Updates from the Review Committee for Pediatrics

Caroline Fischer, MBA, Executive Director
Disclosure

I 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 appointing 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
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 to be 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>
</tr>
</thead>
<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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Factors to Consider

- Substantial compliance
- Adequate time to complete application
- Board eligibility criteria
Potential Requirement Changes

- List of specific conditions (acute kidney injury, asthma, etc.) removed
- List of specific surgical diagnoses removed
- List of procedures modified
- Broader clinical areas in medical knowledge section moved to patient care section (children with multiple co-morbidities, children with special health care needs, etc.)
Potential Requirement Changes

- Rotation length specified in weeks, which provides flexibility to assign one or two week rotations, in addition to four-week and one-month rotations.

- Eight months devoted to scholarly activity, not necessarily research.
Accreditation Data System (ADS)

- A web-based system that contains critical accreditation data for all Sponsoring Institutions and programs
- Serves as an ongoing communication tool with programs and Sponsoring Institutions and incorporates several ACGME applications and functions
- Basic setup and password assignment is required to access ADS - DIO, program director, and coordinator
Accreditation Data System (ADS)

- The ACGME data systems can be accessed anywhere with an Internet connection using Microsoft Windows or Mac operating systems – includes mobile devices.
Components of ADS

- Initial application completion
- ADS Annual Update
- Changes (minor and significant)
- Faculty Survey administration
- Resident Survey administration
- Resident competency evaluation – Milestones
- Resident Case Log System
Application Process

- Electronic process
- Initiated by DIO
- Program director sent username and password for application completion
- Two sections: Common (ADS) and specialty-specific (MS Word)
- Requires electronic sign-off by the DIO
- Locked after submission – NO changes
- Review Committee team is notified application has been submitted
General Program Data

- General program information
  - Contact information
- Program coordinator
- Program’s Mission Statement
- Program’s aims (goals/objectives)
General Program Data

- Achieve/ensure diversity in fellow recruitment, selection, and retention
- Achieve/ensure diversity in individuals participating in the program (e.g., faculty, personnel)
- Faculty development
- Fellow education/experiences, program resources, evaluation
Participating Sites

- Primary clinical site
- Other participating sites
  - Site director
  - Educational rationale for using site
- Program Letters of Agreement (PLAs)
Faculty Roster

- List pediatric hospital medicine faculty members
- Identify core faculty members
  - Have a significant role in the education and supervision of fellows
  - Devote a significant portion of their entire effort to fellow education and/or administration
  - Teach, evaluate, and provide formative feedback to fellows
Faculty Roster

- Certification status
- Program director and faculty one-page CVs
  - Check for accuracy
  - Scholarly activity from last five years only
  - Equivalent qualifications
- Non-physician Faculty Roster
Faculty Scholarly Activity

Now required for ALL faculty members

- Everyone listed needs a response
- List activity that occurred during the previous year
- System will give an error message when you try to reuse PMID for the same person
Faculty Scholarly Activity

If a faculty member is found in another program within the same Sponsoring Institution, programs have the ability to copy scholarly activity from that program.
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 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 footnoted 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 (presumed one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.

<table>
<thead>
<tr>
<th>Block</th>
<th>Site</th>
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<td>Site 1</td>
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<td>Site 1</td>
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<td>Site 1</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 3</td>
<td>Site 3</td>
<td>Site 3</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>Wards</td>
<td>Wards</td>
<td>Lab</td>
<td>ICU</td>
<td>ICU</td>
<td>Wards</td>
<td>Wards</td>
<td>ICU</td>
<td>ICU</td>
<td>Clinic</td>
<td>Wards</td>
<td>Clinic</td>
</tr>
<tr>
<td>% Outpatient</td>
<td>20</td>
<td>20</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>50</td>
<td>100</td>
<td>0</td>
<td>100</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>% Research</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Block</th>
<th>Site</th>
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<th>Site</th>
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<tbody>
<tr>
<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>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 3</td>
<td>Site 3</td>
<td>Site 3</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>Wards</td>
<td>Wards</td>
<td>Lab</td>
<td>ICU</td>
<td>ICU</td>
<td>Wards</td>
<td>Wards</td>
<td>ICU</td>
<td>ICU</td>
<td>Clinic</td>
<td>Wards</td>
<td>Clinic</td>
</tr>
<tr>
<td>% Outpatient</td>
<td>30</td>
<td>30</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>20</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>% Research</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
</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>Site</th>
<th>Site</th>
<th>Site</th>
<th>Site</th>
<th>Site</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site 1</td>
<td>Site 1</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 3</td>
<td>Site 3</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>ICU</td>
<td>Med. Out.</td>
<td>Wards</td>
<td>E/G</td>
<td>Wards</td>
<td>Elect./Vac.</td>
</tr>
<tr>
<td>% Outpatient</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% Research</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Notes
- Pediatric electives: Cardiology/Neurology Site 1
- Pulmonary Disease Inpatient Site 1
- Gastroenterology Inpatient Site 3
- Pulmonary Disease Outpatient 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>Site</th>
<th>Site</th>
<th>Site</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site 1</td>
<td>Site 2</td>
<td>Site 2</td>
<td>Site 3</td>
<td>Site 3</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>Specialty Outpatient</td>
<td>Specialty Outpatient</td>
<td>Wards</td>
<td>Research</td>
</tr>
<tr>
<td>% Outpatient</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% Research</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
</tr>
</tbody>
</table>
Attachments

- Specialty-specific application form
- Block Diagram
- PLAs
- Policy for Clinical and Educational Work Hours
- Policy for Supervision of Fellows
- Policy for Fellow and Faculty Member Well-being
- Goals and Objectives
- Forms used for Fellow Evaluation of Program
- Forms used for Faculty Evaluation of Program
- Forms used for Evaluation of Faculty Member
- Evaluation of Fellow by Faculty Member
- Multi-source Evaluation of Fellow
- Semiannual and Final Evaluations
Specialty-Specific Section

- To be developed
- Common areas across pediatric subspecialties
  - Patient data (census, consecutive diagnoses)
Specialty-Specific Section

- Program leadership/coordinator protected time
- Faculty disciplines/other personnel tables
- Settings and activities in which fellows develop competence in the required areas
Specialty-Specific Section

- Conference list
- General subspecialty curriculum
- Faculty publications/grants
- Fellow scholarly projects
Application Tips

- Fully describe the program with the requirements in mind
  - How will the program operate
- Answer each question
- Be consistent in responses
- Work with pediatrics/other pediatric subspecialty programs to gather data in advance
Communicating Results Back to the Program(s)

- **Within 5 business days following the Review Committee meeting**
  - Email notifications are sent to the program director(s), DIO, and program coordinator containing accreditation status decisions

- **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

5 Days

60 Days
**LON Sections**

| EFFECTIVE DATE OF ACCREDITATION |
| Date of RC meeting or retroactive to beginning of the academic year |

| SITE VISIT DATE |

| AREAS NOT IN COMPLIANCE (Citations) |
| The Review Committee cited the following areas as not in substantial compliance with the ACGME’s Program Requirements and/or Institutional Requirements |

**NEW CITATIONS**

| Citation Description: Text | Since: Date | Status: New |

| AREAS FOR IMPROVEMENT / CONCERNING TRENDS |
| The Review Committee identified the following areas for program improvement and/or concerning trends: |

| OTHER COMMENTS/COMMENDATIONS |
Citations and Areas for Improvement (AFIs)

**Citations**
- Require response in ADS
- Identify areas of non-compliance linked to specific Program Requirements
- Responses reviewed annually by the Review Committee
- Remain active until corrected
- Trend

**AFIs**
- Do not require response in ADS
- Can represent “general concerns” (but are often tied to Program Requirements)
- Result from annual review of program data elements
- Not automatically carried over
- First time occurrence
2018-2019 Frequent Citations

Subspecialty Programs

- Qualifications of the faculty members
- Curricular development (structured didactics)
- Patient care experience (inadequate number/variety)
- Qualifications of the program director (lack of scholarly activity)
2018-2019 Frequent AFIs

Subspecialty Programs

- Evaluations
  - Timeliness of feedback
  - Faculty supervision and teaching
- Resources
  - Fellows can raise concerns without fear
  - Satisfied with 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 ADS, provide key for abbreviations, do not include individual schedules
Accreditation Status Options
for New Applications

New Application

- Initial Accreditation
- Accreditation Withheld
  - Reaplication anytime or Appeal
Initial Accreditation

- Site visit in approximately two years
- Submit updated application form
- Submit annual data
Accreditation Withheld

- May reapply at any time
- Reaplication within two years includes program history
  - Must address previous citations
- Site visit at the discretion of the Review Committee
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 site visitor
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
Avoiding Common Errors in ADS

- Instructional videos on the ACGME Distance Learning web page
  - Entering Scholarly Activity into ADS
  - Creating an Effective Block Schedule
Program Resources \textit{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
Miscellaneous Questions

Qualifications of a community hospital according to the ACGME?

- The ACGME does not define community hospital.
Combined fellowship programs

- The ACGME does not accredit combined fellowship programs. It is the respective ABMS specialty boards that approve the combined training programs.
Miscellaneous Questions

Does NICU clinical time count towards intensive care experience?

- There are no specific ICU requirements, so it is unclear what the intent of the questions is.
Can fellows be part of the division’s wellness program?

- The requirements do not specify that there need to be fellow-specific activities.
Can electives be used for additional hospital medicine time?

- The requirements do not restrict what counts toward the individualized curriculum as long as it fits the needs of the fellow.
Thank you!