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August 26, 2011

Caroline Fischer, MBA  
Executive Director, Review Committee for Pediatrics  
Accreditation Council for Graduate Medical Education  
515 N. State Street, Suite 200  
Chicago, IL 60654

RE: Program Requirements for Graduate Medical Education in Pediatrics  
Proposed Effective Date July 1, 2013

Dear Ms. Fischer,

As members of the Executive Committee of the Council of Pediatric Subspecialties (CoPS), we are writing to summarize our review and recommendations regarding the proposed revisions of the Program Requirements for Graduate Medical Education in Pediatrics. The views detailed in this letter represent the opinions of the CoPS leadership, the consensus of a conference call on July 26, 2011 co-sponsored by CoPS and the Association of Pediatric Program Directors (APPD), and the results of a survey sent to subspecialty program directors in August 2011. Eighty-two program directors responded to the survey.

Several themes were discussed during the conference call, including:

1. Preparation of pediatric residency graduates for subspecialty training
2. Potential impact of the proposed requirements on the pipeline to fellowship
3. Modifications in required procedures
4. Mentors, mentoring and unreimbursed costs

The survey focused on the impact of the proposed changes on:

1. Preparation of residents for fellowship training,
2. Scholarly productivity of fellows
3. Preparedness of future general pediatric graduates to anchor medical homes, especially for medically-complex infants.
4. The length of pediatric residency

### **1.Preparation of pediatric residency graduates for subspecialty training (Lines 715-717; lines 723-724)**

During recent years fellowship program directors have observed reduced confidence or competence of first year fellows. This suggests a decline in the preparatory training that trainees are receiving during their pediatric residency. This can require that subspecialty programs provide remedial or pre-training for first year fellows. Less preparation could

translate into less autonomy for fellows and more faculty time to supervise them. Given declines in the rigor of pediatric training, incoming fellows may lack the ability to integrate general pediatrics into their subspecialty training. Of the 82 responding program directors, 39% indicated that the new regulations would have a negative effect on preparation, 37% indicated that effects would be positive, and 26% were unsure.

*CoPS is concerned that requiring only two units each of training in critical care areas, NICU and PICU, will further reduce the competency of graduating pediatric residents, especially those who enter fellowship training.*

While the reduction in the number of required inpatient units may decrease the experience of the average resident, residents who plan to enter subspecialty training will have new, flexible opportunities to use their individualized educational units to prepare more thoroughly for fellowship. The proposed requirements would allow, as an example, a resident to have several additional months of neonatology or critical care during their core pediatric training.

*CoPS believes that the flexibility provided by the proposed requirements can compensate for the experiences lost by limiting inpatient experiences to 16 units and reducing the required critical care experiences to 4 units. However, taking full advantage of the flexibility requires early decisions by residents and effective mentoring by residency programs.*

### **1. Potential Impact on the Pipeline to Fellowship (Lines 704-710)**

The new requirements that allow flexible training may have an unintended consequence. Rather than allowing more time for residents to decide whether they wish to pursue subspecialty training, the proposed requirements of six individualized units of education may force residents to make early career decisions and potentially reduce their exposure to other subspecialties. Limiting the overall clinical exposure that residents receive during their core pediatric training may adversely affect the recruitment of residents to subspecialties that have few faculty or limited resources to provide individualized training.

*CoPS is concerned that flexible training may encourage hasty career decisions and hasty attempts at providing individualized experiences.*

### **3. Modifications in Required Procedures (Lines 518-579)**

Concern was expressed about the “downgrading” of endotracheal intubation. In the real world, especially in rural locations, pediatricians can be called upon to intubate. An inevitable effect of reducing the number of necessary procedures will be a reduction in the abilities of graduating trainees. The responding program directors expressed concern that community pediatricians would no longer be able to function as a local resource for sicker children, especially newborn infants; the newborn nursery could become the responsibility of neonatologists.

*CoPS recommends that endotracheal intubation remain a required procedural skill for graduating pediatric residents. CoPS agrees with the recommendation that bag and mask ventilation should be a required procedural skill for graduating pediatric residents.*

### **4. Mentors, Mentoring and Unanticipated Costs (Lines 931-936)**

The new requirements increase the need for effective career mentoring of residents. Many programs will need to restructure how they identify and assign mentors or advisors and how they provide oversight of the mentors and advisors. Departments may not have the resources to protect and compensate the faculty mentors or advisors, especially if subspecialists working in ambulatory-based subspecialties are now asked to be mentors for residents. Some subspecialists already serve as mentors for fellow trainees and may have insufficient time or resources to mentor pediatric residents.

*CoPS is concerned that programs may not be prepared to provide effective mentoring for residents, and departments may not be able to provide compensated release time so that subspecialists can serve as mentors for pediatric residents.*

## **5. Additional Survey Results**

The program director's survey identified the following additional concerns. 1. The proposed regulations will have an uncertain impact on the scholarly productivity of fellow trainees. The productivity could be reduced if fellows are required to a) compensate for the clinical service lost by having fewer residents rotating on critical care rotations and b) supervise inexperienced pediatric residents more closely. Ultimately, this could lead to a reduction in the number and quality of pediatric clinician-scientists. 2. The proposed regulations could reduce the ability of practicing pediatricians to serve as the medical home for medically-complex or medically-fragile children. This could place a greater burden on subspecialties and subspecialists. 3. Some respondents were concerned that any additional reductions in the expectations of pediatric residency training may further erode the concept of patient ownership. 4. Some respondents indicated that residents will need extended time to acquire the skills necessary for competent practice or effective entry into subspecialty fellowship training.

Overall, we congratulate the review committee for their creation of a comprehensive, thoughtful document. With modifications, as suggested by the above commentary, CoPS believes that the document can serve as useful roadmap for the efficient and effective training of pediatric residents. We thank you for the opportunity to review the document and to provide our recommendations.

Sincerely,

James F. Bale, Jr. MD  
Dan Coury, MD  
Christopher Kennedy, MD  
Richard Mink, MD  
Victoria Norwood, MD  
Robert Spicer, MD