Disclosure

We have no conflicts of interest to report.
Review Committee Composition

Four appointing organizations
- American Academy of Pediatrics (AAP), American Board of Pediatrics (ABP), American Osteopathic Association (AOA), American Medical Association (AMA)

Generalists, subspecialists, one public member
One ex-officio (non-voting) member each
- AAP, ABP, AOA, AMA

Six-year terms – except resident (two years)
Geographic Distribution
The Review Committee for Pediatrics


Incoming members: AL, NY (2), and WA

Departing members: CA, FL, GA, MO, and NY
Review Committee Composition

- Dona S. Buchter, MD (Chair)
- Stephanie B. Dewar, MD (Chair-Elect)
- Shawna Seagraves Duncan, DO
- Lynn Garfunkel, MD
- Rani Gereige, MD, MPH, FAAP (Vice Chair)
- Bruce Herman, MD
- Jason Homme, MD
- Jennifer Kesselheim, MD
- Su-Ting Li, MD, MPH
- 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

Effective July 1, 2021:
- Gabriel M. Daniels, MD (Resident)
- Heather A. McPhillips, MD, MPH
- Ivelisse Verrico, MD, FACP, FAAP
- Patricia Vuguin, MD
## 2020-2021 Status Decisions

<table>
<thead>
<tr>
<th>Status</th>
<th>Core</th>
<th>All Subs</th>
<th>PHM</th>
<th>Med-Peds</th>
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<tr>
<td>Initial Accreditation</td>
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<td>21</td>
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<td>Withdrawal of Accreditation</td>
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<td>0</td>
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</tbody>
</table>
Citations vs. Areas for Improvement (AFIs)

Pediatric Hospital Medicine Programs

Citations: 38
AFIs: 54
Frequent Citations

Curriculum

- 32 weeks of individualized curriculum
- 32 weeks of scholarly activity

Supervision

- Guidelines for communicating with faculty members
- Levels of supervision
Frequent Citations cont.

Evaluations

- Summative evaluation – Verification Statement | the final evaluation must verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

- Composition of the Program Evaluation Committee | fellow member

Faculty/program director scholarly activity
Frequent AFIs

- Incomplete/inaccurate data (60%)
- Faculty scholarly activity
Incomplete/Inaccurate Data

Faculty Roster | Current certification information

- Participating in MOC/CC
- Re-certified should not be used

CVs | Current licensure, scholarly activities from last five years

Medical centers with multiple campuses or hospital with satellite sites should have each site listed separately

Block Diagram | Follow instructions in ADS, provide key for abbreviations, do not include individual schedules, identify individualized curriculum
Programs Impacted by COVID-19

- The Review Committee appreciates the efforts of the pediatrics community during this pandemic
- The primary concern has been for the safety and wellness of patients and fellows
- The Review Committee understands that disruptions in inpatient, outpatient, and procedural experiences may occur
- The Review Committee will consider the context of these disruptions when reviewing programs
Programs Impacted by COVID-19

- Program/institutional leadership should carefully monitor the extent of disruptions to the standard curriculum and exercise all options necessary to minimize the disruptions.

- Where there are deficiencies in education and training, the program should assess each resident's competence to ensure that each resident has sufficient experience to enter autonomous practice.

- There must be strict adherence to work hour limitations and supervision requirements.
Pediatric Hospital Medicine

Program Requirements Focused Revision

Clarify the expectations of the community site experience

Clarify the expectations of the individualized curriculum

Grace period for program director and faculty members to achieve certification in pediatric hospital medicine extended to 2025.

- Prior to 2025, the program director and faculty members must hold current certification by the American Board of Pediatrics (ABP) and are expected to take the pediatric hospital medicine certifying examination by 2024.

The Review Committee has reviewed the comments received during the review and comment period

Proposed revisions submitted for review and approval by the ACGME Board at its September 2021 meeting

Effective date is anticipated to be July 1, 2022
Accreditation Review Process

- Continuous accreditation
- Site visits
- ADS changes
- Documentation
- Status options/program notification
- Resources
The Steps to Continuous Accreditation

Program Application
Once an application is submitted, a site visit will be scheduled for core programs or placed on the next meeting for subspecialty programs.

Initial Site Visit
A site visit will occur within two years of Initial Accreditation for all programs.

Annual Data Review
After a program achieves Continued Accreditation, data elements are reviewed on an annual basis.

Self-Study | 10-Year Accreditation Site Visit
A full site visit occurring every 10 years for each accredited Sponsoring Institution and program and preceded by a comprehensive Self-Study process.
## Site Visits

<table>
<thead>
<tr>
<th>Applications</th>
<th>Initial to Continued</th>
<th>Data Prompted</th>
<th>10-Year Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Applies only to core programs applying for accreditation</td>
<td>• Full site visit after Initial Accreditation period of two years</td>
<td>• Full or focused site visit</td>
<td>• Full site visit</td>
</tr>
<tr>
<td>• No minimum notice required</td>
<td>• Requires document preparation</td>
<td>• Typically requires no document preparation</td>
<td>• 90-day notification</td>
</tr>
<tr>
<td></td>
<td>• 30-day notification</td>
<td>• 30-day notification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Black-out dates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Applications**: Full or focused site visit typically requires no document preparation. A 30-day notification is required.
- **Initial to Continued**: Full site visit after initial accreditation, requiring no document preparation. A 30-day notification is also required. Black-out dates are applicable.
- **Data Prompted**: Full site visit after the initial accreditation period of two years. Requires document preparation, with a 30-day notification and black-out dates.
- **10-Year Visits**: Full site visit with a 90-day notification.
Accreditation Site Visits

- March 2020 | Suspension of in-person site visits
- June 2020 | Remote site visits started
- Site visits will be conducted remotely through June 2021
- Site visits have primarily been focused on new applications, data-prompted visits, and complaints
- The ACGME is establishing how remote and in-person site visits will be used when the ACGME returns to using both site visit modes for the accreditation process
Preparing for the Site Visit

- Site Visit Announcement Letter | letter of instruction
- Update ADS
- Update specialty-specific application form
- Upload required documents
- Have other requested documentation available
Letter of Instruction

- Type of visit (remote vs. in-person)
- Identifies Accreditation Field Representative(s)
  - Site visit agenda and start time
  - Who will be interviewed (program director, faculty members, fellows, DIO)
  - Individual/group interviews
- Documentation instructions
Updating ADS

- Faculty and fellow scholarly activity tables
- Faculty and Fellow Rosters
- Block Diagram
- Answer/update responses to all questions in the Program Information section
- Answer/update responses to all questions in the Common Program Requirement questions section
- Major Changes and Other Updates (Fellow Survey issues; pandemic questions)
- Respond to any previous citations
Responding to a Citation

- Be clear and concise
- Outline implemented action plan
- Describe verifiable outcomes
  - *If goals not met, explain why and outline next steps*
- View the “Responding to Citations Video”
List the program director, associate program director(s), site director(s), research mentors, and minimum required number of core physician faculty members. Additional faculty may be added at the discretion of the program director.

No more than 30 faculty should be listed.

Faculty may be designated as core faculty at the discretion of the program director.

All faculty listed on the Faculty Roster will participate on the Faculty Survey. Faculty scholarly activity will be reported for all faculty irrespective of core or non-core designation.

Download Faculty CV Template
Faculty Certification Information

Be sure to use the appropriate certification status:

- Time Limited/Original Currently Valid
- Time Unlimited
- Re-Certified
- MOC/CC Requirements
- Osteopathic Continuous Certification (OCC)
- Certification Lapsed
**Faculty Certification Information cont.**

NEW!
Faculty certification statuses imported monthly from the ABMS
Programs still required to enter data with future phase out

The ACGME plans to eventually phase out the manual entry of faculty certification data and use information provided by ABMS. During this transition, use the information below to verify data entry of certification data.

<table>
<thead>
<tr>
<th>Board Name</th>
<th>Board Certification Name</th>
<th>Certification Status</th>
<th>Board Duration Type</th>
<th>Board MOC Requirement Type</th>
<th>Initial Certification Date</th>
<th>Certificate Start Date</th>
<th>Certificate End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics</td>
<td>Pediatric Endocrinology</td>
<td>Active</td>
<td>MOC</td>
<td>Yes</td>
<td>11/19/2007</td>
<td>1/1/2015</td>
<td>No Date Present</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Pediatrics</td>
<td>Active</td>
<td>MOC</td>
<td>Yes</td>
<td>10/21/2003</td>
<td>1/1/2011</td>
<td>No Date Present</td>
</tr>
</tbody>
</table>

- Data imported monthly from ABMS. Date of last import listed above.
- Data is matched to each faculty using name, National Provider ID (NPI), date of birth and medical school graduation year.
  - If the information provided by the program is entered incorrectly, no ABMS match will occur or the match may be inaccurate.
  - If the table displays no information, no ABMS match was found.
- If faculty recently obtained new certification or updated their certification status, the ABMS information may not appear until the next monthly import.
- If a faculty member is new to the ACGME database, ABMS certification data will appear here within 24 hours.

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Standard Block Diagram Instructions

Pediatrics Subspecialty Programs

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 only be 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 must 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 site in which a rotation takes 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 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 example, rotation, the percentage of the time the resident spends in outpatient activities should be divided.

Sample Block Diagrams

<table>
<thead>
<tr>
<th>Block Diagram 1</th>
<th>Block Diagram 2</th>
<th>Block Diagram 3</th>
<th>Block Diagram 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site 1</td>
<td>Site 1</td>
<td>Site 1</td>
<td>Site 1</td>
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<tr>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 2</td>
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<tr>
<td>Site 3</td>
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<td>Site 4</td>
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<td>Site 5</td>
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</tr>
<tr>
<td>Site 12</td>
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</tr>
</tbody>
</table>

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Specialty-Specific Block Diagram Instructions

Pediatrics Residency Programs

Guide to Construction of a Block Diagram for Pediatrics Residency Programs

Review Committee for Pediatrics

A block diagram is a representation of the rotation schedule for a resident in a given post-graduate 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 in the program. The block diagram should not include resident names.

- Create and upload a PDF of the 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. Regardless of the model used, the block diagram must 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.
- In constructing the block diagram, include the participating site at which a rotation takes 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. The following abbreviations should be used when completing the block diagram:

<table>
<thead>
<tr>
<th>ADOL</th>
<th>Adolescent Medicine</th>
<th>NICU</th>
<th>Neonatal Intensive Care Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI</td>
<td>Acute Illness</td>
<td>PEM</td>
<td>Pediatric Emergency Medicine</td>
</tr>
<tr>
<td>CM</td>
<td>Community Pediatrics and Child Advocacy</td>
<td>PICU</td>
<td>Pediatric Intensive Care Unit</td>
</tr>
<tr>
<td>DBP</td>
<td>Developmental-Behavioral Pediatrics</td>
<td>RS</td>
<td>Required Subspecialty (required by program, or chosen by resident, to fulfill the requirement for four block subspecialty months from List 1 in the requirements)</td>
</tr>
<tr>
<td>ELEC</td>
<td>Electives (experiences chosen by the residents over and above their required experiences)</td>
<td>SP</td>
<td>Subspecialty Experience (subspecialty experience, block or longitudinal, used to fulfill the additional three months of required subspecialty experience, from List 1 or 2)</td>
</tr>
<tr>
<td>GP</td>
<td>General Pediatrics</td>
<td>TN</td>
<td>Term Newborn</td>
</tr>
<tr>
<td>IC</td>
<td>Individualized Curriculum</td>
<td>VAC</td>
<td>Variation</td>
</tr>
</tbody>
</table>

*Identify the choice of subspecialty experiences below the block diagram.

Sample 1
This is a commonly used example in which the year’s rotations are divided into 12 (presumably one-month) rotations. Rotations may include structured outpatient or research time and electives.

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<th>9</th>
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<th>11</th>
<th>12</th>
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</thead>
<tbody>
<tr>
<td>Site</td>
<td>Site 1</td>
<td>Site 1</td>
<td>Site 1</td>
<td>Site 1</td>
<td>Site 1</td>
<td>Site 2</td>
<td>Site 2</td>
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</tr>
<tr>
<td>Rotation Name</td>
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<td>GP</td>
<td>GP</td>
<td>PEM</td>
<td>CM</td>
<td>DBP</td>
<td>NICU</td>
<td>PICU</td>
<td>RS</td>
<td>RS</td>
<td>SP</td>
<td>IC</td>
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<tr>
<td>% Outpatient</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
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<tr>
<td>% Research</td>
<td>variable</td>
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<td>variable</td>
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<td>variable</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<td>EM</td>
<td>CM</td>
<td>IC/VAC</td>
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</tr>
<tr>
<td>% Outpatient</td>
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<td>IC/VAC</td>
<td>IC/VAC</td>
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</tr>
</tbody>
</table>

Sample Notes:
Four months of required subspecialty experiences may include:
- Pediatric Cardiology
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Neurology
- Pediatric Neurology
- Pediatric Pulmonology

Three months of additional subspecialty experiences may include:
- Child and Adolescent Psychiatry
- Pediatric Anesthesiology
- Pediatric Orthopaedic Surgery
- Pediatric Radiology

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Completing/Updating Specialty-Specific Application Form

- Use the most recent version of the application form
- Follow the instructions
- Fully describe the program with the requirements in mind
  - For new applications describe how the program will operate
- Answer each question
- Provide consistent responses
- Fully explain abbreviations and local terms
- Gather data in advance
Required Documents

- Program Letters of Agreement
- Goals and Objectives
- Policy for Supervision of Fellows
- Forms used for evaluation of faculty members
- Forms used for semiannual and final evaluations
- Policy for Clinical and Educational Work Hours

- Forms used for resident/fellow evaluation of the program
- Forms used for faculty evaluation of the program
- Forms used for evaluation of the resident/fellow by faculty members
- Forms used for multi-source evaluation of the resident/fellow
- Policy for Resident/Fellow and Faculty Member Well-being
Other Requested Documentation

- Completed final, semi-annual, rotation, and multi-source evaluations of the fellows
- Completed evaluations of the faculty members by fellows
- Conference schedules
- Program-specific policies for supervision (i.e., progressive responsibility, faculty member responsibility, circumstances that require fellows communicate with appropriate faculty members)
Other Requested Documentation

- Sample of work hour report demonstrating the program’s work hour monitoring system
- Sample documents demonstrating fellow participation in patient safety and quality improvement activities
Fellow Files

- Fellow files may be contained in an electronic system or in a combination of paper and electronic records.
- Secure storage to prevent loss of records, and electronic file back-up and recovery protocols must be in place and consistently followed.
- These records must be available for review by the Accreditation Field Representative at the time of the site visit.
Fellow Files Content

- Written evaluations from multiple evaluators, including self-evaluations, as specified in the Program Requirements
- Periodic evaluations (every six months) by the Clinical Competency Committee, and discussed with the fellow by the program director or a designee
- Records of the fellow’s rotations and other training experiences, including surgical and procedural training as applicable
- Medical school and residency graduation documentation, and Education Commission on Foreign Graduate Medical Education (ECFMG) certification for international medical graduates
- For fellows engaged in moonlighting, a prospective, written statement of permission from the program director
Fellow Files Content *Cont.*

- Documentation of current training or permanent licensure
- Documentation of required added training, such as ACLS, PALS, etc.
- Documentation of scholarly activity and quality improvement projects, including records of presentations, abstracts, and publications
- Records of any educational disciplinary actions, as pertinent to the fellow
- Other content as determined by the program director and/or the Sponsoring Institution
Accreditation Status Options
for New Applications

- New Application
- Initial Accreditation
- Accreditation Withheld
- Reaplication anytime or Appeal
Accreditation Status Options
Following the Initial Site Visit

- Initial Accreditation
  - Continued Accreditation
  - Continued Accreditation without Outcomes
  - Initial Accreditation w/Warning
    - site visit in 1 year
  - Withdrawal of Accreditation

- Continued Accreditation
- Withdrawal of Accreditation
Communicating Results Back to the Program(s)

5 Days

• Within five business days following the Review Committee meeting
  • Email notifications are sent to the program director(s), DIO, and program coordinator containing accreditation status decisions

60 Days

• Up to 60 days following the Review Committee meeting
  • Letters of Notification (LONs) are posted to ADS
  • Program director(s), DIO, and program coordinator are notified via email that LON is available
  • LONs attached to email notifications for all programs
Distance Learning

Learn at ACGME offers:
- Interactive Courses
- Video Presentations
- Discussion Forums
- On-Demand Webcasts
- Toolkits and Assessments

Topics include:
- Best Practices for the ADS Annual Update
- Diversity, Equity, and Inclusion
- Evaluation and Assessment
- Faculty Development
- Physician Well-Being
- Many more…

www.acgme.org/distancelearning
Program Resources

www.acgme.org

ACGME Policies and Procedures

Accreditation Data System | ADS Public Site

Clinical Competency Committee (CCC) Guidebook

Milestones Guidebook | Milestones FAQs

How to Complete an Application

Institutional Requirements

Sample Program Letter of Agreement (PLA)

FAQs for New Programs

OPEN | Journal of Graduate Medical Education

NEW | ACGME Resident Survey/Common Program Requirements Crosswalk

Program Requirements and Application Forms | Access via specialty pages

Common Resources (e.g., Program Directors’ Guide to the Common Program Requirements, ACGME Glossary of Terms, Common Program Requirements FAQs, Key to Standard LON) | Access via specialty pages

Site Visit Information (e.g., types of visits, Site Visit FAQ, remote site visit FAQs, listing of accreditation field representatives)

Weekly e-Communication | Sent via email
ACGME Contacts

Technical questions related to:
- ADS

Data Systems Technical Support

Accreditation Data System (ADS), Resident Case Log System
E-mail: ADS@acgme.org or contact your ADS representative in the table below.

Resident Survey
E-mail: ressurvey@acgme.org

Faculty Survey
E-mail: facsurvey@acgme.org

For best response time, please send all questions by e-mail. This allows support staff to properly address and prioritize all issues.
ACGME Contacts

Questions related to:

- Site visits

Accreditation Field Activities
Fieldrepresentatives@acgme.org
For a complete listing of the Accreditation Field Representatives, visit the Accreditation Field Representatives Listing page.

Field Activities
Linda Andrews, MD | landrews@acgme.org
Andrea Chow | achow@acgme.org
Penny Iverson-Lawrence | pil@acgme.org
ACGME Contacts

General (non-specialty-specific) Questions:

accreditation@acgme.org

Questions related to:
- Requirements
- LONs

Review Committee Team
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Accreditation Administrator, RC for Pediatrics, and Physical Medicine and Rehabilitation
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epreterdergast@acgme.org
312.755.7054
# Upcoming Meeting Dates

<table>
<thead>
<tr>
<th>Meeting Dates:</th>
<th>Agenda Closes:</th>
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<tbody>
<tr>
<td>September 30-October 1, 2021</td>
<td>July 30, 2021</td>
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<tr>
<td>January 24-26, 2022</td>
<td>November 23, 2021</td>
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<td>April 11-12, 2022</td>
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<tr>
<td>September 12-13, 2022</td>
<td>July 12, 2022</td>
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Questions?