Responding to the Exclusion of Developmental-Behavioral Pediatrics as an American Board of Pediatrics Content Domain for General Pediatrics

Robert G. Voigt, MD*,†, Robert D. Keder, MD‡, Adiaha I. Spinks-Franklin, MD, MPH§, William J. Barbaresi, MD‖

Child development is the basic science of pediatrics,[1] and disorders of development, learning, and behavior are among the most prevalent chronic medical conditions encountered in pediatrics. Just based on Gaussian distribution, 25% of the pediatric population, representing those in the below average, borderline, and intellectually disabled range of intelligence, are at significant risk of struggling with the academic demands of a regular classroom, experiencing school failure, and developing the secondary social, emotional, and behavioral problems that accompany school failure. Furthermore, among preschoolers, developmental surveillance using the recently published 75th percentile evidence-informed developmental milestones may identify up to 25% of children from birth to age 5 years as being at risk of developmental delay.[2] Negative social and systemic drivers of health (e.g., poverty, adverse childhood experiences, racism) further increase the prevalence of developmental-behavioral challenges.

Although pediatric residency training continues to have a focus on inpatient experiences, most primary care pediatricians can now go through their entire careers without ever having to provide inpatient neonatal or pediatric intensive care or, with the advent of pediatric hospital medicine (PHM) as a subspecialty, any inpatient care at all. However, they likely cannot go through more than half a day in their practices without needing to address issues related to child development, learning, or behavior. The Accreditation Council for Graduate Medical Education (ACGME) currently requires only 4 weeks of pediatric residency training in developmental-behavioral pediatrics (DBP).[3] Consequently, there is a significant disproportionate mismatch in hours of required training in DBP to the respective percentage of time spent in primary care addressing DBP-related challenges, and both pediatric residents[4] and primary care pediatricians in practice[5] report inadequate training to care for children with developmental-behavioral concerns.

DBP evolved from general pediatrics as a board-certified subspecialty because of recognition of the increasing prevalence and need to support children across the spectrum of intellectual and developmental disabilities (IDD) and behavior problems through clinical care, education, research, advocacy, and policy. While over 25 million infants, children, adolescents, and young adults younger than 25 years of age[6] are at risk for developmental, learning, or behavioral challenges, currently, there are only 830 board-certified developmental-behavioral pediatricians to whom primary care medical professionals can refer for evaluation.[7] This mismatch makes it clear that most individuals with developmental-behavioral concerns are likely never evaluated by a board-certified DBP subspecialist and must receive care within their primary care medical homes. Thus, given the insufficient workforce of DBP subspecialists,[8] DBP requires a public health framework, which needs to elevate the role of DBP in providing education to pediatricians in training and to pediatric primary care medical professionals in practice around child development and disability (Fig. 1).

Given the prevalence of developmental-behavioral challenges in both primary care and subspecialty pediatric practice, training in DBP ought to be considered essential for every pediatric resident. It should appear obvious then that the organization that certifies pediatricians would emphasize the role of DBP in general pediatric education. However, since 2024, of the 15 pediatric subspecialties sponsored by the American Board of Pediatrics (ABP), only PHM and DBP are not included as specific "Content Domains" in the Content Outline for the ABP General Pediatrics In-Training, Certification, and Maintenance of Certification Examinations.[9] The current ABP General Pediatrics Content Outline does contain the domains of "Mental and Behavioral Health" and "Psychosocial Issues," but both of these domains highlight the importance of child psychiatry and child psychology, while not specifically highlighting DBP. Despite the extraordinarily high prevalence of developmental and behavioral concerns in pediatric medical practice, from their first day of residency, pediatric residents who refer to the ABP General Pediatrics Content Outline to begin their preparation for the ABP Certification Examination in General Pediatrics learn that it is important to study (and/or to possibly consider fellowship training) in every ABP-certifiable subspecialty with the exceptions of PHM and DBP. This may not be as much of an issue for PHM,

* Michael R. Boh Centers for Child Development at Ochsner Children's Hospital, Xavier Ochsner College of Medicine (XOCOM), New Orleans, LO; † The University of Queensland Medical School, Brisbane, Australia; ‡ Developmental-Behavioral Pediatrics Clinic at Connecticut Children's and UCONN School of Medicine, Farmington, CT; § Department of Pediatrics, Baylor College of Medicine, Houston, TX; and ‖ Division of Developmental Medicine, Boston Children's Hospital and Harvard Medical School, Boston, MA.

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Dr. R. G. Voigt is President of the Society for Developmental and Behavioral Pediatrics (SDBP) and Past Chair of the Developmental-Behavioral Pediatrics (DBP) Subboard of the American Board of Pediatrics (ABP); Dr. R. D. Keder is a member of the SDBP; Dr. A. I. Spinks-Franklin is Past President of the SDBP and a member of the DBP Subboard of the ABP; Dr. W. J. Barbaresi is Immediate Past President of the SDBP and Past Chair of the DBP Subboard for of American Board of Pediatrics.

Contact information: Robert G. Voigt, MD, Michael R. Boh Centers for Child Development at Ochsner Children's Hospital, 1319 Jefferson Highway, New Orleans, LA 70121; e-mail: robert.voigt@ochsner.org.

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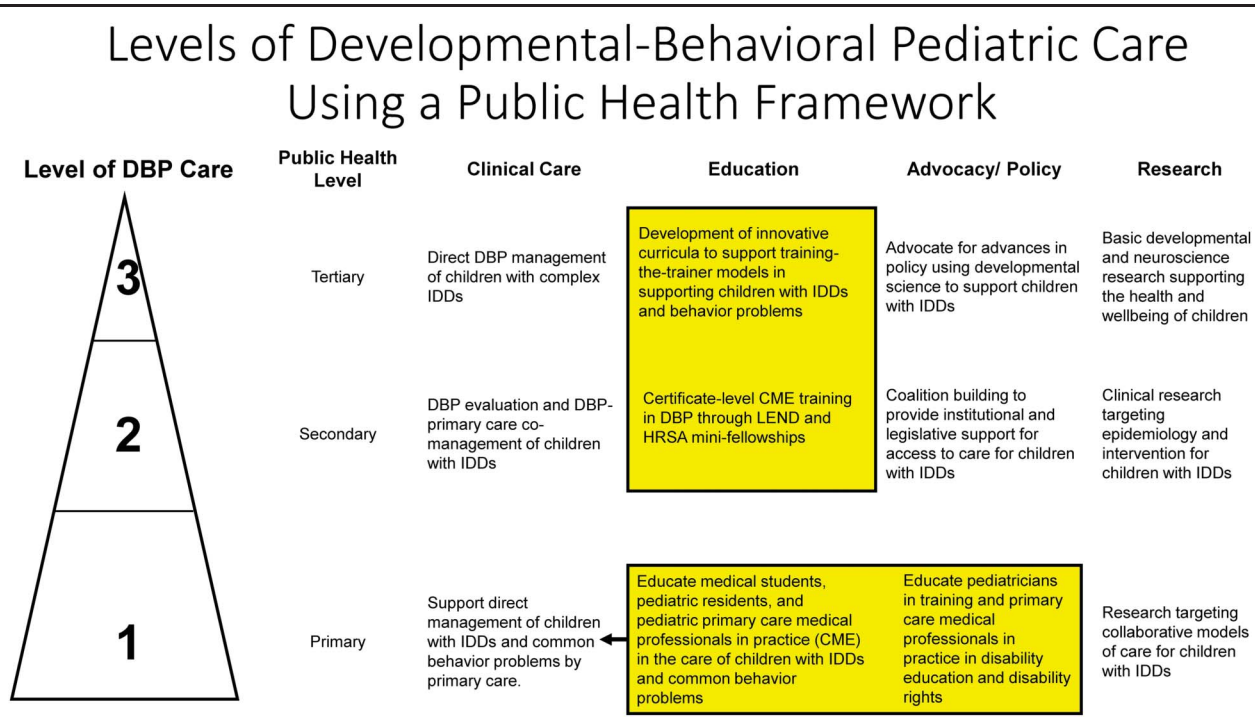

Figure 1. Levels of developmental-behavioral pediatric care using a public health framework: Given the scarcity of board-certified developmental-behavioral pediatricians, a public health framework is required for the provision of developmental-behavioral pediatric care. Critical to this public health approach is the requirement for developmental-behavioral pediatricians to educate pediatricians in training and pediatric primary care medical professionals in practice to support direct primary care management of children with IDDs and behavioral challenges and to advocate for children with IDDs and their families. CME, continuing medical education; IDD, intellectual and developmental disability; HRSA, health resources and services administration; LEND, Leadership Education in Neurodevelopmental Disabilities.

especially given that the ACGME currently requires that pediatric residents complete a minimum of 16 weeks of general pediatric hospital medicine training, providing pediatric residents at least 4 times the exposure to PHM as DBP.[3] While other pediatric subspecialties (such as pulmonology, infectious disease, endocrinology, nephrology, and rheumatology) face workforce shortages similar to DBP and share recurrently unfilled fellowship slots every Match Day, the decision not to include DBP as a specific ABP Content Domain clearly de-emphasizes child development in pediatric residency education, contributes to reduced visibility of DBP as a pediatric subspecialty, and may negatively impact recruitment of future DBP fellows, exacerbating the DBP workforce shortage. The lack of a specific Content Domain in DBP may also place the ACGME-required pediatric residency rotation in DBP into some jeopardy, as the time previously dedicated specifically to DBP may be modified to address the current ABP Content Domains of "Mental and Behavioral Health" and "Psychosocial Issues;" the ACGME has already added a requirement for a dedicated 4 week pediatric residency rotation in "mental health." Reduced visibility of DBP as a subspecialty may also reduce institutional incentives to invest in DBP faculty and DBP subspecialty services, as due to complex systemic factors, these services are financially undervalued. This, in turn, would adversely impact care for children with developmental disabilities and their families.[10]

Given the limited number of board-certified developmental-behavioral pediatricians, to promote the value of DBP and address the persistently inadequate residency training in DBP, it is time for academic pediatric leaders, including all Pediatric Residency Program Directors and Pediatric Department Chairs, to partner with developmental-behavioral pediatricians in unified advocacy for:

- An emphasis on child development, the basic science of pediatrics,[1] in pediatric education and increased clinical experience in DBP among all pediatric trainees from day 1 of their training commensurate with the frequency of DBP concerns in pediatric practice (which will simultaneously increase awareness of DBP as a subspecialty among pediatric trainees).
- The immediate addition of DBP as a specific Content Domain in the ABP General Pediatrics Content Outline for the ABP General Pediatrics In-Training, Certification, and Maintenance of Certification examinations. This will anchor a position for the basic science of child development in the training of future pediatricians and pediatricians in practice in the care of infants, children, adolescents, and young adults with developmental and behavioral challenges.

Only such unified advocacy can amplify the voice of DBP. This collaborative effort will not only enhance medical care and quality of life for individuals with developmental-behavioral challenges and their families encountered daily in pediatric medical practice, but it will hopefully also contribute to the continued viability of DBP as a pediatric medical subspecialty.

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