Updates from the Review Committee for Pediatrics

Susie Buchter, MD, Chair
Caroline Fischer, MBA, Executive Director
Disclosure

We have 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 each nominating organization
Geographic Distribution of the Review Committee

Current members:
CA, CO, CT, FL, GA, MA, MN, MO, NY, OK, PA, SC, UT, VT, and VA

Incoming members:
CA
Review Committee Composition

- Dona S. Buchter, MD (Chair)
- Stephanie B. Dewar, MD
- Shawna Seagraves Duncan, DO
- Alan H. Friedman, MD
- Lynn Garfunkel, MD
- Rani Gereige, MD, MPH, FAAP (Vice Chair)
- Bruce Herman, MD
- Jason Homme, MD
- Jennifer Kesselheim, MD
- Su-Ting Li, MD, MPH (effective July 1, 2020)
- Richard B. Mink, MD, MACM
- Michelle Montalvo Macias, MD
- Adam Rosenberg, MD
- Nefertari Terrill-Jones, MD, ( Resident)
- Judith S. Shaw, EdD, MPH, RN, FAAP (Public Member)
- Linda Waggoner-Fountain, MD, MAMEd, FAAP
# 2018-2019 Status Decisions

<table>
<thead>
<tr>
<th>Status</th>
<th>Core</th>
<th>Subs</th>
<th>Med-Peds</th>
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<tr>
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</table>
Citations vs. Areas for Improvement (AFIs)

- Core programs: 113 citations, 173 AFIs
- Subspecialty programs: 95 citations, 351 AFIs

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2018-2019 Frequent Citations

Categorical Pediatrics Programs

- Learning and working environment
  - 80 hours
- Faculty qualifications
- Board pass rate
- Faculty member responsibilities (time, interest)
- Evaluations (timely feedback)
2018-2019 Frequent AFIs
Categorical Pediatrics Programs

- Educational content
  - Appropriate balance for education
  - Education compromised by service
  - Opportunities for scholarly activity
  - Procedural experience
  - Evaluations

- Accurate/complete information
- Resources
  - Process to deal with problems/concerns
  - Raise issues/concerns without fear
- Learning and working environment
- Faculty supervision and teaching
2018-2019 Frequent Citations

Subspecialty Programs

- Faculty qualifications
- Learning and working environment
  - 80 hours
- Evaluations (timely feedback, Program Evaluation Committee composition)
- Qualifications of the program director (lack of scholarly activity)
2018-2019 Frequent AFIs

Subspecialty Programs

- Evaluations
  - Timeliness of feedback
  - Faculty supervision and teaching
- Resources
  - raise concerns without fear
  - process to deal with problems/concerns
- Educational content
  - Appropriate balance for education
  - Education compromised by service
  - Inaccurate/incomplete information
Incomplete/Inaccurate Data

- Faculty Roster – current certification information
  - Participating in Maintenance of Certification – MOC/CC Requirements
  - Re-certified should not be used
- CVs – current licensure, scholarly activities from last five years
- Block Diagram – follow instructions in Accreditation Data System (ADS), provide key for abbreviations, do not include individual schedules
Guide to Construction of a Block Diagram

A block diagram is a representation of the rotation schedule for a resident in a given postgraduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year. It does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.

- Create and upload a PDF of your program’s block diagram using the information below as a guide.
- Two common models of the block diagram exist: the first is organized by month, the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a “Notes” section accompanying the block diagram. Examples of other less common models are also provided below.
- In constructing the block diagram, include the participating sites in which rotations take place, as well as the name of the rotation. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
- Group the rotations by site. For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.
- When “elective” time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.
- Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the resident spends in outpatient activities should be noted.

Sample Block Diagrams

Block Diagram 1
In this example, the year’s rotations are divided into 13 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tr>
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<td>Site 1</td>
<td>Site 1</td>
<td>Site 1</td>
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<td>Rotation Name</td>
<td>Wards</td>
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<td>ICU</td>
<td>ICU</td>
<td>Wards</td>
<td>ED</td>
<td>ICU</td>
<td>Clinic</td>
<td>Wards</td>
<td>Clinic</td>
<td>Elect/Vac</td>
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<td>% Outpatient</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>100</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>% Research</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>

Block Diagram 2
In this example, the year’s rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time and electives.

<table>
<thead>
<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<td>Rotation Name</td>
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<td>ICU</td>
<td>Wards</td>
<td>ED</td>
<td>ICU</td>
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<td>Wards</td>
<td>Clinic</td>
<td>Elect/Vac</td>
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<tr>
<td>% Outpatient</td>
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<td>20</td>
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<tr>
<td>% Research</td>
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<td>0</td>
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</tbody>
</table>

Block Diagram 3
In this example, the year’s rotations are divided into six blocks of equal duration. One of the blocks is used for an elective, which can be chosen from a list of elective rotations and a vacation month.

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
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<td>Site 2</td>
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<td>100</td>
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<td>0</td>
<td>0</td>
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</table>

Notes
- Pediatric electives: Cardiology/Neonatal Site 1
- Pulmonary Disease Inpatient Site 2
- Gastroenterology Inpatient Site 3
- Gastroenterology Outpatient Site 1

Block Diagram 4
In this example, for a subspecialty program, the year’s rotations are divided into four equal blocks. Structured research time comprises 40% of the resident’s time on the specialty outpatient month. There is one three-month block devoted entirely to research.

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>Site 1</td>
<td>Site 2</td>
<td>Site 3</td>
<td>Site 3</td>
</tr>
<tr>
<td>Rotation Name</td>
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<td>Specialty Outpatient</td>
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<td>Research</td>
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<tr>
<td>% Outpatient</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% Research</td>
<td>0</td>
<td>40</td>
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<td>100</td>
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Avoiding Common Errors in ADS

- Instructional videos on the Distance Education website LEARN at ACGME
  - Responding to Citations
  - Entering Scholarly Activity into ADS
  - Creating an Effective Block Schedule
Pediatrics Program Requirements

- Focused revision
- Minimum number of core faculty members or core faculty/resident ratio
- Frequent rotational transitions, length of educational experiences, and supervisory continuity
Pediatrics Program Requirements

- Program director must participate in either pediatrics or subspecialty MOC
- Mental health
  - Patient care competency
  - Curriculum
Procedure Requirements

- Will be revised in conjunction with the next full revision
- Information will be gathered on the procedures performed/availability of procedures
- Consideration will be given to the future practice of pediatricians
Compliance with Procedure Requirements

- Review Committee will take into consideration national difficulty in achieving competence in some procedures (e.g., neonatal intubation)

- Simulation may be used, but competence should ultimately be demonstrated with an actual patient
Internal Medicine-Pediatrics Program Requirements

- Focused revision
- Minimum number of core faculty members or core faculty/resident ratio
- Frequent rotational transitions, length of educational experiences, and supervisory continuity
Pediatric Emergency Medicine Program Requirements

- Focused revision
- Correct outline in section IV.C.3.b).(3)-(8); should be numbered IV.C.3.c)-h)
Pediatric Critical Care Medicine Program Requirements

- Focused revision
- Clarify the required minimum time spent in the PICU
- Clarify experiences that count toward the non-ICU experiences
PHM Timeline

- Proposed requirements were posted for review and comment in the spring
- The Review Committee reviewed the comments and made revisions to the proposed requirements
- Proposed requirements reviewed for approval by the ACGME Board in September 2019
- Approved requirements and application form should be available in late October
- Applications to be reviewed by the Review Committee in 2020
# Upcoming Review Committee Meeting Dates

<table>
<thead>
<tr>
<th>Meeting Dates:</th>
<th>Agenda Closes:</th>
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<tbody>
<tr>
<td>January 27-29, 2020</td>
<td>November 29, 2019</td>
</tr>
<tr>
<td>April 23-24, 2020</td>
<td>February 28, 2020</td>
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<tr>
<td>September 14-15, 2020</td>
<td>July 17, 2020</td>
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Compliance with Diversity Requirements

- Each program/Sponsoring Institution should develop an intentional workforce plan with respect to diversity and inclusion.
- Descriptions of processes (i.e., initiatives, methods, procedures) used to address elements of the requirement will be described in the ADS Annual Update: Workforce Plan.
  - Review Committees will not review this year; responses will be reviewed by the Chief Diversity and Inclusion Officer.
- Initially, emphasis will be on ensuring processes are undertaken rather than outcomes achieved because actualizing diversity goals is a long-term commitment.
- New relevant questions will be added to the Resident and Faculty Surveys.
Faculty Scholarly Activity

- Focus is on the scholarly environment provided by the faculty as a whole
- Different metrics are not currently in place for core versus non-core faculty members
  - Further discussion needs to occur
Common Program Requirements
Task Force 3

- Formed to discuss whether Common Program Requirements need to be changed in the following areas:
  - Supervision as relates to telemedicine
  - Faculty member hours
- Task Force recommendations to be reviewed by the ACGME Board and then posted for review and comment
Self-Study and 10-Year Accreditation Site Visit Dates

- Programs with a scheduled Self-Study date prior to April 2019 will likely have their 10-Year Accreditation Site Visit more than 24 months after the Self-Study date listed in ADS.

- Programs with Self-Study dates of May 2019 and beyond will have their Self-Study dates pushed forward into the future (exact timeframe under review).

- Letters being sent this week to those programs with current Self-Study dates of January 2020 through December 2021 identifying new dates.
X+Y AIRE Pilot

- 11 pediatrics programs were approved to participate in an Advancing Innovation in Residency Education (AIRE) proposal pertaining to X+Y Immersion Scheduling

- These 11 programs have been granted a waiver to the requirement that continuity sessions must not be scheduled in fewer than 26 weeks per year

- Contact Joanna Lewis, MD, Program Director, Advocate Health Care (Advocate Children's Hospital/Park Ridge) program if interested in participating in the pilot

  - Approval is then required by the Review Committee
X+Y AIRE Pilot

- Review Committee will use the data collected during the pilot to help inform potential revisions to the continuity clinic requirements

- Currently programs are allowed to implement a modified X+Y schedule with added continuity sessions throughout the year
Milestones 2.0

- The Core Pediatrics Working Group met in August 2019 for its first of three meetings
  - Next meetings will occur in February and March
  - Draft will be posted for review and comment
- Pediatric subspecialty Milestones to be reviewed after the core Pediatrics Milestones are completed
Program Resources

www.acgme.org

- Accreditation Data System (ADS)
- ACGME Policies and Procedures
- FAQ documents (e.g., Milestones, Common Program Requirements)
- Milestones and Clinical Competency Committee Guidebooks
- List of accredited programs
- General information on the site visit process and your Accreditation Field Representative(s)
Online Learning

The ACGME’s online learning platform offers:

- Assessments
- Courses
- Discussion Forums
- On-Demand Webcasts
- Videos

Topics include:

- Best Practices for the ADS Annual Update
- Diversity
- Evaluation and Assessment
- Faculty Development
- Physician Well-being
- Many more…

www.acgme.org/distancelearning
Program Resources New

Program Directors’ Guide to the Common Program Requirements

- Available in ~October
- Residency version
- Fellowship version
- E-book version and interactive version
- E-book will be housed in LEARN at ACGME
Program Resources cont.

- Pediatrics web pages
  - Program Requirements and application forms
  - Milestones
  - Presentations
  - Complement increase policy

- 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

ADS: ads@acgme.org
  - Lauren Criste (lcriste@acgme.org) 312.755.7443

Site Visit:
  - Linda Andrews, MD (landrews@acgme.org) 312.755.5003
  - Andrea Chow (achow@acgme.org) 312.755.5009
  - Penny Iverson-Lawrence (pil@acgme.org) 312.755.5014

Requirements, Forms, or Notification Letters:
  - Caroline Fischer (cfischer@acgme.org) 312.755.5046
  - Denise Braun-Hart (dbraun@acgme.org) 312.755.7478
  - Elizabeth Prendergast (eprendergast@acgme.org) 312.755.7054
Thank you!