

Welcome to the RRC for Pediatrics' Inaugural Newsletter!

With this newsletter, we hope to enhance communication between the RRC and the Pediatrics' community, and to provide updates on RRC and ACGME initiatives. The newsletter will be sent to all core, med-peds and subspecialty program directors, coordinators, and designated institutional officials on a semi-annual basis, typically after the RRC's spring and fall meetings. We hope you find it helpful.

Update on Case Logs

- At its October meeting, the Committee decided that the use of the ACGME's case log system to track procedures should be optional, rather than mandatory. Accordingly, going forward, core and med-peds program directors will have the option of deciding whether they want to use the ACGME case log system or another system to track procedures. In short, there is flexibility in terms of what system can be used to document procedures.
- The core Pediatrics PIF was recently updated to incorporate the common requirements that went into effect in July. The PIF was also modified so that programs no longer need to include documentation for the continuity experience as an appendix. Instead, such documents/reports (e.g. ACGME or billing data, etc.) will be verified by the site visitor on the day of the site visit.

Upcoming Meetings and Conferences

RRC Meetings:

April 13-16, 2008
October 26-29, 2008

ACGME Educational Conference:

February 28, 29, and March 1, 2008

The ACGME Educational Conference will be held in Grapevine Texas at the Gaylord Palms Resort. Registration will be on the ACGME website this fall. This conference is for program directors, program coordinators and educators in GME.

Review Cycle of Subspecialty Programs

Historically, the review cycle of subspecialty programs was aligned/linked with the review cycle of the core program. If the core program received a three year cycle, the subspecialty programs also received three year cycles. The cycle of the subspecialty did not exceed that of the core. As of 2005, the ACGME has allowed the RRC the ability to un-couple the review cycle of core and subspecialty programs. Pediatric subspecialty programs are still considered "dependent" programs, but their cycle can be different (can exceed or be shorter) than that of the core.

Resource Documents

[Program Director Guide to the Common Program Requirements](#)

The Guide is now available on the ACGME website. It is intended to clarify the meaning and expectations of the common program requirements. Review Committee Executive Directors, Review Committee Chairs and Members, Field Staff, and Program Directors provided review and input. It will be regularly revised based on user feedback and revised as requirements change. Please email comments and suggestions to: Guide@acgme.org.

[Frequently Asked Questions](#)

[Companion Document for Pediatric Core and Subspecialties](#)

Much like the companion document for core programs, this document appears directly after the general requirements for the subspecialties of Pediatrics and provides helpful information on documenting compliance with the competencies as well as clarifying the RRC's expectation regarding goals and objectives, collaboration among subspecialty programs and evaluation.

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 Marcia B. Hutchinson, MD (*Chair Elect*)
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Program Requirements and PIF Revisions

The revised common program requirements went into effect on July 1, 2007. Subsequently, the new common program requirements were incorporated into all program requirements. The revised requirements are now available on the Review Committee's webpage.

- The chart below (fig. 1) indicates the availability of revised program requirements and PIFs. It also indicates the schedule for the next set of revisions.
- The timelines on page 3 indicate the projected implementation date of the subspecialty revisions (fig. 2) and the implementation of Pediatric Transplant Hepatology (fig. 3).
- The RRC will develop program requirements for subspecialty training in Child Abuse. The Committee anticipates accrediting programs in this area in 2009.

Pediatric Subspecialty Revisions (fig. 1)
 Dates for Availability of PIFs and Program Requirements

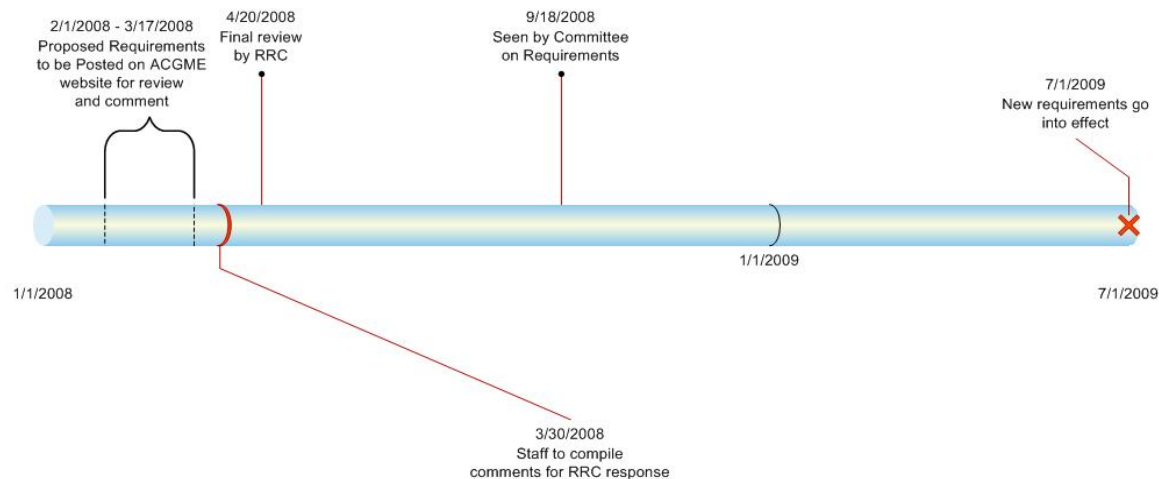
Subspecialty	PR Major revs.	PIF Major revs.	PRs Revs. Based on new CPRs	PIF Revs. Based on new CPRs
321 - Adolescent Medicine	7/07	7/07	Online Now	Online Now
325 - Cardiology	7/07	7/07	Online Now	Online Now
323 - Critical Care	7/07	7/07	Online Now	Online Now
324 - Emergency Medicine	7/07	7/07	Online Now	Online Now
326 - Endocrinology	7/09*	7/09*	Online Now	Online Now
332 - Gastroenterology	7/09*	7/09*	Online Now	Online Now
327 - Hematology-Oncology	7/07	7/07	Online Now	Online Now
335 - Infectious Diseases	7/09*	7/09*	Online Now	Online Now
329 - Neonatal-Perinatal	7/07	7/07	Online Now	Online Now
329 - Nephrology	7/09*	7/09*	Online Now	Online Now
330 - Pulmonology	7/09*	7/09*	Online Now	Online Now
331 - Rheumatology	7/07	7/07	Online Now	Online Now
333 - Sports Medicine			N/A**	N/A**
336 - Developmental-Behavioral Pediatrics	7/09*	7/09*	Online Now	Online Now
520 - Sleep Medicine	6/04	6/04	N/A**	N/A**

* Major revisions underway, date indicated is a TARGET date.

** Not applicable. Multi-disciplinary 1 years subspecialties (sports medicine and sleep medicine) will be updated in 2008.

(fig. 2)

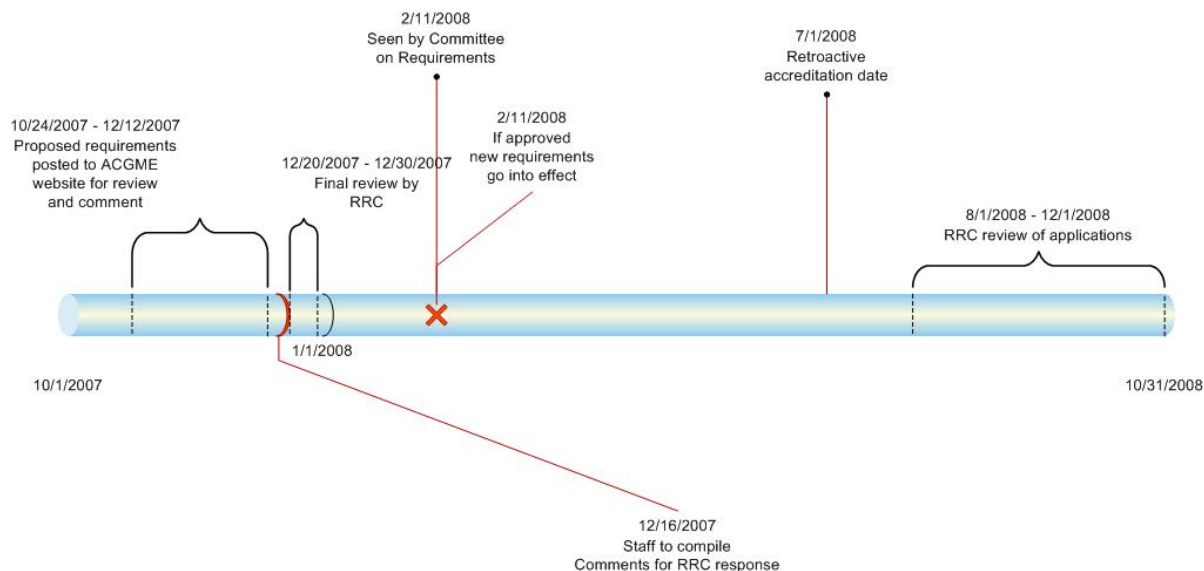
Tentative Requirement Timeline for Pediatric Subspecialty Revisions



This timeline relates to the following subspecialties:
Developmental Behavioral, Endocrinology, Gastroenterology,
Infectious Diseases, Nephrology & Pulmonology

(fig. 3)

Tentative Requirement and PIF Timeline for Pediatric Transplant Hepatology



RRC Workload

The Committee meets twice a year and reviews approximately 30 core and 120 subspecialty programs per meeting. Below is a summary of the most frequent citations for both core and subspecialty programs in 2006.

Core Programs: 60 Core Programs Reviewed in 2006 for a Status Decision Total of 342 Citations – about 6 citations/program	
1. Qualifications of Faculty – lack ABP certification, or evidence of scholarship	37
2. Inpatient Experience – not meeting minimum # of patients	29
3. NICU/PICU – inadequate experience (volume and complexity)	23
4. Continuity – not meeting minimum #s, 36 clinic weeks	20
5. Scholarly Activities – lack of research/scholarly activity	19
6. Responsibilities of PD – PIF was incomplete, inaccurate, contains inconsistencies	18
7. Duty Hours – violation of 24 (+6) standard	14
8. Resident Appt Issues – attrition; inadequate verification for transfers	12
9. Institutional Issues/IR – internal reviews not done, or done off cycle	11
10. Curricular Development – not well organized or structured didactics; curriculum	10

Subspecialty Programs: 236 Programs Reviewed in 2006 for a Status Decision Total of 963 citations – about 5 citations/program	
1. Research and Scholarly Activity – faculty and fellow lacking	133
2. Patient Care Experience – lacking adequate patient population	119
3. Evaluation of the Program – no documentation (minutes); don't include fellows	100
4. Curricular Development – general curriculum issues; research methodology, etc	85
5. Evaluation of Fellows – semi-annually; not written; competent and independent	71
6. Procedural Experience – lack required # of procedures; lack logging of procedures	61
7. Didactic Components – conference attendance; particular curriculum lacking	53
8. Qualifications of Faculty – not ABP certified; no evidence of on-going scholarship	52
9. Responsibilities of the PD – providing accurate info; sufficient time to the program	48
10. Institutional Support – internal review; facilities issues; personnel issues	43
11. Goals and Objectives – not being rotation and level specific	34
12. Evaluation of Faculty – not being done; not confidential	26

Coordinator Workshops

There have been a number of inquiries related to ACGME workshops for coordinators of core and subspecialty pediatric programs. Staff is evaluating the feasibility of continuing to offer such workshops in the future. A full day workshop for new coordinators will be offered at the 2008 Annual Education Conference. Announcements of any other future workshops will appear in the newsletter.

New Committee Members

Drs. Thomas DeWitt, J. Carlton Gartner and Joseph Gilhooly will join the RRC; their terms will begin in January 2008.

Importance of Correct Email Addresses in ADS

In the past year the ACGME has increased the number of communications sent via email. Please check that email addresses are current in ADS for program directors and coordinators to ensure your program is receiving important ACGME communications.

Communicating with the RRC

Programs are reminded that change requests are required to be submitted via the Accreditation Data System (ADS) <https://www.acgme.org/ads>. Hard copy letters of request will no longer be accepted.

- Program Director changes
- Requests for permanent or temporary increases in resident complement
- Additions and/or deletions of participating sites

For ADS log-in assistance please contact the ADS helpdesk at WebADS@acgme.org or 312.755.7464.

Deadline for Submission of Materials

The Committee asks that all programs meet the deadline for submission of materials so that requests will be considered at the meeting. The deadlines are as follows:

January 15, 2008 for the April meeting
July 15, 2008 for the October meeting

Feedback

We welcome your comments and suggestions about this newsletter:

dbraun@acgme.org

Newsletters will be archived on the Pediatrics website for easy reference.

Relevant Pediatrics Websites

American Academy of Pediatrics
<http://www.aap.org/>

American Board of Pediatrics
<https://www.abp.org/ABPWebSite/>

Association of Pediatric Program Directors (APPD)
<http://www.appd.org/>

National Resident Matching Program (NRMP)
<http://www.nrmp.org/>

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