

A Statement from Child Neurology Residency Program Directors Recommendations for Changes in Child Neurology Residency Training

All child neurology and neurodevelopmental disabilities program directors during the 2025-26 academic year were invited to participate in discussions and propose changes to residency structure. The final curriculum (Table 1) was developed through an inclusive, rigorous, iterative process, including incorporating research-based recommendations that met a $\geq 75\%$ agreement threshold.¹ This statement was developed based on these discussions and curriculum, which was approved with **90% agreement** among responding programs (69% response rate).

The Child Neurology and Neurodevelopmental Disabilities Program Directors recommend, as part of *Shaping GME*ⁱ, the adoption of a four-year categorical child neurology residency program with increased curricular flexibility and a renewed emphasis on child neurology-focused training.

Evolution of Child Neurology Practice

Child Neurology (CN) clinical practice has substantially evolved in recent decades. The **vast majority** of CNs now practice exclusively within the field, with **< 5%** pursuing certification with the American Board of Pediatrics, and **< 3%** providing general neurology care to adults.^{2,3} This shift reflects a marked expansion in knowledge, published research, and patient volume and complexity driven by growth of CN subspecialty providers, clinics, and fellowship pathways.³⁻⁶ In a 2016 CN workforce survey, 88% of respondents reported increased referral volume and 68% increased complexity.⁷ These trends underscore the increasing specialization of the field and need for training structures that align with this evolution.

Positioning Training for the Future of Child Neurology

Change to a 4-Year Categorical Structure: There has been a longstanding interest in modernizing CN training.⁸⁻¹¹ The current five-year structure represents an outlier among medical residencies, whereas most of comparable scope, including Neurology, **require ≤ 4 years.**ⁱⁱ Reducing training to four years and housing the full program within child neurology would better align with contemporary training models, modern practice of CN and opportunities for additional specialization through fellowship training. Maintaining the current five-year structure places **excessive and inequitable training and financial burden** on trainees, may dissuade students from entering the field, and delays entry into fellowship and independent practice.

Emphasize Child Neurology-Focused Learning Environments: As residency training time is finite, it needs to prioritize experiences most relevant to the trainee's intended scope of practice. Under the current model, the **majority of training (60%)** occurs in a clinical learning environment outside of child neurology. The ABPN and ACGME have **already acknowledged**, through the Neuroscience Pathway approved over 30 years ago, that competency in CN can be achieved with one year of pediatrics training. Adult neurology rotations provide important educational value¹¹⁻¹³ – particularly for neurologic localization and exposure to a broad range of conditions. However, in the context of an evolving and increasingly specialized child neurology practice, the current proportion of required adult training **exceeds what is necessary** to achieve these core competencies.⁸ Rebalancing this exposure while preserving its essential elements will allow a much-needed emphasis on CN-specific training and better prepare trainees for future practice.

Increase Flexibility and Integration: A four-year categorical structure would allow programs **flexibility** in delivering core training. Rather than mandating age-based training for all rotations, programs may, for select rotations, determine the clinical context in which a trainee can best learn a given topic. Programs with fewer CN subspecialty services could maintain greater exposure to adult neurology,⁹ whereas those with robust CN subspecialty programs could prioritize CN-specific and integrated learning environments. Increased flexibility would also allow more freedom for program and resident-specific sequencing of training experiences.

Proposed Four-year Curriculum:

We propose the following four-year categorical curriculum based on a review of published surveys and consensus studies in child neurology education **over the past 15 years.**^{1, 2, 9, 14-17} We respectfully request that these recommendations from national leaders in child neurology education be considered during the *Shaping GME* process.

ⁱ Shaping GME: a national initiative led by the ACGME to reassess and modernize graduate medical education training structures and requirements.

ⁱⁱ 4-year residency examples: Neurology, Emergency Medicine, OB/GYN, Psychiatry, Physical Medicine and Rehabilitation

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Table 1: Child Neurology Program Director recommendations for rotation requirements as part of a 4-year categorical curriculum.

Rotation	Recommendation (Months)	Patient Population to Meet Requirement
Adolescent Medicine	0.5	Pediatrics
Developmental/Behavioral Pediatrics and NDD	2	Pediatrics, Child Neurology
Emergency Medicine	1	Pediatrics
Inpatient Pediatrics	3	Pediatrics
NICU + PICU	3	Pediatrics
Newborn	0.5	Pediatrics
Genetics/Neurogenetics	1	Pediatrics, Child Neuro, Adult Neuro
Inpatient Adult Neurology	3	Adult Neurology
Inpatient Child Neurology	8	Child Neurology
Outpatient Neurology	8	Child Neurology, Adult Neurology
Child Psychiatry	1	Pediatrics, Child Neurology
Neurophysiology/EEG	2	Child Neurology, Adult Neurology
Neuroimaging	1	Child Neurology, Adult Neurology
Clinical Electives	7	Pediatrics, Child Neuro, Adult Neuro

- Pediatrics: ≥ 8 , ≤ 12
 - At least 1 mo PICU and 1 NICU
- Adult Neuro: ≤ 12 months; 3 months inpt (min and max) with no more than 1/3 of inpatient being *call only rotations* (defined as rotation designed around a call shift, e.g., night float)
- Child Neuro: ≥ 24
- Integrated Rotations: PD defines what rotations count as integrated, but to count toward CN minimum rotations, >50% must be pediatric
- Peds Continuity Clinic = 12 months
- Child Neuro Continuity Clinic = 36 months

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Child Neurology Residency Program Director Statement FAQs

1. The proposed training structure would not result in American Board of Pediatrics eligibility. Is there precedent for this within child neurology training?

Yes. For over 30 years, the ABPN has endorsed the neuroscience research pathway, which includes only four years of clinical training, with one year of Pediatrics. Additionally, the ABPN accepts one year of general pediatrics training combined with one year of either family medicine or adult internal medicine training—none of those pathways allow ABP eligible. There are also ACGME-accredited child neurology residency programs with two years of general pediatrics that offer ABP ineligibility tracks, providing greater neurology exposure during the pediatrics years.

2. Is there precedent for another child neurology–relevant field dropping ABP eligibility?

Yes. Neurodevelopmental disabilities (NDD) previously required certification in pediatrics, neurology, and neurodevelopmental disabilities. In 2023, with endorsement from the ABPN, ABP certification was no longer required.

3. How were the numbers of child neurologists also boarded in Pediatrics obtained?

Since current numbers are not officially available as the ABP does not publish cross-referenced certification data, the board certification of current diplomats was manually ascertained by searching the respective board websites in 2023 and cross-referenced between Pediatrics and Neurology with Special Qualifications in Child Neurology.

4. Will residents completing this pathway still be eligible for ABPN certification in “Neurology with special qualifications in Child Neurology”?

ABPN requirements will need to be adjusted, however there is precedence for ABPN eligibility without 2 years of general pediatrics training (per FAQ 1).

5. If this change is implemented, will programs be able to continue offering a combined Pediatrics-Child Neurology program resulting in ABP and ABPN board eligibility?

Most likely, yes, pending ACGME approval. Combined programs exist in other specialties, such as pediatrics and medical genetics, where residents integrate rotations throughout their training and are board-eligible in both specialties. Those combined programs would need to retain 2 years of pediatrics training.

6. If child neurologists complete training in 4 years, how does that compare to the length of pediatric subspecialty (fellowship) training?

Child neurology training is not a fellowship or subspecialty; it is an ACGME core specialty that prepares physicians for independent practice and/or further training. Pediatric subspecialty fellowships are pursued after physicians are board-eligible in pediatrics. Similarly, after child neurology residency, many individuals go on to complete fellowships, resulting in a total training duration comparable to pediatric subspecialists.

7. Would the proposed changes differently impact small versus large programs, or those within Pediatrics versus Neurology departments?

The proposed changes introduce more flexibility. Any programs that rely more on adult neurology rotations to provide subspecialty exposure can continue to do so within the maximum of 12 months of adult neurology whereas programs may offer more subspecialty exposure within child neurology and therefore require less time on adult rotations. While there may be institution-specific financial considerations depending on whether programs are housed within pediatrics or neurology departments, the overall educational experience is not expected to differ substantially based on departmental structure.

8. How would the proposed changes impact child neurology graduates pursuing fellowship training?

The proposed structure is anticipated to encourage fellowship training by reducing total training time by one year. Some fellowships, particularly those focused on adult populations, may reassess how they evaluate the preparedness of child neurology applicants. This may promote the development or expansion of fellowships focused on pediatric populations.

9. How would the proposed changes impact child neurology residents' exposure to neurology electives (such as EMG, EEG, neuroradiology, genetics)?

Elective exposure would be enhanced through specific requirements, including required blocks of neurophysiology, neuroradiology and genetics, as well as increasing developmental and behavioral pediatrics from one to two months. The proposed structure also allows for earlier and more flexible integration of elective experiences, including opportunities that combine child neurology-specific learning with adult neurology and general pediatrics.

10. What are the potential financial impacts for training programs and institutions of the proposed changes?

Financial impacts will vary by institution and should be considered in context, but the primary focus should remain on optimizing educational outcomes for trainees. A shift from five to four years of training would reduce the number of funded resident positions per program year, potentially allowing institutions to reallocate resources—for example, by increasing positions in pediatrics or neurology residencies. This is especially relevant as the new general pediatrics requirements have impacted pediatric resident availability for covering hospitalized pediatric neurology patients.

11. How would the proposed changes impact child neurology residency program directors (PDs)?

The proposed system would place child neurology residents under the child neurology PD for all 4 years, enhancing educational continuity. Adding another year of trainees under the child neurology program leadership would require additional protected time divided among PD and associate PDs, depending on program size, per ACGME requirements.

12. How would the proposed changes impact the Child Neurology Basic Neuroscience Research Pathway?

Institutions could continue to offer this pathway as an additional year of research either integrated with the 4-year requirements (resulting in a 5-year residency), or as an additional year as a research fellowship. Moving to a 4-year residency curriculum may encourage more graduates to consider post-residency training in research or clinical subspecialties.