



Review Committee for Pediatrics Update

Susie Buchter, MD, Chair

Caroline Fischer, MBA, Executive Director

Disclosure

We have no conflicts of interest to report.



Congratulations!

Debra L. Dooley GME Program Coordinator Excellence Award recipient:

- Jodi Leonard, C-TAGME | Oregon Health & Science University Pediatrics Program, Portland, Oregon



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

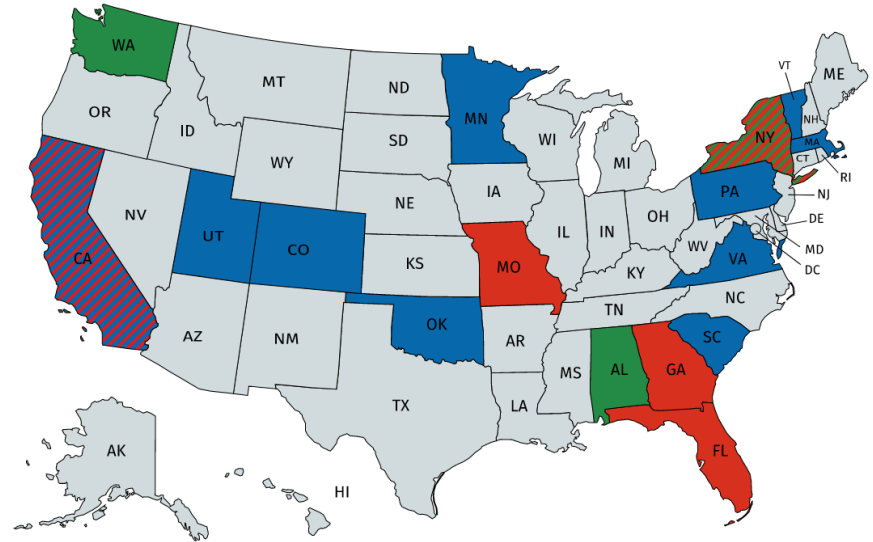


Geographic Distribution

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

Departing members [6/30/2021]: CA, FL, GA, MO, and NY

Incoming members [7/1/2021]: AL, NY (2), and WA

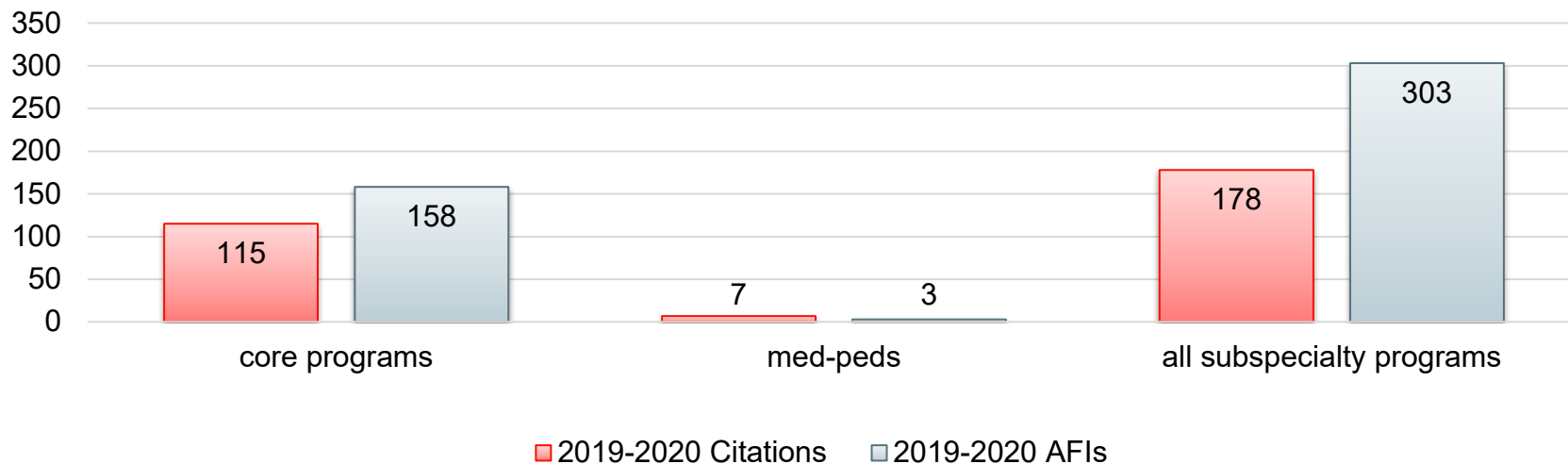


2020-2021 Status Decisions

Status	Core	Subs	Med-Peds
Initial Accreditation	0	20	0
Continued Accreditation w/Warning	2	2	0
Continued Accreditation w/out Outcomes	0	0	0
Continued Accreditation	220	885	38
Continued Accreditation w/Warning	0	0	0
Probation	2	0	0
Accreditation Withheld	0	1	0
Withdrawal of Accreditation	0	0	0



Citations vs. Areas for Improvement (AFIs)



2020-2021 Frequent Citations

Pediatrics Programs

- Learning and working environment
 - 80 hours
- Faculty qualifications
 - Lack of board certification or acceptable alternate qualifications



2020-2021 Frequent Citations

Pediatric Subspecialty Programs

- Faculty qualifications
- Evaluations
 - Timely feedback, Program Evaluation Committee (PEC) composition, autonomous practice statement
- Board pass rate



2020-2021 Frequent AFIs

Pediatrics Programs

Educational content

- Appropriate balance for education
- Education compromised by service
- Opportunities for scholarly activity

Resources

- Process to deal with problems/concerns
- Ability to raise issues/concerns without fear
- Way to transition when fatigued

Evaluations

- Timely feedback

Inaccurate/incomplete information

Procedural experience



2020-2021 Frequent AFIs

Pediatric Subspecialty Programs

Evaluations

- Timely feedback

Inaccurate/incomplete
information

Faculty supervision and teaching

Resources

- Ability to raise concerns without fear
- Process to deal with problems/concerns

Educational content

- Appropriate balance for education
- Education compromised by service



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 should have each campus listed as a participating site in the Accreditation Data System (ADS)
- Block Diagram | Follow instructions in ADS, provide key for abbreviations, do not include individual schedules



Programs Impacted by COVID-19

- The Review Committee appreciates the efforts of the pediatrics community during this pandemic
- The primary concern is for the safety and wellness of patients and residents/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 *cont.*

- 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



Major Changes and Other Updates

- Programs may address improvements and/or innovations implemented to address AFIs in the 'Major Changes and Other Updates' section of ADS
 - Written response to AFIs not required, but encouraged
- Describe the impact of the COVID-19 pandemic on your program



Program Requirements

Focused Revisions

- Pediatrics
 - Approved by the ACGME Board in February 2021
- Pediatric critical care medicine
 - Approved by the ACGME Board in February 2021
- Internal medicine-pediatrics
 - Review by the ACGME Board in June 2021
- Pediatric hospital medicine
 - Posted for Review and Comment – deadline for comments is April 7



Pediatrics Program Requirements

Focused Revision

- Program director must participate in either pediatrics or subspecialty Maintenance of Certification (MOC)
- Minimum number of core faculty members or core faculty/resident ratio
- Minimize rotational transitions, provide adequate length of educational experiences to allow for both assessment and supervisory continuity
- Mental health
- Previous FAQs moved into Specialty-Specific Background and Intent sections



Pediatrics Program Requirements

Major Revision

- Major revision to start this year
- Develop a definition of the pediatrician of the future
- Develop program requirements essential in creating the pediatrician of the future as defined
- Scenario planning workshops
 - Review Committee for Pediatrics and ACGME Board members
 - American Board of Pediatrics (ABP), American Academy of Pediatrics, Association of Pediatric Program Directors, American Osteopathic Association representatives
 - Program directors to represent the breadth of programs (e.g., urban and rural, small and large)



Internal Medicine-Pediatrics

Program Requirements

- Minimum number of core faculty members or core faculty/resident ratio
- Minimize rotational transitions, provide adequate length of educational experiences to allow for both assessment and supervisory continuity



Pediatric Critical Care Medicine

Program Requirements

- Clarify the required minimum time spent in the pediatric intensive care unit (PICU)
- Clarify experiences that count toward the non-ICU experiences



Pediatric Hospital Medicine

Program Requirements

- 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 ABP and are expected to take the pediatric hospital medicine certifying examination by 2024.



AIRE Pilot | X+Y Scheduling

- Purpose of the pilot is to determine the effectiveness of X+Y scheduling and help inform the revision to the longitudinal outpatient requirements
- Programs participating in the pilot have been granted a waiver to the requirement that continuity sessions must not be scheduled in fewer than 26 weeks per year; all other programs must demonstrate compliance with this requirement
- Pilot has been extended through at least June 2022
- Programs may still join the pilot
- Contact Joanna Lewis, MD, Program Director, Advocate Health Care (Advocate Children's Hospital/Park Ridge) program if interested in participating in the pilot



Resident/Fellow and Faculty Surveys 2020-2021

- One reporting window for all programs
- Survey window open from February 1 to April 1
- Participation is mandatory
- Required response rate is 70%



Specialty-Specific Resident Survey Questions

The specialty-specific survey questions for pediatrics programs have been modified, including:

- Removal of several questions
 - Administer immunizations, neonatal endotracheal intubation, peripheral intravenous catheter placement, umbilical catheter placement, and bladder catheterization
 - Longitudinal outpatient experiences and patient care skills
- Rephrasing questions and utilizing response scales consistent with the ACGME Resident/Fellow and Faculty Survey



Changes to ADS

- In 2019, as a result of new Common Program Requirements, new items were added to ADS.
 - We received much feedback that the update was burdensome.
- In 2020, we made some big changes to make data entry *better*.

	Response Type	2019-2020 Question Count	2020-2021 Question Count
Continued Accreditation	Narrative	19	8
	"Yes/No" Radio Button	6	4
	Enter #	3	2
	Checklist	0	4

- There were fewer items overall and fewer narratives, and the narratives that remain will be auto-populated with the response from the last academic year.



Faculty Roster Instructions | *Pediatrics Programs*

Overview

Program ▾

Faculty ▾

Residents ▾

Sites

Surveys

Milestones

Case Logs ▾

Summary

Reports

Add Faculty

View Roster

Scholarly Activity

Manage Core Faculty

Faculty Roster Key Terms ▾

Faculty Instructions ▲

List the program director, associate program director(s), site director(s), minimum required number of core physician faculty members, including at least one physician faculty member as follows:

- Developmental-behavioral pediatrics subspecialist
- Adolescent medicine subspecialist
- Neonatal-perinatal medicine subspecialist
- Pediatric critical care medicine subspecialist
- Pediatric emergency medicine subspecialist
- Subspecialist in each subspecialty area available to fulfill the seven months of required subspecialty experiences

Additional faculty (e.g., research mentors) may be added at the discretion of the program director.

No more than 50 faculty should be listed.

Faculty may be designated as core faculty at the discretion of the program director. Only core faculty 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 Roster Instructions | *Pediatrics Fellowships*

[Overview](#)[Program ▾](#)[Faculty ▾](#)[Residents ▾](#)[Sites](#)[Surveys](#)[Milestones](#)[Case Logs ▾](#)[Summary](#)[Reports](#)[Add Faculty](#)[View Roster](#)[Scholarly Activity](#)[Manage Core Faculty](#)[Faculty Roster Key Terms ▾](#)[Faculty Instructions ▲](#)

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 Roster

The implications associated with faculty members on ADS roster:

- **All Programs** | Scholarship data will need to be submitted for all faculty members listed
- **Residency** | Those identified as “core” faculty members will be sent the Faculty Survey
- **Subspecialty** | Everyone listed will be sent the Faculty Survey (same as last year)



Specialty-Specific Block Diagram Instructions

Pediatrics Residency Programs

[Overview](#)
[Program](#)
[Faculty](#)
[Residents](#)
[Sites](#)
[Surveys](#)
[Milestones](#)
[Case Logs](#)
[Summary](#)
[Reports](#)


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:**

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

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

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3
Rotation Name	GP	GP	GP	PEM	CM	DBP	NICU	PICU	RS	RS	SP	IC
% Outpatient	0	0	0	0	100	100	0	0	variable	variable	variable	variable
% Research	0	0	0	0	0	0	0	0	variable	variable	variable	variable

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 1 or 2	Site 1 or 2	Site 1 or 2	Site 3	Site 3
Rotation Name	GP	RS	RS	PEM	PICU	SP	EM	CM	IC/VAC	IC/VAC	IC/VAC	NICU	NICU
% Outpatient	10	50	50	100	10	50	100	100	variable	variable	variable	10	10
% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

Sample Notes:

Four months of required subspecialty experiences may include:

- Pediatric Cardiology
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Nephrology
- Pediatric Neurology
- Pediatric Pulmonology

Three months of additional subspecialty experiences may include:

- Child and Adolescent Psychiatry
- Pediatric Anesthesiology
- Pediatric Orthopaedic Surgery
- Pediatric Radiology

[Home](#) > [Specialties](#) > [Pediatrics](#)

Pediatrics

Documents

Requests for Changes in Resident Complement

[The Guide to Construction of a Block Diagram](#)

Standard Block Diagram Instructions

Pediatrics Subspecialty Programs

[Overview](#)
[Program](#)
[Faculty](#)
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Guide to Construction of a Block Diagram

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. 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 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 ⁽¹⁾ In this example, the year's rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	ER	ICU	Clinic	Wards	Clinic	Elec/Vac
% Outpatient	20	20	100	0	0	40	100	0	100	20	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	

Block Diagram 2 ⁽¹⁾ 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.

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3	
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	Wards	ICU	Clinic	Wards	Wards	Clinic	Elec/Vac
% Outpatient	30	30	100	0	0	20	20	0	100	0	0	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	0	

Block Diagram 3 ⁽¹⁾ 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.

Block	1	2	3	4	5	6
Site	Site 1	Site 1	Site 2	Site 2	Site 3	
Rotation Name	CCU	Med. Outpt.	Wards	ER	Wards	Elective/Vacation
% Outpatient	0	100	0	100	0	
% Research	0	0	0	0	0	

Notes

Possible electives:

Cardiology Inpatient Site 1
Cardiology Outpatient Site 2

Pulmonary Disease Inpatient Site 2
Pulmonary Disease Outpatient Site 3

Gastroenterology Inpatient Site 3
Gastroenterology Outpatient Site 1

Block Diagram 4 ⁽¹⁾ 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.

Block	1	2	3	4
Site	Site 1	Site 2	Site 2	
Rotation Name	Specialty Outpatient	Specialty Outpatient	Wards	Research
% Outpatient	100	100	0	
% Research	0	40	0	100

(1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a "Notes" section must indicate how vacation time is taken.



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
- Currently 10-Year Accreditation Site Visits will only be scheduled if requested by the Review Committee
- An update regarding future timing of the program 10-Year Accreditation Site Visits will be made via the weekly *e-Communication* in the coming months



Self-Study/10-Year Accreditation Site Visit

- The ACGME has decided to de-link the program Self-Study and 10-Year Accreditation Site Visit
- A process for reviewing and providing feedback for program self-studies that have already been completed is being developed.
- No programs will be scheduled to begin their Self-Study for 16 months (through July 2022).
 - This deferral period will allow programs to recover from the impact of COVID-19 and allow the ACGME to develop a sustainable model for improvement and assurance for its nearly 13,000 accredited programs.



New Congress Related to Opioid Epidemic

- Virtual Congress on Preparing Residents and Fellows to Manage Pain and Addiction was held March 30-31, 2021
- Goals are to identify strategies to effectively prepare physicians to confront the challenges of the opioid epidemic, and to reach consensus on the curriculum and experience needed for residents/fellows to acquire the skills and competencies to effectively recognize and treat addiction relevant to their specialty
- The Review Committee for Pediatrics and the pediatrics community will be represented at this Congress



Milestones 2.0

- Pediatrics Milestones were posted for review and comment in the late fall
- Final version posted; effective July 1, 2021
- Supplemental Guide
- Pediatric subspecialty Milestones to be reviewed after the Pediatrics Milestones are completed
- Resources are available on the Milestones web page and Learn at ACGME
- Email milestones@acgme.org with any questions or concerns



Discrimination

- Racism is an affront to the ACGME's values and violates several of the requirements we have for protecting learners and faculty members in the clinical learning environments.
- The ACGME takes all allegations of racism very seriously. We monitor media, social media, and our complaints and concerns process very closely to understand what is happening in our accredited institutions and programs and how that might impact their compliance with our requirements.
- The ACGME has multiple tools and accreditation actions to investigate and enforce its requirements.

ACGME statement on medical education racial discrimination allegations

ACGME News

The ACGME has become aware of several serious allegations of racial bias and discrimination in medical education. The ACGME has called upon the graduate medical education (GME) community to eliminate racism, implicit bias, and other forms of discrimination from GME, as well as from the greater society, via several statements and through the work of its Department of Diversity, Equity, and Inclusion. In addition, the ACGME, as the GME accreditor, has several Common Program (VI.B.6.) and Institutional (III.B.6.d)) Requirements that mandate a "professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff." Any alleged violation of these requirements is taken very seriously and is reviewed under processes defined in the ACGME's Policies and Procedures, including assessment by a Review Committee, a site visit, issuing of citations, or placing the Sponsoring Institution and/or program on probation, which could lead to withdrawal of accreditation for egregious violations.

While the ACGME's accredited programs share the same educational and clinical environment as undergraduate medical education, and the ACGME is committed to addressing issues impacting GME, concerns about undergraduate medical education are more appropriately handled by the medical school accreditors.



ACGME Diversity and Inclusion Award

Congratulations to the inaugural winners:

- Emory University School of Medicine, Emergency Medicine Residency
- Morehouse School of Medicine



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...



Achieving Health Equity: Tools for a National Campaign Against Racism

Video
Dr. Camara Jones, MD, PhD, provides a compelling look at how racism is perp...

[View Details](#)



Addressing the Opioid Epidemic: The Responsibility of Physicians

Video
Dr. Leana Wen Presentation given at the 2019 Annual Education Conference

[View Details](#)



An Introduction to the ACGME Accreditation Data System



Back to the Bedside: A Grassroots Concept for Finding Meaning in Resident Work



www.acgme.org/distancelearning

Program Resources

www.acgme.org

[Accreditation Data System | ADS Public Site](#)

[ACGME Policies and Procedures](#)

[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](#)

[*Journal of Graduate Medical Education*](#)

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



Program Resources

www.acgme.org

Transition to Residency Toolkit

- Developed in collaboration with American Association of Colleges of Osteopathic Medicine, Association of American Medical Colleges, Accreditation Council for Graduate Medical Education (ACGME), and Educational Commission for Foreign Medical Graduates
- Designed to aid programs prepare for incoming interns, as well as help students entering residency after a challenging and potentially disrupted final year of medical school
- Created by a work group that included medical students and residents, the toolkit is divided into three main sections: questions to review; a matrix of possible activities; and a comprehensive list of additional resources



ACGME Contacts



ADS Team

Lauren Criste [Pediatrics] 312.755.7449 |

lcriste@acgme.org

ADS General | ADS@acgme.org

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**
- **Self-Studies**

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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Upcoming Review Committee Meeting Dates

Meeting Dates:	Agenda Closes:
April 19-20, 2021	February 19, 2021
September 30-October 1, 2021	July 30, 2021
January 24-26, 2022	November 23, 2021
April 11-12, 2022	February 11, 2022
September 12-13, 2022	July 12, 2022



Questions?

