



Review Committee for Pediatrics Update

Stephanie Dewar, MD, Chair-Elect

Caroline Fischer, MBA, Executive Director

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)

Six-year terms – except resident (two years)

Generalists, subspecialists, one public member

One ex-officio (non-voting) member each

- AAP, ABP, AOA, AMA



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



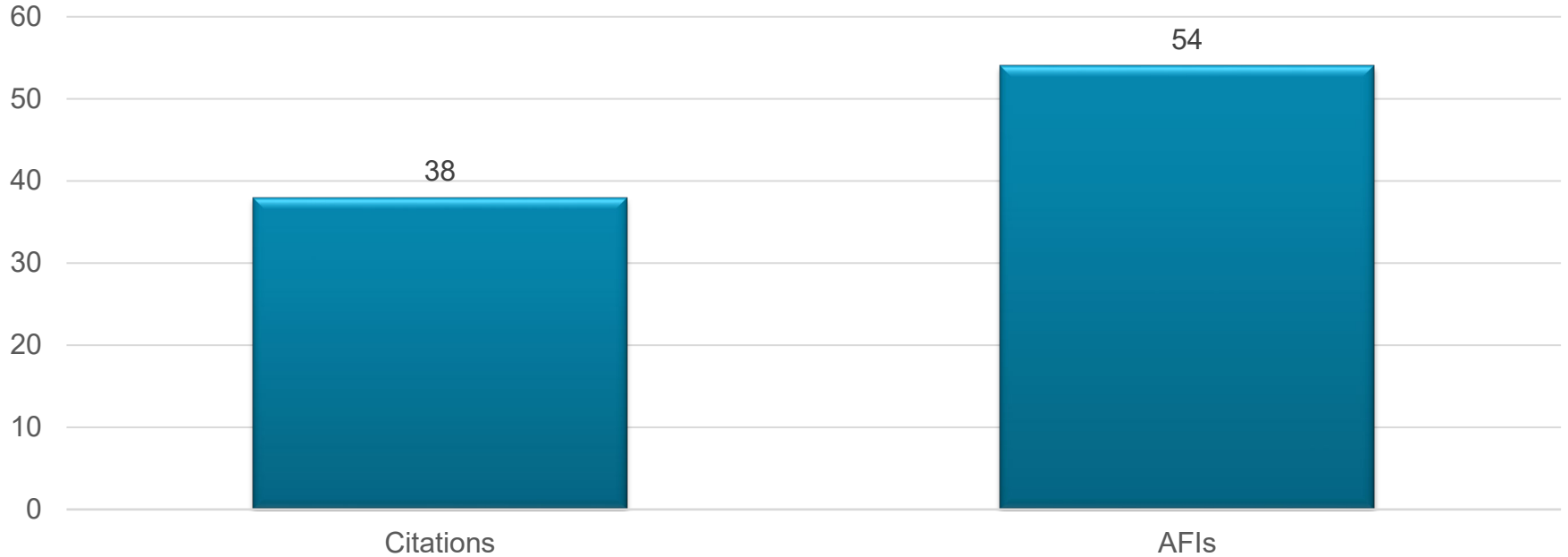
2020-2021 Status Decisions

Status	Core	All Subs	PHM	Med-Peds
Initial Accreditation	1	39	21	0
Initial Accreditation w/Warning	1	0	0	0
Continued Accreditation w/o Outcomes	0	0	0	0
Continued Accreditation	222	896	0	38
Continued Accreditation w/Warning	1	3	0	0
Probation	2	1	0	0
Accreditation Withheld	0	3	0	0
Withdrawal of Accreditation	0	0	0	0



Citations vs. Areas for Improvement (AFIs)

Pediatric Hospital Medicine Programs



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 *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



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

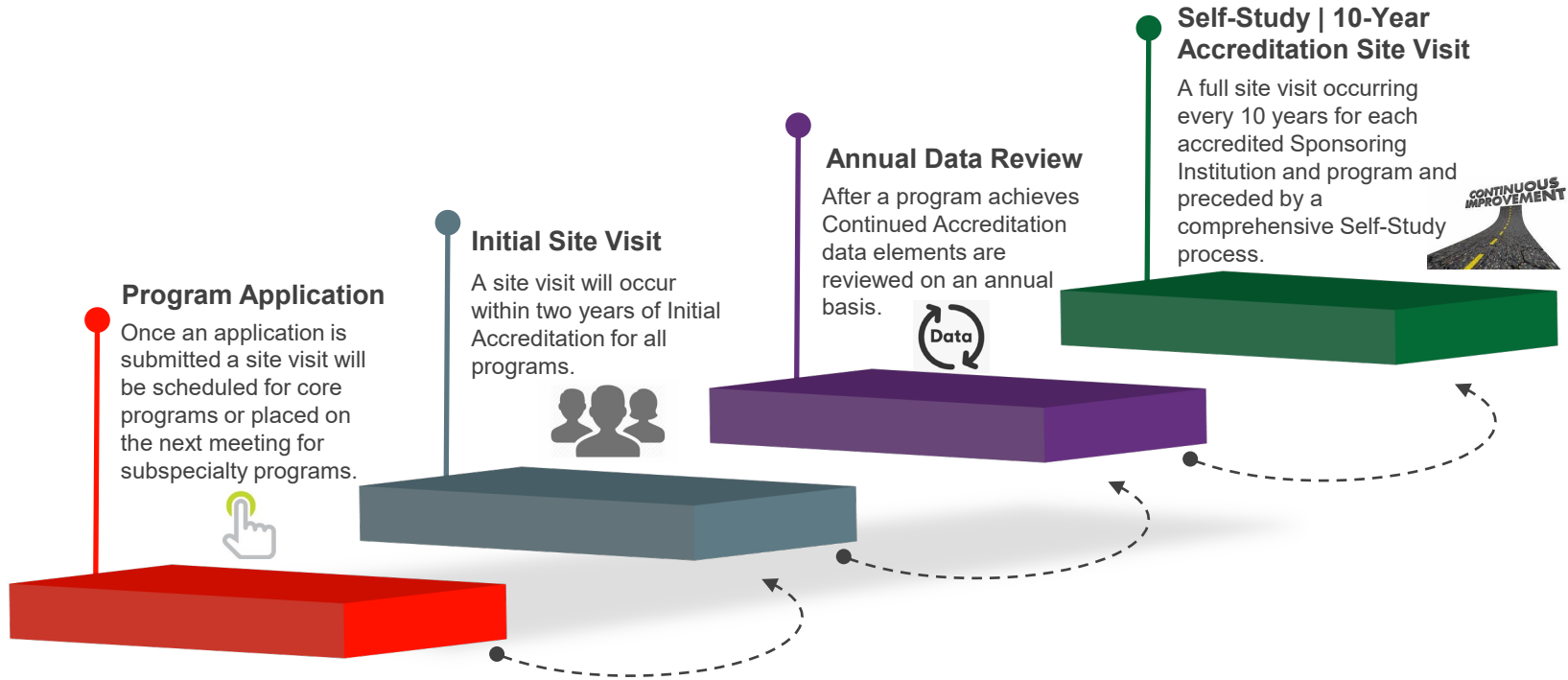


Accreditation Review Process

- Continuous accreditation
- Site visits
- ADS changes
- Documentation
- Status options/program notification
- Resources



The Steps to Continuous Accreditation



Site Visits

- Applies only to core programs applying for accreditation
- No minimum notice required

Applications



- Full site visit after Initial Accreditation period of two years
- Requires document preparation
- 30-day notification
- Black-out dates

Initial to Continued



- Full or focused site visit
- Typically requires no document preparation
- 30-day notification

Data Prompted



- Full site visit
- 90-day notification

10-Year Visits



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](#)”



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 Certification Information

Overview Program **Faculty** Residents Sites Surveys Milestones Case Logs Summary Reports

- Add Faculty
- View Roster**
- Scholarly Activity
- Manage Core Faculty

Edit Faculty - Meridith Grey Cancel

Specialty Certification

Cancel Save

Certification Type: ABMS Certified
Certification Status: MOC/CC Requirements
Original Certification Year: 1994

Expiration Year: 2024

Specialty: Physical medicine and rehabilitat
Other Specialty:

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.*

Overview Program **Faculty** Residents Sites Surveys Milestones Case Logs Summary Reports

Add Faculty

View Roster

Scholarly Activity

NEW!

Faculty certification statuses imported monthly from the ABMS

Programs still required to enter data with future phase out

The following information was imported from ABMS and is read only.

Last updated: 4/1/2021

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.

Board Name	Board Certification Name	Certification Status	Board Duration Type	Board MOC Requirement Type	Initial Certification Date	Certificate Start Date	Certificate End Date
Pediatrics	Pediatric Endocrinology	Active	MOC	Yes	11/19/2007	1/1/2015	No Date Present
Pediatrics	Pediatrics	Active	MOC	Yes	10/21/2003	1/1/2011	No Date Present

- 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.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties.
© 2021 American Board of Medical Specialties. All rights reserved.

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 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 Pulmonary Disease Inpatient Site 2 Gastroenterology Inpatient Site 3
 Cardiology Outpatient Site 2 Pulmonary Disease Outpatient 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.

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.

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.*

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

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.*

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

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



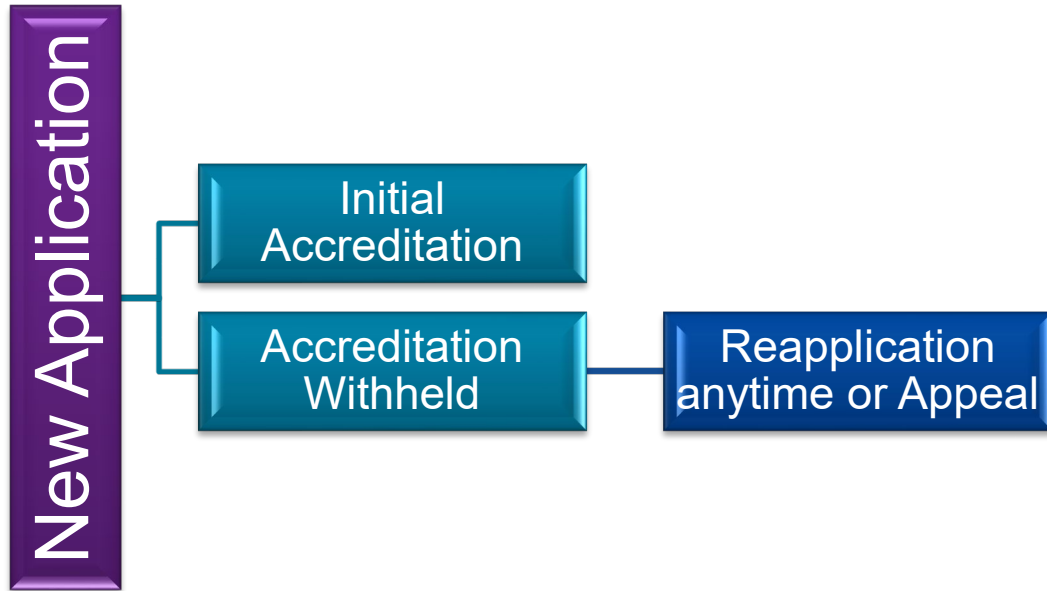
Fellow Files Content *Cont.*

- 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



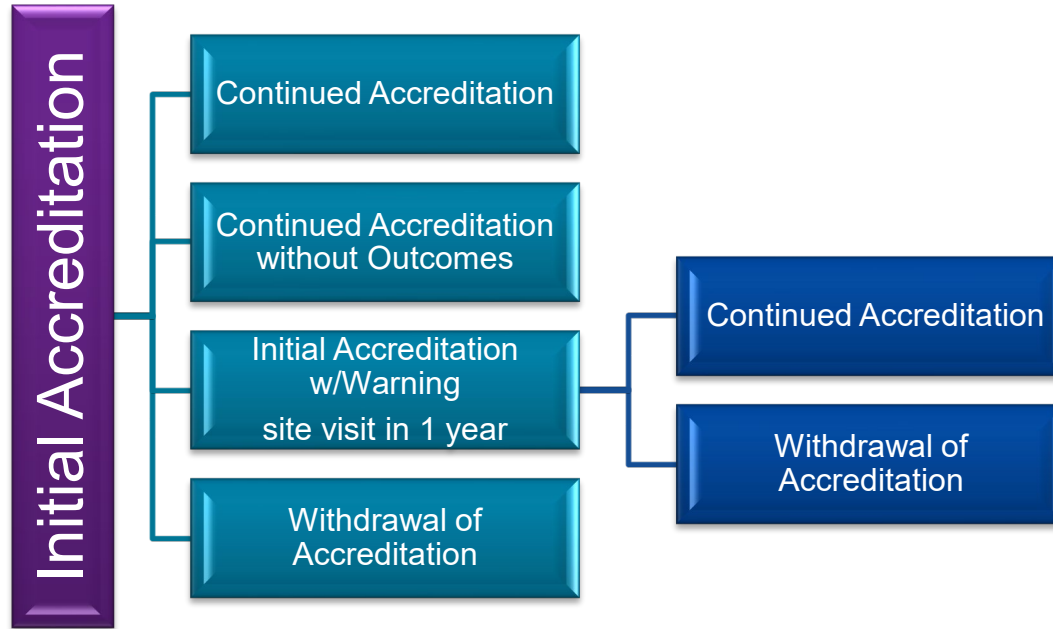
Accreditation Status Options

for New Applications



Accreditation Status Options

Following the Initial Site Visit



Communicating Results Back to the Program(s)

- 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

5 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

60 Days



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

[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



ADS Team

Brittany Guhr [Pediatrics] 312.755.7449 |

bguhr@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**

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

Caroline Fischer

cfischer@acgme.org

Denise Braun-Hart

dbraun@acgme.org

Elizabeth Prendergast

eprendergast@acgme.org



Contact Us:

Executive Director, RC for Pediatrics, and
Physical Medicine and Rehabilitation

Caroline Fischer, MBA

cfischer@acgme.org

312.755.5046

Associate Executive Director, RC for
Pediatrics, and Physical Medicine and
Rehabilitation

Denise Braun-Hart

dbraun@acgme.org

312.755.7478

Accreditation Administrator, RC for
Pediatrics, and Physical Medicine and
Rehabilitation

Elizabeth Prendergast, EdM

eprendergast@acgme.org

312.755.7054



Upcoming Meeting Dates

Meeting Dates:	Agenda Closes:
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?

