in the term newborn care unit, four months (or four educational units) in general pediatric hospital medicine, and one month (or one educational unit) in two subspecialty rotations, such as cardiology, endocrinology, hematology-oncology, nephrology, or neurology.</p>
<p>Are the three additional required educational units of single subspecialty experiences or combinations of subspecialty experiences included as part of the six required units of an individualized curriculum?</p> <p><i>Advanced Specialty Requirement: IV.C.4.(c).(4)</i></p>	<p>While the six units of an individualized curriculum may include any of the subspecialties listed in IV.C.4.(c).(4), residents must complete the six educational units of their individualized curriculum AND the three additional educational units listed in IV.C.4.(c).(4).</p>
<p>What experiences count toward the two educational units of general ambulatory pediatric clinic experience?</p> <p><i>Advanced Specialty Requirement: IV.C.4.d).(1)</i></p>	<p>Clinical experiences in an ambulatory setting should align with pediatric practice trends for the care of well children, the acutely ill, and those with chronic diseases. The two educational units of general ambulatory pediatric clinic are in addition to the requirement for clinical experiences in a 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 independent practice.</p>
<p>How should longitudinal outpatient experiences be scheduled to meet the requirement for a minimum of 36 half-days?</p> <p><i>Advanced Specialty Requirement: IV.C.6.</i></p>	<p>Residents can only achieve a long-term therapeutic relationship with a panel of patients if the longitudinal general pediatric outpatient experience takes place for the entirety of the educational program. The requirement defines the minimum number of outpatient half-day sessions. The outpatient sessions can occur in a longitudinal setting where residents follow their own patients throughout the course of the educational program in general pediatric or subspecialty settings. While no maximum number of sessions is defined, the program director should provide an appropriate mix of inpatient and outpatient experiences for their residents.</p>