

Accreditation Council for Graduate Medical Education



# **RRC for Pediatrics Update**

*APPD Spring Meeting – May 1, 2008*

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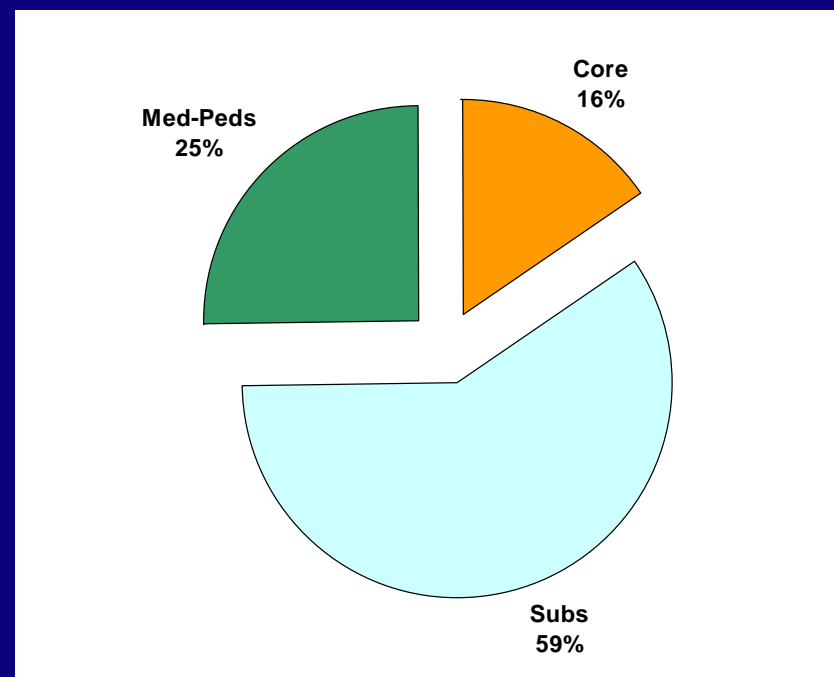
Marcia Hutchinson, MD, Chair, RRC for Pediatrics

# Case Logs

- ❑ At its October meeting, the Committee decided that the use of the ACGME's case log system to track procedures should be optional, rather than mandatory. Accordingly, going forward, core and med-peds Program Directors will have the option of deciding whether they want to use the ACGME case log system or another system to track procedures. In short, there is flexibility in terms of what system can be used to document procedures.
- ❑ Programs can use ACGME case log system *or another system* to track continuity.

# Summary of Activities in 2007

- ❑ The RRC meets twice a year (Spring and Fall) for program review
  - Workload in 2007:
    - + 50 core programs
    - + 188 subspecialty programs
    - + 81 med-peds programs
    - + 19 progress reports

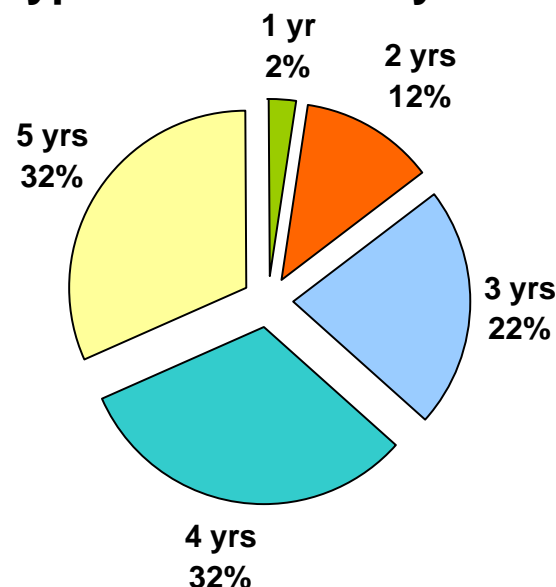


# Accreditation Decisions in 2007 -- Core Pediatrics

## Types of Status Decisions in 2007

Continued Accreditation	40
Probation	1
Voluntary Withdrawal	3
Accreditation Withdrawn	2
<i>Proposed Adverse Actions</i>	<i>4</i>
<i>Total</i>	<i>50</i>

## Types of Review Cycles



# Most Frequent Citations in 2007 – Core Pediatrics

*50 Core Programs Reviewed*

*Total of 256 Citations – about 5 citations/program*

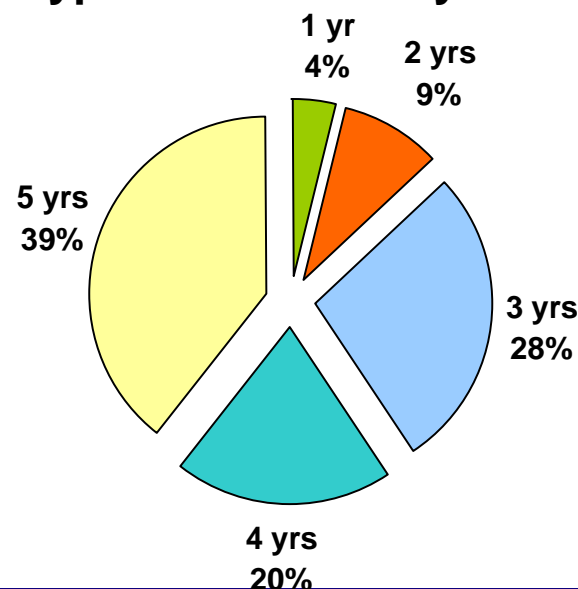
1. NICU/PICU – insufficient volume; complexity	21	8.2%
2. Continuity – not meeting minimum #'s; 36 weeks	17	6.6%
3. Qualifications of Faculty – lack ABP cert	16	6.3%
4. Institutional Issues/IR – internal reviews; facilities	12	4.7%
5. Inpatient Experience – not meeting minimum #	12	4.7%
6. ACGME Competencies – Practice Based Learning	11	4.3%
7. Educational Program – Didactics	10	3.9%
8. Responsibilities of PD – PIF not complete, inaccurate, or with inconsistent data	9	3.5%
9. Educational Program – Procedural Experience	9	3.5%
10. Scholarly Activities – lack of scholarly activity by faculty; residents	9	3.5%

# Accreditation Decisions in 2007 -- Subspecialties of Pediatrics

*Types of Status Decisions in 2007*

Accreditation	18
Continued Accreditation	147
Voluntarily Withdrawal	12
Accreditation Withheld	3
<i>Proposed Adverse Actions</i>	<i>8</i>
<i>Total</i>	<i>188</i>

**Types of Review Cycles**



# Most Frequent Citations in 2007 – Subspecialties of Pediatrics

*188 Programs Reviewed for a Status Decision*

*Total of 1109 citations -- about 6 citations/program*

1. Evaluation of Fellows – not semiannual, not written; no evidence of ability to practice w/o supervision	121	10.9%
2. Scholarly Activities – faculty and fellow scholarly activity lacking	115	10.4%
3. Curricular Development – general curriculum issues; research methodology, etc. lacking	112	10.0%
4. Evaluation of the Program – no documentation (minutes); don't include fellows	94	8.4%
5. Practice Based Learning – no ILP; QI activities passive; teaching skills	91	8.2%
6. Patient Care Experience – lacking appropriate patient population	87	7.8%
7. Qualifications of Faculty – no ABP certification; no evidence of on-going scholarship	60	5.4%
8. Systems Based Practice – administrating a program; experience w/ system errors	47	4.2%
9. Responsibilities of the PD – providing PIF not complete, inaccurate, or with inconsistent data	45	4.1%
10. Institutional Support – internal review; facilities or working environment issues	43	3.9%

# Competency Citations

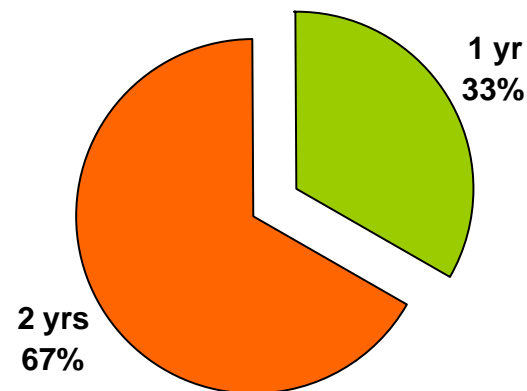
- ❑ Approximately 14% of the core and subspecialty citations.
- ❑ “Different” than classic process citations – contain recommendations for improvement
  - *Practice-Based Learning and Improvement/Individual Learning Plans: The semi-annual meetings with mentors in which strengths and weaknesses and evaluations are discussed are not a substitute for the resident’s learning plan. The individual learning plan should be a living document created by the resident, with mentor guidance, to identify measurable learning objectives and strategies to achieve them. The plan should be revisited and updated at least annually.*

# Accreditation Decisions in 2007 – Med-Peds

## Types of Status Decisions in 2007

Accreditation	79
<i>Proposed Adverse Actions</i>	<i>2</i>
<i>Total</i>	<i>81</i>

## Types of Review Cycles



# Most Frequent Citations in 2007 – Med-Peds

***81 Programs Reviewed for a Status Decision  
Total of 232 citations -- about 3 citations/program***

1. Educational Experience – Patient Care Experience <i>Continuity Clinics</i> <ul style="list-style-type: none"> <li>• Not achieving appropriate balance of med-peds</li> <li>• Not achieving minimum number of patients</li> </ul> <i>Intensive care experience</i>	140	60.3%
2. Curricular Development - general curriculum issues	30	12.9%
3. Board Scores Performance	17	7.3%
4. Responsibilities of the PD – providing PIF not complete, inaccurate, or with inconsistent data	16	6.9%

# Innovation and Experimentation

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- The Committee has been continuing its collaborative conversation with the ABP regarding innovation within pediatric residency
  - RFA to become available in the near future

# Requirements Revisions

## Effective July 1, 2007

- Adolescent Medicine
- Critical Care Medicine
- Pediatric Cardiology
- Pediatric Emergency Medicine
- Pediatric Hematology-Oncology
- Neonatal-Perinatal Medicine
- Pediatric Rheumatology

## Requirements being Revised

- Developmental-Behavioral
- Endocrinology
- Gastroenterology
- Infectious Diseases
- Nephrology
- Pulmonology
- Sports Medicine

## New Subspecialties

- Transplant Hepatology – approved at February 2008 ACGME Meeting
- Child Abuse – requirements will be drafted soon