INTRODUCTION

A university wishing to have an accredited program in Developmental Pediatrics must also sponsor an accredited program in Pediatrics.

The purpose of this document is to provide program directors, surveyors and residents with an interpretation of the general standards of accreditation as they relate to the accreditation of programs in Developmental Pediatrics. This document should be read in conjunction with the General Standards of Accreditation, the Objectives of Training and the Specialty Training Requirements in Developmental Pediatrics.

STANDARD B1: ADMINISTRATIVE STRUCTURE

There must be an appropriate administrative structure for each residency program.

Please refer to Standard B1 in the General Standards of Accreditation for the interpretation of this standard. The program director should have Royal College certification in Developmental Pediatrics, or equivalent acceptable to the Royal College.

STANDARD B2: GOALS AND OBJECTIVES

There must be a clearly worded statement outlining the goals of the residency program and the educational objectives of the residents.

The general goals and objectives for Developmental Pediatrics are outlined in the Objectives of Training and the Subspecialty Training Requirements in Developmental Pediatrics. Based upon these general objectives, each program must develop rotation specific objectives suitable for that particular program, as noted in Standard B2 of the General Standards of Accreditation.

STANDARD B3: STRUCTURE AND ORGANIZATION OF THE PROGRAM

There must be an organized program of rotations and other educational experiences, both mandatory and elective, designed to provide each resident with the opportunity to fulfill the educational requirements and achieve competence in the subspecialty.

The structure and organization of each accredited program in Developmental Pediatrics must be consistent with the training requirements as outlined in the Objectives of Training and the Subspecialty Training Requirements in Developmental Pediatrics.

Residents must be provided with increasing individual professional responsibility, under appropriate supervision, according to their level of training, ability and experience.
STANDARD B4: RESOURCES

There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the Royal College subspecialty training requirements in Developmental Pediatrics.

In those cases where a university has sufficient resources to provide most of the training in Developmental Pediatrics but lacks one or more essential elements, the program may still be accredited provided that formal arrangements have been made to send residents to another accredited residency program for periods of appropriate prescribed training.

Learning environments must include experiences that facilitate the acquisition of knowledge, skills, and attitudes relating to aspects of age, gender, culture, and ethnicity appropriate to Developmental Pediatrics.

1. Teaching Faculty

There must be a sufficient nucleus of Developmental Pediatrics teaching staff who have experience and knowledge of the care of children with developmental conditions to provide adequate supervision of the residents and to ensure the educational and research quality of the program. At least two of the faculty (one of whom must be the program director) must have completed two years of formal training in Developmental Pediatrics or have Developmental Pediatrics experience in an academic centre for five or more years with a minimum 80% time commitment to Developmental Pediatrics.

There must be sufficient numbers of qualified teaching staff from related disciplines to provide adequate instruction and supervision of residents in the subspecialty areas related to Developmental Pediatrics.

2. Number and Variety of Patients

The core developmental facilities must meet the following criteria:

a. Have sufficient numbers of children across the 0 – 18 year age span to provide experience with a wide range of developmental and behavioural conditions; and

b. Patient populations must include the full spectrum of disorders and variations of development.

3. Clinical Services Specific to Developmental Pediatrics

The developmental pediatric clinical services must be organized and dedicated to formal teaching with an identified faculty member in charge to whom the resident is responsible.

a. Core developmental pediatrics rotations

b. Child and adolescent psychiatry

b. Medical genetics and metabolic diseases

d. Pediatric neurology

The clinical service must have adequate space for administration, teaching, and research.
4. Supporting Services: Clinical, Diagnostic, Technical

There must be access to all of the areas specified in the *Objectives of Training for Developmental Pediatrics*.

Consultative services must be readily available from major rehabilitation disciplines including psychology, speech-language pathology, occupational therapy, physiotherapy, audiology, nursing, nutrition, and social work. In addition, diagnostic imaging, otolaryngology, and ophthalmology services must be available. Access to specialized musculoskeletal care (orthopedic surgery/physical medicine and rehabilitation) and pediatric neurosurgery must be available. There should be access to a palliative care service and a chronic pain service.

There must be opportunity to liaise with community-based early intervention or developmental programs.

There must be access to a range of experiences for advocacy opportunities, which may include: community developmental services, schools, and other government or not-for-profit services.

There must be access to an ethicist.

There must be adequate space, equipment, and computer services.

There must be access to a research methodologist and support for data analysis and statistical consultation for both faculty and residents.

**STANDARD B5: CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM**

The clinical, academic and scholarly content of the program must be appropriate for university postgraduate education and adequately prepare residents to fulfil all of the CanMEDS Roles of the specialist. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside and in clinics, and in seminars, rounds, and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

Please refer to Standard B5 in the *General Standards of Accreditation*, the *Objectives of Training*, the *Subspecialty Training Requirements in Developmental Pediatrics*, and the CanMEDS Framework for the interpretation of this standard. Each program must develop a curriculum for each of the CanMEDS Roles, which reflects the uniqueness of the program and its particular environment. Specific additional requirements are listed below.

1. **Medical Expert**

   The *General Standards of Accreditation* apply to this section.

2. **Communicator**

   The *General Standards of Accreditation* apply to this section.
3. Collaborator

In addition to the General Standards of Accreditation, the following requirements apply:

- Residents **must** be given opportunities to assist in longitudinal coordination of care.

4. Manager

In addition to the General Standards of Accreditation, the following requirements apply.

- The program **must** provide residents with opportunities to gain an understanding of the community system of service provision to children with developmental conditions and their families.

5. Health Advocate

In addition to the General Standards of Accreditation, the following requirements apply to this section:

- The program **must** be able to demonstrate that residents are able to understand, respond to and promote the developmental health and well-being of their patients, families, their communities and the populations they serve.

- In addition, the program **must** provide a range of experiences for advocacy opportunities, which may include: community developmental services, schools, and other government or not-for-profit services.

6. Scholar

In addition to the General Standards of Accreditation, the following requirements apply:

- The program **must** provide the opportunity for residents to attend a national or international academic conference with Developmental Pediatric content.

- The program **must** ensure sufficient resources are in place to support residents’ completion of a scholarly project.

7. Professional

The General Standards of Accreditation apply to this section.

**STANDARD B6: ASSESSMENT OF RESIDENT PERFORMANCE**

There **must** be mechanisms in place to ensure the ongoing systematic collection and interpretation of assessment data on each resident enrolled in the program.

Please refer to Standard B6 in the General Standards of Accreditation for the interpretation of this standard.

In addition to the General Standards of Accreditation, the following requirements apply:
- The in-training assessment process must include completion of a rotation specific In-training Evaluation Report (ITER) at the end of each rotation, with oral and written feedback. Programs must provide evidence of formative feedback to their resident on an annual basis, using structured tools, including but not limited to:
  - structured oral assessment
  - structured assessment of a clinical encounter report (STACER-like) assessment
  - objective structured clinical examination (OSCE)
  - portfolio

- The program director must meet with residents and document formative and summative feedback regarding the residents’ performance every six months. The feedback must be based on all of the CanMEDS Roles.

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