Updates from the Review Committee for Pediatrics

Caroline Fischer, MBA, Executive Director
Disclosure

No conflicts of interest to report
Review Committee Composition

4 appointing organizations
- AAP, ABP, AOA, AMA

15 voting members

6-year terms – except resident (2 years)

Generalists, subspecialists, 1 public member

1 ex-officio (non-voting) member each from AAP, ABP, and AMA
Geographic Distribution of the Review Committee

Current members: CA, CT, FL, GA, IL, MI, NJ, NY, NC, OH, TX, UT, VT, and VA

Incoming members: MD and PA
# Review Committee Composition

<table>
<thead>
<tr>
<th>Carl R. Backes, DO, FACOP</th>
<th>Dustin Hipp, MD</th>
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<tbody>
<tr>
<td>Dona S. Buchter, MD</td>
<td>Deepak Kamat, MD, PhD, FAAP (Vice Chair)</td>
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<tr>
<td>Ann E. Burke, MD</td>
<td>Richard B. Mink, MD, MACM</td>
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<td>Dalya L. Chefitz, MD</td>
<td>Victoria F. Norwood, MD</td>
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<td>Alan H. Friedman, MD</td>
<td>Judith S. Shaw, EdD, MPH, RN, FAAP</td>
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<tr>
<td>Lynn Garfunkel, MD</td>
<td>Julie Kim Stamos, MD</td>
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<tr>
<td>Rani Gereige, MD, MPH, FAAP</td>
<td>Suzanne K. Woods, MD, FAAP, FACP (Chair)</td>
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<td>Bruce Herman, MD</td>
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Congratulations!

New Review Committee members
- Stephanie Dewar, MD
- Judy-April Oparaji, MD

ACGME Courage to Teach Award (honoring program directors)
- Dona S. Buchter, MD

ACGME Program Coordinator Excellence Award
- Thea Stranger-Najjar
## 2017 Status Decisions

<table>
<thead>
<tr>
<th>Status</th>
<th>Core</th>
<th>Subs</th>
<th>Med-Peds</th>
</tr>
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<tbody>
<tr>
<td>Initial Accreditation</td>
<td>4</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Continued Accreditation w/o Outcomes</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>193</td>
<td>803</td>
<td>37</td>
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<tr>
<td>Continued Accreditation w/Warning</td>
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<tr>
<td>Probation</td>
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<tr>
<td>Withholding of Accreditation</td>
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<tr>
<td>Withdrawal of Accreditation</td>
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<td>0</td>
</tr>
</tbody>
</table>
Citations vs. Areas for Improvement (AFIs)

- **Citations**
  - Core: 38
  - Subs: 136

- **AFIs**
  - Core: 74
  - Subs: 59

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<table>
<thead>
<tr>
<th>Evaluations</th>
<th>Resources</th>
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<tbody>
<tr>
<td>• Timeliness of feedback</td>
<td>• Fellows can raise concerns without fear</td>
</tr>
<tr>
<td>• Used for program improvement</td>
<td>• Satisfied with process to deal with problems/concerns</td>
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<tr>
<td>• Confidential</td>
<td></td>
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<tr>
<td>Faculty supervision and teaching</td>
<td></td>
</tr>
<tr>
<td>Faculty scholarly activity/scholarly environment</td>
<td>Educational content</td>
</tr>
<tr>
<td></td>
<td>• Appropriate balance for education</td>
</tr>
<tr>
<td></td>
<td>• Education compromised by service</td>
</tr>
</tbody>
</table>
AFIs

- Major Changes section expanded so programs can include improvements and/or innovations implemented to address potential issues identified (AFIs) during the Annual Program Review
- Written response to AFIs not required, but encouraged
Alternate Qualifications for Faculty

- If faculty members are not board certified, explain “Equivalent Qualifications for RC Consideration” in ADS
- Alternate qualifications will not be accepted for individuals who have completed ACGME-accredited residency education within the United States and are not eligible for certification by the American Board of Pediatrics (ABP), who have failed the ABP certifying exam, or who have chosen not to take the ABP certification exam
- Recent graduates are expected to take and pass the next certifying exam
Common Program Requirements
Section VI

Approved by the ACGME Board of Directors in February 2017
Effective date of July 1, 2017

- Some new Patient Safety, Quality Improvement, and Well-being requirements will not be cited before 7/1/19; AFIIs may be issued

Applicable to all pediatrics core and subspecialty programs

No changes to related specialty-specific requirements at this time
Philosophy and Background and Intent

- Italicized language: Describes the underlying philosophy of the requirements within the section and is not citable
- Background and Intent: Provides additional guidance on how to implement the requirements in a manner consistent with the intent
- FAQs will be available soon
- Slide presentation available on the Clinical Experience and Education Microsite
Emphasis on Flexibility

- Greater flexibility within established framework
- Provides residents and programs with greater discretion to structure clinical education to best support professional development
- Encourages residents to make decisions based on patient needs and their own well-being
Flexibility carries responsibility for programs, faculty members, and residents to:

- Recognize the need to hand off care of a patient to another provider when a resident is too fatigued to provide safe, high quality care, and for programs to:
  - Ensure that residents remain within the 80-hour maximum weekly limit
Averaged over four weeks

*New* - Clinical work done from home counts

- Recognizes that many residents are taking work home and this may add up to several hours each week
- Residents will report their time and the program director will use this information to inform scheduling
At-Home Call

- Residents will report this time to the program director – this information will help inform needed scheduling revision
- No requirement that program verify the time reported by residents
- The entire time period spent on at-home call does not count, only time directly devoted to patient care activities
- Studying and research done from home do not count
A Common Program Requirements Phase 2 Task Force has been appointed to review Sections I-V.

Input from the graduate medical education community was solicited, as well as a general call for comments in the ACGME e-Communication.

Proposed changes will be posted for review and comment later this year.
Pediatric Subspecialty Program Requirement Revisions

- Revision of the individual subspecialty requirements to start this spring
- Review and comment period in winter/spring 2018
- Tentative effective date: July 1, 2019
Milestones 2.0

Multidisciplinary Milestones for Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice in development

- Goal is to keep common themes across specialties and modify as needed
- Post for review and comment this spring
- Optional for specialties to use
Phase I specialties review specialty-specific Milestones in 2017-2018

- Planning meeting in July to determine how to move forward
- Program directors will be surveyed about the Patient Care and Medical Knowledge Milestones
- Working group will include representation from the Review Committee, ABP, Association of Pediatric Program Directors, and American Osteopathic Association, as well as resident member, public member, and self-nominated individuals
- Draft Milestones will be posted for review and comment
- Subspecialty Milestones reviewed after specialty Milestones completed, but timeline may be more protracted
Physician Well-Being

- The ACGME, in partnership with the American Foundation for Suicide Prevention and Mayo Clinic, launched an initiative to prevent physician and medical trainee suicides.

- A library of educational resources intended to help physicians and medical trainees is available on the ACGME website, and includes:
  - a four-minute video that advises medical students, residents and fellows on how to support each other, express concern to peers, and encourage help-seeking behavior.
  - a comprehensive guide to help graduate training programs respond to a resident death by suicide.
  - additional information and access to support.
Self-Study Timeline

Self-studies for Phase I programs started in April 2015

- Programs receive approximately 9 months advance notice
- Self-study summary uploaded to ADS on the last day of the month identified in ADS

The 10-year accreditation site visit is scheduled 12 to 18 months later

- Programs receive 90 days advance notice of their 10-year site visit
- First Phase I 10-year site visits scheduled February 2017
Petition received to accredit programs

Must be approved by the ACGME Board of Directors

- Task Force formed to make recommendation

If approved, the Review Committee will develop Program Requirements

Process will take approximately two years
Survey results have been posted to ADS

- RS – 70% response rate; minimum 4 scheduled
- FS – 60% response rate; minimum of 3 complete

Multi-year reports will be posted within the next 2 weeks
Program Resources

www.acgme.org

ACGME Policies and Procedures
Milestones and Clinical Competency Committee Guidebooks
List of accredited programs
Accreditation Data System (ADS)
FAQ documents (e.g., Milestones, Common Program Requirements)
General information on site visit process
Program Resources cont.

Pediatrics web pages

- Complement increase policy
- Program Requirements, FAQ documents, and application forms
- Milestones
- Presentations

Weekly e-Communication

- Contains general GME information, accreditation-related updates, announcements regarding Program Requirements, updates from the Review Committee on ACGME issues/initiatives, etc.
ACGME Contacts

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Thank You!

Questions?