



**ACGME International**

**Advanced Specialty Program Requirements for  
Graduate Medical Education in  
Pediatric Urology  
(Urology)**

Reformatted: 1 April 2022  
Initial Approval: 19 February 2021

**ACGME International Specialty Program Requirements for  
Graduate Medical Education  
in Pediatric Urology (Urology)**

**Int. Introduction**

*Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.*

**Int. I. Definition and Scope of the Specialty**

Pediatric urology is the subspecialty of urology that comprises the diagnosis, management, and treatment of fetal, perinatal, childhood, pre-adolescent, and adolescent genitourinary and adrenal abnormalities and diseases, and the promotion of health with prevention of disease. Education in pediatric urology includes experience with fetal and genetic evaluation; pediatric endocrinology; issues of renal disease, such as chronic renal insufficiency and transplantation; congenital and acquired neurological diseases affecting the urinary tract, such as spina bifida and neurogenic bladder; treatment and management of congenital genitourinary abnormalities and reconstructive urology across all ages.

**Int. II. Duration of Education**

Int. II.A. The educational program in pediatric urology must be 12 or 24 months in length.

**I. Institution**

**I.A. Sponsoring Institution**

I.A.1. A fellowship in pediatric urology must function as an integral part of an ACGME-I-accredited residency in urology.

I.A.2. The program must be based at a children's hospital or a medical center with pediatric medical, surgical, and imaging capabilities.

**I.B. Participating Sites**

I.B.1. Assignments at participating sites must be for a minimum of one month to ensure a quality educational experience and must provide sufficient opportunity for continuity of care.

**II. Program Personnel and Resources**

**II.A. Program Director**

II.A.1. The program director must be meaningfully involved in the associated urology residency program.

II.A.2. The program director must review the fellows' ACGME-I Case Logs quarterly.

II.A.2.a) The review should be conducted to ensure that each graduating fellow has performed the minimum number of essential operative cases and case categories as established by the Review Committee-International.

II.A.2.b) All operative procedures in which fellows act as Surgeon, Assistant, or Teaching Assistant must be separately documented.

## **II.B. Faculty**

II.B.1. In addition to the program director, there must be a minimum of one core pediatric urology faculty member for each pediatric urology fellow enrolled in the program.

## **II.C. Other Program Personnel**

See International Foundational Requirements, Section II.C.

## **II.D. Resources**

II.D.1. The program should have technologically current and pediatric-specific diagnostic and treatment facilities suitable for the care of pediatric patients, including:

II.D.1.a) anesthesia and pain management;

II.D.1.b) body imaging and urodynamics equipment; and,

II.D.1.c) interventional radiology.

II.D.2. The program must ensure adequate space and equipment for the educational program, including meeting rooms and classrooms, educational aides, and sufficient office space for fellows and staff members.

II.D.3. The program must see a broad spectrum of urologic disease and a sufficient volume and variety of pediatric urology surgical procedures.

II.D.3.a) There must be a minimum of 500 pediatric urological procedures performed each year.

II.D.3.b) There must be a minimum of 2,000 pediatric urologic outpatient visits per year, including urology subspecialty clinics.

II.D.4. The Sponsoring Institution must provide a sufficient volume and variety of pediatric urology experience to meet the needs of the fellows' education without compromising the quality of resident education in the affiliated urology residency program.

### **III. Fellow Appointment**

#### **III.A. Eligibility Criteria**

III.A.1. Prior to appointment in the program, fellows should have completed an ACGME-I-accredited residency program in urology, or a urology residency program acceptable to the Sponsoring Institution's Graduate Medical Education Committee.

#### **III.B. Number of Fellows**

See International Foundational Requirements, Section III.B.

### **IV. Specialty-Specific Educational Program**

#### **IV.A. ACGME-I Competencies**

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Fellows must 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:

IV.A.1.b).(1).(a) multidisciplinary management of myelomeningocele and other neuropathic bladder entities;

IV.A.1.b).(1).(b) multidisciplinary management of patients with problems relating to sexual development and medical aspects of disorders of sex development states;

IV.A.1.b).(1).(c) multidisciplinary management of patients with urologic tumors;

IV.A.1.b).(1).(d) multidisciplinary management of nephrological and endocrinologic (adrenal) disease;

- IV.A.1.b).(1).(e) multidisciplinary management of patients with urologic trauma;
- IV.A.1.b).(1).(f) management of genitourinary infections; and,
- IV.A.1.b).(1).(g) performance of prenatal and postnatal genetic counseling for genitourinary tract anomalies.
- IV.A.1.b).(2) Fellows must demonstrate competence in all surgical aspects of pediatric urology, and log cases performed in the ACGME-I Case Log System, including:
  - IV.A.1.b).(2).(a) conducting inpatient and outpatient consultations requiring management of pediatric urologic disease, with graded responsibility for patient care;
  - IV.A.1.b).(2).(b) using imaging modalities specific to the care of pediatric patients, to include ultrasonography, fluoroscopy, computed tomography, magnetic resonance imaging, and nuclear scintigraphy;
  - IV.A.1.b).(2).(c) performing and evaluating urodynamic studies; and,
  - IV.A.1.b).(2).(d) managing pre- and post-operative treatment of severely ill neonates, children, pre-adolescents, and adolescents with genitourinary problems who require intensive medical care (i.e., neonatal or pediatric intensive care unit management).
- IV.A.1.c) Medical Knowledge
  - IV.A.1.c).(1) 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 the ability to integrate knowledge of the following into care of the pediatric urology patient:
    - IV.A.1.c).(1).(a) pediatric diseases and diagnoses, including:
      - IV.A.1.c).(1).(a).(i) acute and chronic renal diseases;
      - IV.A.1.c).(1).(a).(ii) endocrinology; and,
      - IV.A.1.c).(1).(a).(iii) nephrology.
    - IV.A.1.c).(1).(b) quality and patient safety measures;

- IV.A.1.c).(1).(c) imaging of the pediatric genitourinary tract with a focus on radiation and imaging safety risks; and,
- IV.A.1.c).(1).(d) pharmacology and the safe use of commonly used agents.
- IV.A.1.d) Practice-based Learning and Improvement
- 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.
- IV.A.1.e) Interpersonal and Communication Skills
- 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.
- IV.A.1.f) Systems-based Practice
- IV.A.1.f).(1) Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinates of health, as well as the ability to call effectively on other resources in the system to produce optimal care.

**IV.B. Regularly Scheduled Educational Activities**

- IV.B.1. Didactic conferences must reflect patient evaluation and include:
- IV.B.1.a) morbidity and mortality;
- IV.B.1.b) multidisciplinary urological imaging review; and,
- IV.B.1.c) journal review.
- IV.B.2. A faculty member must supervise each conference.
- IV.B.3. A list of conferences must be maintained and documentation must include the date, conference topic, the name of the presenter(s), and the names of the faculty members and fellows present at each.

**IV.C. Clinical Experiences**

- IV.C.1. Clinical education must consist of 12 or 24 consecutive months of pediatric urology.

IV.C.2. Fellows must work in multidisciplinary teams to learn a wide range of clinical pediatric urology.

IV.C.3. Fellows should attend a minimum of four clinic sessions per month.

**IV.D. Scholarly Activity**

IV.D.1. Fellows' Scholarly Activity

IV.D.1.a) Fellows should participate in scholarly activity, such as manuscript preparation, lectures, teaching activities, abstracts, quality improvement projects, and research project preparation or project completion.

IV.D.2. Faculty Scholarly Activity

See International Foundational Requirements, Section IV.D.2.

**V. Evaluation**

See International Foundational Requirements, Section V.

**VI. The Learning and Working Environment**

See International Foundational Requirements, Section VI.