

March 6, 2023

Attention SDBP Members:

I'm writing to alert you to an important and time-sensitive developing issue – the recent **changes in Pediatric Residency education** proposed by the Accreditation Council for Graduate Medical Education (ACGME, the body that governs Pediatric Residency programs) that could **deal a significant blow to the viability of the DBP field**. We will hold an **SDBP Connect on Wednesday, March 15 from 4:30-5:15 pm PT (7:30-8:15 pm ET)** [Zoom link to follow], but before then, I would like to get the word out about these changes and why I feel it is critical that we act quickly and loudly.

Note that **April 5th is the deadline to enter feedback on the ACGME website (see info below)** regarding these proposed changes.

- In a nutshell, the ACGME's proposed changes state that **Pediatric Residency programs would no longer be required to have a board-certified Developmental-Behavioral Pediatrician on faculty**.
- Instead, the ACGME now proposes that programs can utilize individuals who do not have DBP subspecialty certification (including general pediatricians) to teach developmental-behavioral pediatrics knowledge and skills to their residents. Please click on the links to view the documents: "[ACGME changes pediatric impact](#)" for summary of all proposed changes and "[full document](#)" for full details of changes.

I have the following concerns about the proposed changes that I invite you to consider and evaluate:

- This change would **remove the quality control standard for DBP rotations**. Currently, Pediatric Residents must be taught the principles and practices of medical evaluation/diagnostic work-up and medical treatment for developmental and behavioral disorders by individuals who have undergone rigorous and systematic training verified by passing a formal examination. With the proposed change, general pediatricians could lead DBP rotations. Although some DBP rotations could be led/co-led by our outstanding DB psychologists, other Pediatric Residency programs lack access to psychologists with specific expertise in developmental disorders. Additionally, since there is not 100% overlap between the skill sets of DB pediatricians and DB psychologists, Pediatric residency education, training, knowledge, and skills could suffer greatly when they are not taught by DB pediatricians who conduct medical evaluations for our patient population.
- Hence, there is concern that the long-term unintended consequence of the ACGME's change may include an **exacerbation of primary care pediatricians' deficits in DBP-related knowledge and skills** needed to: understand the appropriate and comprehensive diagnostic evaluation for children with suspected developmental disabilities and behavior disorders; serve children with DD as an adequate medical home; deliver primary care that addresses their unique needs; and collaborate effectively with the specialty services that they require.
- By removing exposure to certified DBPs as models and mentors for Pediatric residents, I am also concerned that the ACGME is **decreasing the likelihood that trainees will become interested in and pursue DBP subspecialty training**. This will decrease the pipeline of individuals entering the DBP field and worsen the nationwide shortage of DBPs (of whom there are currently <800 nationwide).
- Another unintended consequence of the proposed changes could be that the **academic medical centers which house Pediatric Residency programs will have no incentive to hire DBP and offer subspecialty-level DBP clinics** since these clinics are not financially lucrative. This will make DBP care even harder for families to access than it is now. Although well-resourced families may be able to travel to and pay out-of-pocket for the care of the small number of DBPs in private practice, disparities in access to care will be exacerbated for children with DD who have fewer resources. Hence, these changes may worsen health care inequities.

SDBP is in the process of planning an **SDBP Connect** for us to gather as a society and discuss the changes and what they might mean for the care of our patients and our professions. We will send out another REMINDER of that session with zoom link taking place next week: Wednesday, March 15 from 4:30-5:15 pm PT (7:30-8:15 pm ET). In the

meantime, I encourage you to share word of these changes with colleagues, family and self-advocates, and other stakeholders/stakeholder organizations.

Also, please know and share that there is a time-limited opportunity: **UNTIL April 5th** to express feedback to the ACGME (and to try to bring about a course correction if you feel that is needed). **You can express your feedback by clicking on this link:**

[Review and Comment \(acgme.org\)](https://www.acgme.org)

To enter comments, you would then scroll past the Shaping GME section, going about 1/3 way down the page, to this “Requirements for Review and Comment” section:

Requirements for Review and Comment

Specialty	Type of Revision	Requirements/Impact Statement	Comment Form	Deadline for Comments	Status
Pediatrics	Major	 Impact Statement  Program Requirements	Review and Comment Form	April 5, 2023	Open for Comment
Otolaryngology - Head and Neck	Interim	 Impact Statement	Review and	March 20, 2023	Open for Comment

Then click on the Pediatrics “Review and Comment Form.” This allows individuals to enter comments into the system by selecting for the “Requirements for Comment” section either “Additional Feedback” or a specific section (Section II.B.1.e or Section II.B.3.c), then entering feedback in the box immediately below.

Best regards,

Tanya

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