



Summer 2008

Update on Requirements

Revisions to Existing Pediatric Subspecialty Requirements

At its June 2008 meeting, the ACGME approved revisions to the following subspecialty requirements: developmental-behavioral pediatrics, endocrinology, gastroenterology, infectious diseases, nephrology, and pulmonology. The requirements are effective July 1, 2009. The new PIF that will correspond to the new requirements will be made available on the pediatrics webpage on March 1, 2009. Accordingly, all fellowship programs in the aforementioned areas with site visits after July 1, 2009 will need to use the new PIFs.

Requirements for a New Pediatric Subspecialty: Pediatric Transplant Hepatology

At its February 2008 meeting, the ACGME approved the Program Requirements for Pediatric Transplant Hepatology. All new applications for this subspecialty will be reviewed by the Committee at its July 2008 meeting. Applicants will receive an email following the meeting with information regarding accreditation. The July meeting is an additional RRC meeting, specifically scheduled to review the transplant applications and to lighten the review workload for the fall meeting, which, in the past, has had a heavy agenda.

Requirements for a New Multidisciplinary Subspecialty: Hospice and Palliative Medicine

The ACGME also approved the Program Requirements for Hospice and Palliative Medicine (HPM) at its February 2008 meeting. HPM programs will be considered for accreditation only if the sponsoring institution also sponsors an ACGME-accredited program in at least one of the following specialties: Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Psychiatry, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Radiation Oncology, or Surgery. HPM programs will be considered a dependent subspecialty of one of the aforementioned programs. However, regardless of which core specialty the HPM program is aligned with, the RRC-FM will review and accredit all HPM programs. This is a different accreditation model than those used in the past with other multidisciplinary subspecialties (e.g., sleep and sports medicine); the complexity of HPM necessitated this new accreditation model. An FAQ is in development and will be available in Fall 2008 to assist applicants.

Proposal to Recognize a New Subspecialty Training: Child Abuse Pediatrics

The Committee has submitted a proposal to ACGME to accredit fellowship programs in Child Abuse Pediatrics. Fellowship programs will be three years in duration. Thus far, in accordance with ACGME policy, an ad hoc Committee has been formed to review the

proposal. The American Board of Pediatrics received approval from the American Board

of Medical Specialties to offer a certificate of special qualifications in this area and will be administering the examination in Child Abuse Pediatrics in November 2009. An update will be provided in the Fall RRC newsletter.

Use of ACGME Case Log System is Voluntary

As was noted in the November 2007 newsletter, the Committee discontinued the mandatory use of ACGME's case log system to document residents' experience with procedures.

The Committee previously required its core program directors to use the ACGME case log system to track residents' procedures, until the fall of 2007. Collection of these data was expected to provide the Committee national information related to procedures. However, once implemented, program directors informed the Committee that the ACGME's system was not as sophisticated as other proprietary data collections systems, and that there was no easy way to import data from other systems.

This, along with the concern about the integrity of the national report, led the Committee to decide that the use of the ACGME case log system should be voluntary rather than mandatory.

The Committee agreed to update and correct issues that directors had identified as problematic with the ACGME's system, so that programs that want to continue using it as their data collection/reporting system can do so.

In 2006, the Committee stated that use of the ACGME system to track continuity was also voluntary. Programs will need to demonstrate compliance with the continuity requirements (for number of weeks of clinic annually and number of patients per resident per session). However, there is flexibility in terms of what system can be used to document compliance.

Programs have the choice of using either the ACGME system or an alternate system to track both procedures and continuity.

Summary of Committee's Work in 2007

In 2007, the Committee reviewed 50 of the 198 core programs and 188 of the 720 fellowship programs, which included 19 new applications.

Most Frequent Citations

50 Core Programs Reviewed		
Total of 256 Citations in 2007– about 5 citations/program		
1. NICU/PICU – insufficient volume/complexity of patients	21	8.2%
2. Continuity – not meeting minimum #'s per session or 36 clinic weeks	17	6.6%
3. Qualifications of Faculty – lack ABP certification	16	6.3%
4. Institutional Issues – internal reviews not done or off cycle; facilities, work environment issues	12	4.7%
5. Inpatient Experience – not meeting minimum #	12	4.7%
6. Competencies – Practice Based Learning (PBLI) – no individual learning plans (ILP)	11	4.3%
7. Educational Program – lack of didactics in required areas	10	3.9%
8. Responsibilities of PD – PIF not complete, inaccurate, or with inconsistent data	9	3.5%
9. Educational Program – lack of procedural experience	9	3.5%
10. Scholarly Activities – lack of scholarly activity by faculty; residents	9	3.5%

188 Fellowship Programs Reviewed for a Status Decision		
Total of 1109 citations in 2007 – about 6 citations/program		
1. Evaluation of Fellows – not semiannual, not written; no evidence of ability to practice w/o supervision	121	10.9%
2. Scholarly Activities – faculty and fellow scholarly activity lacking	115	10.4%
3. Curricular Development – general curriculum issues; research methodology, etc.	112	10.0%
4. Evaluation of the Program – no documentation of annual evaluation of program	94	8.4%
5. Competencies - PBLI – no ILP; QI activities passive; teaching skills	91	8.2%
6. Patient Care Experience – lacking appropriate patient population	87	7.8%
7. Qualifications of Faculty – no ABP certification; no evidence of on-going scholarship	60	5.4%
8. Competencies - Systems Based Practice – lack experience with administering a fellowship program; experience w/system errors	47	4.2%
9. Responsibilities of the PD – PIF not complete, inaccurate, or with inconsistent data; insufficient time devoted to the program	45	4.1%
10. Institutional Issues – internal reviews not done or off cycle; facilities, work environment issues	43	3.9%

As can be seen from the tables above, a number of programs received competency-related citations. The Committee encourages programs to use the [Program Director Guide to the Common Program Requirements](#), and the companion document associated with the requirements, for suggestions about documenting compliance.

Points of Clarification

Listed below are several questions the Committee has been asked to respond to in the past year. All items have been added to the Committee's FAQ located at the following address on the Pediatric homepage:

http://www.acgme.org/acWebsite/RRC_320/320_PedsFAQ.pdf

FAQ Questions Related to Core Pediatrics Requirements

Question: What is the expected number of patients for which residents should provide care while on the PICU?

Answer: Core pediatrics residents should provide care for 4 PICU patients. The Committee also reviews the list of 50 consecutive diagnoses that is submitted as an appendix to the PIF to assess the

complexity and acuity of cases in the PICU. Both criteria are used to determine whether residents have sufficient experience with critically ill children.

FAQ Questions Related to Subspecialty Requirements

Question: How much time should be devoted to the clinical activity in the any of the three year subspecialties?

Answer: The Committee expects that programs will provide fellows at least 12 months of clinical experience.

Question: How much time should be devoted to research and scholarly activities during any of the three year subspecialties?

Answer: As noted in the requirements, the scholarly experience must begin in the first year and continue for the entire period of

training. The Committee recommends that programs provide fellows approximately 12 months for research and scholarly activity. The Committee will use evidence of scholarly products by fellows in assessing the adequacy of the amount of time devoted to research.

Innovation and Experimentation

The Committee encourages programs to “innovate.” Programs that wish to submit proposals for innovative approaches to achieving required experiences are encouraged to complete the Program Experimentation and Innovative Projects Proposal Form located at: <http://www.acgme.org/acWebsite/navPages/ProgramExperimentationInnovativeProjectsProposalForm.doc>. More on innovation will be available in upcoming issues of the newsletter.

Notification Letters via Email

Since the fall of 2006, ACGME no longer sends a hard copy of the RRC’s notification letter via USPS mail. Instead, program directors and DIOs will receive an email notification within a week of the RRC meeting letting them know the program’s status, review cycle and approximate date of the next site visit. Then, within 60 days following the RRC meeting, notification letters are posted on the ACGME’s ADS system. Programs will be notified by email when the letter of notification is ready for review in ADS. In addition, program requirement references now follow all citations in the notification letters. We hope this change will assist programs in interpreting notification letters.

Site Visit Dates via Email

Programs directors and DIOs will also be notified by email of their scheduled site visit date. The email will contain site visitor contact information, and information

regarding postponement requests. The full, hard copy site visit announcement letter, which is sent via US mail, will contain information and instructions for the site visit process. This change was implemented in the fall of 2006 so that program directors could learn of the firm survey date as soon as possible. If the approximate date of the next site visit is near/approaching and you have not received this email notification, contact James Cichon jcichon@acgme.org, in the Department of Field Activities to get a more definitive date of when to expect the site visit.

Tools to Assist Program Directors

Presentations

The presentations provided at the program directors’ workshop in Honolulu in early May have been posted on the website at the following address:

http://www.acgme.org/acWebsite/RRC_320/320_presIndex.asp.

Modest Increases in Resident Complement

The RRC for Pediatrics allows for modest increases in resident complement (defined as 1 or 2 additional residents/fellows per level) without formal approval, however, these increases must be submitted through ADS. The guidelines for resident complement increases are posted on the Pediatrics homepage:

http://www.acgme.org/acWebsite/RRC_320/320_resComp.pdf

RRC Welcomes New Chair: Marcia Hutchinson, MD

Marci Hutchinson, MD is currently the DIO at the Medical Center of Central Georgia in Macon, GA and holds appointment as Associate Dean for GME (Macon campus) with the affiliated medical school, Mercer University School of Medicine. Dr.

Hutchinson has twenty four years of experience in GME, developing a new core pediatric residency for initial accreditation, serving 10 years as program director in that residency, and chairing the GMEC in her institution. She is a general pediatrician, who in the last 15 years of her clinical practice was involved mainly on the inpatient teaching service. In 2004, she moved into hospital administration as Vice President of Medical Affairs in which she performs multiple roles related to both medical education and medical staff. However, her passion remains GME. She enjoys the opportunities to integrate the general competencies into medical staff performance evaluation.

She and her husband Stan are parents to 5 young adults and grandparents of 8 grandchildren, all of whom were born in the five years since Marci has been on the RRC.

RRC Welcomes New Vice-Chair:

Stephen Ludwig, MD

Stephen Ludwig, MD is currently the Associate Physician-in-Chief for Education at The Children's Hospital of Philadelphia (CHOP) and Professor of Pediatrics at The University of Pennsylvania School of Medicine. He chairs the Graduate Medical Education Committee at CHOP and has been the Education Officer and Residency Director for fourteen years. Dr. Ludwig's professional work has been in Pediatric Emergency Medicine, and he holds certificate number 001 in that specialty area. He has also been active as a general pediatrician and child abuse expert. Dr. Ludwig was elected into the Institute of Medicine and was a member of the Board of Directors of the American Board of Pediatrics. He chairs the American Board of Pediatrics Program Directors Committee. He is a member and past-President of the

Academic Pediatric Association, and recipient of the Robert Holm Award from the Association of Pediatric Program Directors. His passion is mentoring students, residents and fellows.

Dr. Ludwig is married and has three adult children, two son-in-laws and one grandson. He grew up in Philadelphia and continues to find it the best city in the United States.

RRC Members

Robert Adler, MD, MEd
William F. Balistreri, MD
Thomas DeWitt, MD
J. Carlton Gartner, Jr., MD
Joseph T. Gilhooly, MD
Marcia B. Hutchinson, MD, *Chair*
Mary W. Lieh-Lai, MD
Stephen Ludwig, MD, *Vice-Chair*
Gail McGuinness, MD, *Ex-officio*
Julia McMillan, MD
Robert Perelman, MD, FAAP, *Ex-officio*
Meredith Riebschleger, MD
Ann E. Thompson, MD
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RRC Meeting and Agenda Closing Date

Meeting: October 26-29, 2008
Agenda Closing: July 31

Meeting: March 29-April 1, 2009
Agenda Closing: December 31

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*Please note new zip code effective: July 1,
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Feedback

We welcome your comments and
suggestions about this newsletter:
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