

REVIEW COMMITTEE MEMBERS

ROBERT ADLER, MD, MS, ED
 WILLIAM F. BALISTRERI, MD
 JERRI CURTIS, MD
 THOMAS G. DEWITT, MD
 J. CARLTON GARTNER, MD
 JOSEPH T. GILHOOLY, MD
 STEPHEN LUDWIG, MD, CHAIR
 GAIL MCGUINNESS, MD, EX-OFFICIO
 JULIA McMILLAN, MD, VICE CHAIR
 ROBERT PERELMAN, MD, EX-OFFICIO
 MEREDITH RIEBSCHLEGER, MD, RESIDENT
 R. FRANKLIN TRIMM, MD
 DANIEL C. WEST, MD
 MODENA WILSON, MD, MPH, EX-OFFICIO
 YOLANDA WIMBERLY, MD, MS
 EDWIN L. ZALNERAITIS, MD

REVIEW COMMITTEE STAFF

CAROLINE FISCHER, MBA
 EXECUTIVE DIRECTOR
 312.755.5046
 CFISCHER@ACGME.ORG

DENISE BRAUN-HART
 SENIOR ACCREDITATION ADMINISTRATOR
 312.755.7478
 DBRAUN@ACGME.ORG

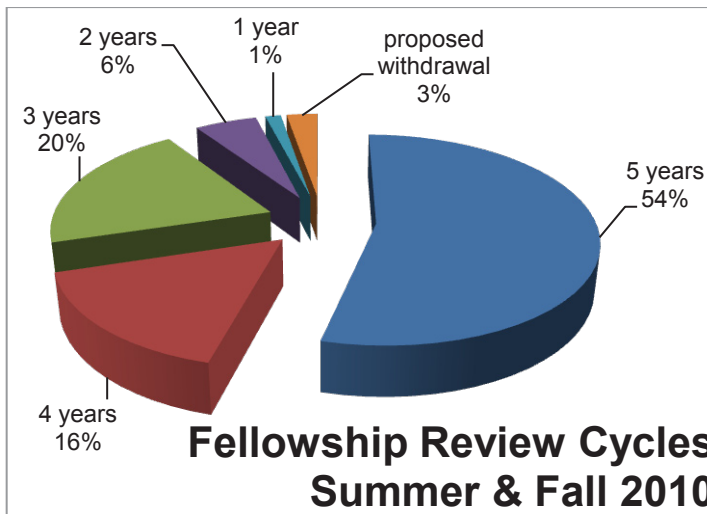
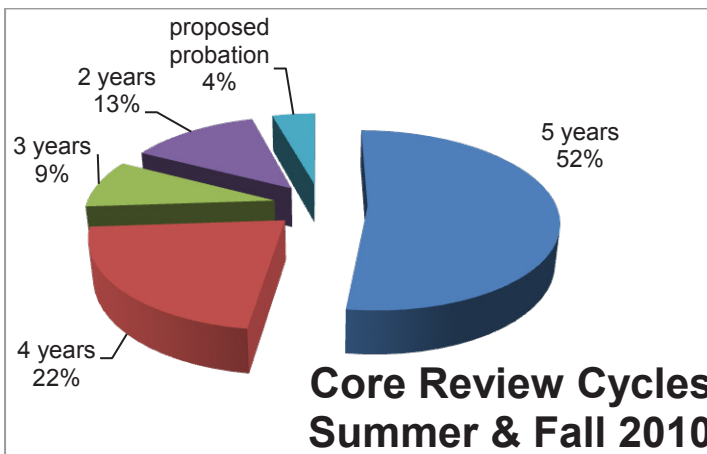
LUZ BARRERA
 ACCREDITATION ASSISTANT
 312.755.5077
 LBARRERA@ACGME.ORG

ACGME
 515 NORTH STATE STREET
 SUITE 2000
 CHICAGO, ILLINOIS 60654
WWW.ACGME.ORG

RRC NEWS PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR WITH QUESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

Summary of Actions Taken at the Summer and Fall 2010 Meetings

The Committee reviewed 22 core and 74 fellowship programs at its July and October meetings. The charts below provide a summary of the actions taken.



NOTIFICATION DEADLINES

5 DAYS AFTER MEETING:

E-MAIL NOTIFICATION OF REVIEW STATUS/CYCLE LENGTH AUTOMATICALLY SENT TO PROGRAM DIRECTOR AND DIO.

60 DAYS AFTER MEETING:

E-MAIL ALERT SENT STATING THAT LETTER OF NOTIFICATION IS POSTED IN ADS.

UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.

MEETING AND AGENDA CLOSING DATES

MEETING: MARCH 27-30, 2011
 AGENDA CLOSED

MEETING: OCTOBER 23-26, 2011
 AGENDA CLOSING: AUGUST 15, 2011

Summary of Review Committee's Work in 2010

In 2010, the Committee reviewed a total of 51 core programs and 164 fellowship programs; below are the most frequently cited areas in 2010.

51 Core Programs Reviewed for a Status Decision	
Total of 210 Citations – 4 citations/program	
1. Supervision – inadequate supervision of adolescent medicine and DBP	13
2. Qualifications of Faculty – lack ABP cert	12
3. PD Responsibilities – provision of complete and/or accurate information	11
4. Service to Education Imbalance – excessive patient volume	9
5. Evaluation of the Program – not confidential; lack of improvement plan	9
6. Performance on Board Exam – 60% pass rate not met	8
7. Scholarly Activities – lack of scholarly activity by faculty	8
8. PICU – insufficient volume; complexity and acuity	8
9. Resident Appointment Issues – attrition, presence of other learners	8
10. Inpatient – inadequate experience with full range of subspecialties	7
164 Subspecialty Programs Reviewed for a Status Decision	
Total of 483 Citations – 3 citations/program	
1. Scholarly Activities – faculty and fellow scholarly activity lacking	62
2. Practice Based Learning – no ILP; no evidence of quality improvement project; no curriculum to teach teaching skills	58
3. Systems Based Practice and Improvement – no/limited didactic and/or experiential; identifying systems errors; training in administering subspecialty; faculty oversight	53
4. Responsibilities of the PD – PIF not complete or accurate	38
5. Qualifications of Faculty – no ABP certification; no evidence of on going scholarship	34
6. Evaluation of Fellows – no semiannual written evaluations or evidence of final evaluation stating ability to practice w/o supervision	34
7. Evaluation of the Program – not done annually; fellows and faculty don't provide written, confidential evaluation; no evidence of action plan to address deficiencies	28
8. Evaluation of Faculty – evaluation by fellows does not ensure confidentiality	14
9. Goals and Objectives – not rotation- and level-specific or competency-based	12
10. Responsibilities of the Faculty – do not devote sufficient time teaching/supervising	9

Pediatric Program Requirement Revisions

The Review Committee is in the process of revising the Program Requirements for Pediatrics. A draft of the revised requirements should be available for review and comment in June, 2011.

Faculty Roster in Program Information Forms Includes Four Educational Activity Categories

In order to be consistent with all other specialties, the ACGME has revised the Faculty Roster in the Common PIF for the following specialties: anesthesiology, colon and rectal surgery, dermatology, family medicine, medical genetics, nuclear medicine, obstetrics and gynecology, orthopaedic surgery, pathology-anatomic and clinical, pediatrics, physical medicine and rehabilitation, and radiation oncology, as well as for the transitional year. The revision expanded the 'Average hours/week devoted to Resident Education' to include four categories - clinical supervision, administration, didactic/teaching, and research. NOTE: the total number of hours worked previously entered for each faculty member has been stored; however, the data for these four categories will initially appear as zeros. For each faculty physician listed in the PIF roster, the program must insert the hours for each category of resident education according to the following legend (in the future this information will appear in the PIF as a 'mouse over').

Category of Resident Education	Examples of Resident Educational Activities
Clinical supervision	Bedside rounds; outpatient precepting; operative supervision
Administration	Program oversight; curriculum development; faculty, resident and program evaluation; career counseling
Non-clinical didactics/teaching	Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident
Resident research	Mentoring and/or working with residents/fellows; peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; participation in national committees or educational organizations

The Review Committee for Pediatrics would like to further clarify its expectations regarding the faculty to be included on the faculty rosters:

Pediatric programs are no longer limited to 35 faculty members, but that *does not imply* that all faculty members should be listed. Only faculty members who have a significant role in the program should be listed, including the following:

1. all core (by the new definition) pediatric faculty;
2. at least one faculty member with experience in each of the following: developmental behavioral pediatrics, adolescent medicine, neonatal-perinatal medicine, pediatric critical care medicine;
3. faculty members from at least five of the pediatric subspecialties listed in section IV.A.5.b).(1).(f).(ix) of the Program Requirements; and,
4. any other pediatric faculty members who play a significant role in the program (i.e., anyone responsible for a required experience).

For Pediatric Subspecialty Programs:

1. Include all faculty members from the subspecialty.
2. Include at least one faculty member from each of the pediatric subspecialties and related disciplines. (Refer to section II.B.2.e) of the Program Requirements.)
3. List other essential faculty members as appropriate to the subspecialty. (Refer to the subspecialty-specific requirements.)

Points of Clarification:

Documenting Maintenance of Certification in the Common PIF

As of 2010, the American Board of Pediatrics (ABP) no longer provides a specific end date to certification. Certificates will include a statement: “valid contingent upon meeting requirements of maintenance of certification.” As a result of this change, information displayed on the ABP website for pediatric diplomates will no longer indicate a recertification date, only a ‘yes’ or ‘no’ as to whether they are meeting the MOC requirements. Currently, the ACGME’s Accreditation Data System (ADS) requests the most recent certification/recertification date. If a program is unable to provide a certification/recertification date in the faculty roster, it should have a print out from the ABP website available for the site visitor’s review, showing faculty members’ certification statuses.

2011 Award Recipients

The ACGME announced its *Courage to Teach, Courage to Lead, David C. Leach, MD, and GME Program Coordinator Excellence* award recipients.

The *Courage to Teach Award* is named after Parker J. Palmer, PhD, a noted teacher and sociologist who wrote *The Courage to Teach* and other books on teaching and vocation. *Courage to Teach Awards* are given annually to 10 program directors who have developed innovative teaching practices and demonstrated a commitment to educating. The Review Committee congratulates Mark Bugnitz, MD, program director for Pediatrics University of Tennessee, Memphis, one of the recipients of this award. He will receive \$1,000 and a plaque, and will be invited to a retreat with other awardees in May, 2011. Award recipients are also honored at an Awards Luncheon during the ACGME Annual Educational Conference, which will take place March 3-6, 2011, in Nashville, Tennessee.

The *David C. Leach, MD Award* is named for former ACGME Chief Executive Officer David C. Leach, MD, who retired in 2007. This annual award recognizes residents and resident teams for improving graduate medical education. One of the five 2011 award recipients was a pediatric resident. The Review Committee congratulates Colleen Nugent, MD, of the Pediatrics Women and Children’s Hospital of Buffalo. Winners will receive \$2500 and a plaque, and will be invited to the Awards Luncheon at the 2011 ACGME Annual Educational Conference.

Notable Practices

A notable practice is a process or practice that a Review Committee deems worthy of notice. Potential notable practices may be identified in several ways: a comment in a site visitor report; identified during review of submitted program materials; solicitation by the executive director or a Review Committee member based on his or her knowledge of a program; or an unsolicited submission sent to the executive director.

The Review Committee for Pediatrics identified the following notable practices from its reviews and commends the program directors:

- Dr. Ronald Goldberg (PD) and Dr. Susan Izatt (developer), Duke University Hospital Neonatal-Perinatal Medicine Program, on responses provided to the Communication & Interpersonal Skills section of the Common PIF.
- Dr. Frank Belmonte, Advocate Lutheran General Children’s Hospital Pediatrics Program, on responses provided to the Professionalism section of the Common PIF.
- Dr. Maureen Novak, University of Florida Pediatrics Program, on responses provided to the Systems-based Practice section of the Common PIF.
- Dr. G. Ganesh Konduri (PD) and Dr. Olivia Kim (developer), Medical College of Wisconsin Affiliated Hospitals Neonatal-Perinatal Medicine Program, for the Annual Program Evaluation Tools and Resources they have implemented.
- Dr. Jennifer DiPace, NYPH Weill Cornell Medical Center Pediatrics Program, on responses provided to the Professionalism and Practice-based Learning and Improvement sections of the Common PIF.
- Dr. Javier A. Gonzalez del Rey, Cincinnati Children’s Hospital Medical Center/University of Cincinnati College of Medicine Pediatrics Program, on the implementation of competency-based family-centered rounds.

Additional details on the notable practices mentioned above can be found on the ACGME website at: www.acgme.org/acWebsite/notablepractices/default.asp.

Update on Impact of Approved Revisions to the Common Program Requirements on Specialty-Specific Program Requirements

Revisions to the ACGME Common Program Requirements related to duty hours in the learning and working environment were approved by the

ACGME Board of Directors on Monday, September 27, 2010 with an effective date of July 1, 2011. The revised Common Program Requirements include several sections that necessitate further specialty-specific definitions. Several of these areas, as denoted by an asterisk below, require immediate action by the Review Committees; others may be developed over the next year for implementation in July 2012. No other additions will be made to the duty hour section or other sections of these requirements.

Areas that Require Specialty-Specific Definitions to be Developed by Each Review Committee:

1. Define licensed independent practitioners who may have primary responsibility for patient care (VI.D.1).
2. Describe achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available (VI.D.5.a.1).
3. Specify optimal clinical workload (VI.E).
4. Define elements of teamwork that must be present in each specialty (VI.F).
5. Define Intermediate level residents and residents in the final years of education (senior level residents) (VI.G.5.b and c).*
6. Define circumstances when "senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty (VI.G.5.c.1).*
7. Review Committees may specify the maximum number of consecutive weeks of night float and the maximum number of months of night float per year (VI.G.6).*

* *must be defined or specified by the Review Committees for review at the February 2011 ACGME Board meeting.*

Review Committees have developed these definitions, and they have been submitted to the ACGME for review and approval at the February 2011 ACGME meeting. The approved definitions will be posted shortly after the ACGME meeting and, as already mentioned, will become effective July 1, 2011.

Changing a Dependent Subspecialty Relationship from One Specialty/Core Program to a New Specialty/Core Program Requires Review Committee Approval for Subspecialty Programs

Dependent subspecialty programs are required to function in conjunction with an ACGME-accredited residency (also known as a specialty or core) program. The continued accreditation of the subspecialty is dependent on the specialty program

maintaining *its* accreditation. The dependent subspecialty program must be sponsored by the same ACGME-accredited sponsoring institution as the linked specialty program and should be geographically proximate to the specialty program. In the case of the multi-disciplinary subspecialty areas of hospice and palliative medicine, sleep medicine, and sports medicine one Review Committee has the authority to review and accredit such programs, regardless of the specialty program with which the subspecialty program is aligned.

- **Hospice and Palliative Medicine** – the Review Committee for Family Medicine accredits all of these programs, which may be aligned with specialty programs in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, psychiatry, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, radiation oncology, or surgery.
- **Sleep Medicine** – the Review Committee for Internal Medicine accredits all of these programs, which may be aligned with specialty programs in internal medicine, neurology, psychiatry, otolaryngology, or pediatrics.
- **Sports Medicine** – effective July 1, 2011, the Review Committee for Family Medicine will accredit all of these programs, which may be aligned with specialty programs in emergency medicine, physical medicine and rehabilitation, and pediatrics.

Should any subspecialty programs in hospice and palliative medicine, sleep medicine, or sports medicine, need to realign and establish a new dependent relationship with a new specialty/core program, the program director of the subspecialty program must first request voluntary withdrawal of accreditation through ADS, and then formally submit a new application to the applicable Review Committee, per that Committee's process. The sponsoring institution's GMCC and designated institutional official (DIO) must approve both the voluntary withdrawal and the new application.

ACGME staff members of these Review Committees can answer questions and provide guidance about this process.

Useful ACGME Online Resources

- Virtual Program Director Handbook: www.acgme.org/acWebsite/home/PDVirtualHandbook.asp
- ACGME Data Book: www.acgme.org/acWebsite/dataBook/dat_index.asp
- Frequency of Accreditation Statuses by Specialty and Average Cycle Length by Accreditation Status and by Specialty: www.acgme.org/adspublic/
- Resident Survey National Data Report - available in ADS for Program Directors:
 1. Log into ADS
 2. Click "Resident/Fellow Survey"
 3. Click "National Data"
 4. DIOs select "Reporting Tools"
 5. Click "Resident Survey National Data Overall"
- Resident Survey Institutional Data Report – available in ADS for DIOs for each sponsoring institution's programs:
 1. Log into ADS
 2. Select "Reporting Tools"
 3. Click "Institution Level Resident Survey Results"
- ACGME Outcome Project—"Educating Physicians for the 21st Century"—Faculty Development Resources for Competency-based Education – a series of five PowerPoint presentations with facilitator's manuals: www.acgme.org/outcome/e-learn/e_powerpoint.asp
- 2011 ACGME Annual Conference, *Beyond Boundaries*, information, registration, schedules, speaker information, and more: www.acgme.org/acWebsite/meetings/2011Conf/me_EducConf_11.asp

2011 ACGME Annual Educational Conference

Beyond Boundaries

Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee

March 3-6, 2011

[click here](#) for more information

Feedback

We welcome your comments and suggestions about this newsletter: dbraun@acgme.org.