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# Updates from the Review Committee for Pediatrics

Caroline Fischer, MBA, Executive Director,  
Review Committee for Pediatrics



# New Review Committee Leadership

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- Chair                      Suzanne Woods, MD  
Duke University Hospital  
Med-Peds Program
- Vice Chair              Deepak Kamat, MD  
Children's Hospital of  
Michigan



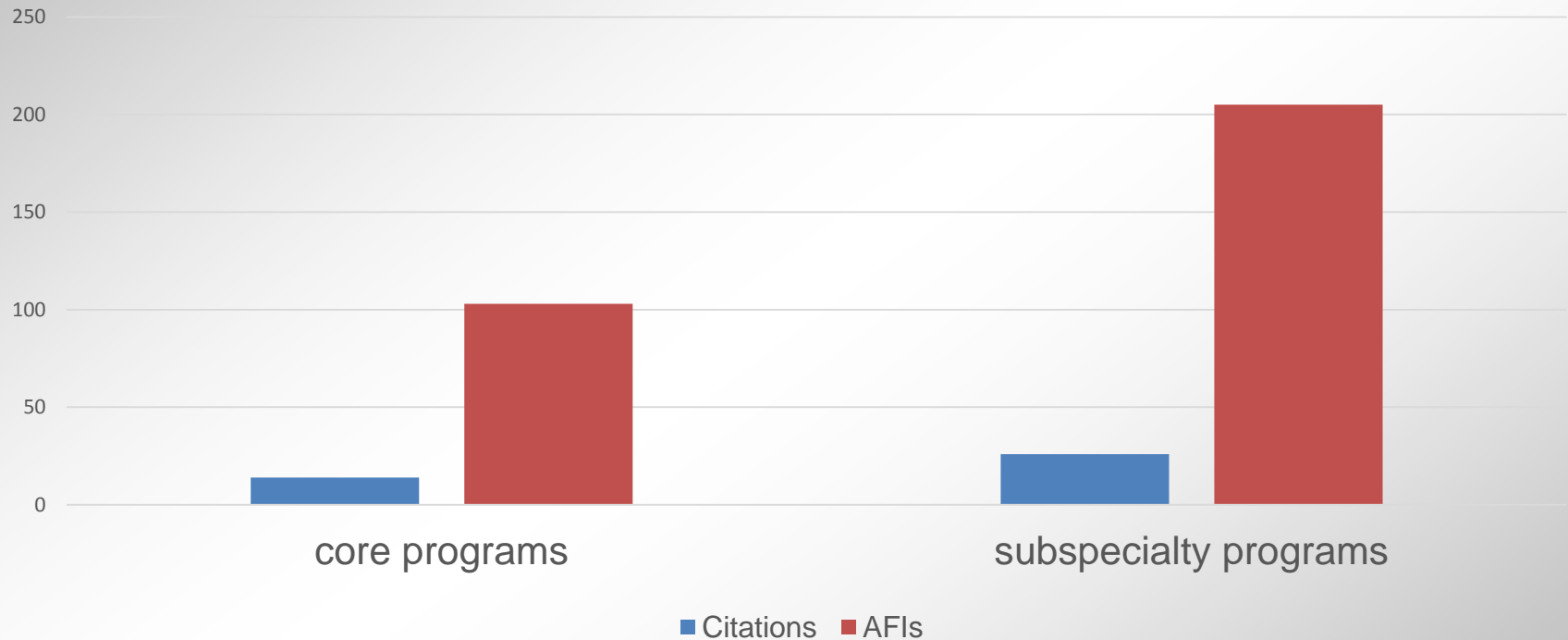
# January 2016 Status Decisions

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Status	Core	Subs	Med-Peds
Initial Accreditation	0	4	0
Continued Accreditation w/o Outcomes	0	3	0
Continued Accreditation	192	737	37
Continued Accreditation w/Warning	0	1	0
Probation	0	0	0
Withholding of Accreditation	0	1	0
Withdrawal of Accreditation	0	0	0



# Citations vs. Areas for Improvement (AFIs)



# AFIs/Citations

## *Subspecialty Programs*

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- Faculty scholarly activity
- Evaluations
  - Multiple assessment methods
  - Multiple evaluators
  - Timely feedback
  - Program uses evaluations to improve



# AFIs/Citations

## *Subspecialty Programs*

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- Resources
  - Process to deal with problems and concerns
  - Raise concerns without fear
- Educational content
  - Service vs. education
  - Appropriate balance for education
- Fellow scholarly activity



# Annual ADS Update

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- Areas where inaccuracies/incomplete data are often found:
  - Faculty Roster
    - Certification information
  - Physician faculty CVs
    - Licensure information
  - Non-physician faculty CVs
    - Not required for all
    - Complete for research mentors



# Annual ADS Update *cont.*

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- Scholarly activity
  - Complete information provided for each faculty member/resident
- Block diagram
  - Abbreviations, non-standard format
- Response to citations
  - Explain how corrected, what progress has been made toward correction, and what is the action plan
  - Provide data, if appropriate





# Subspecialty Faculty Roster Clarification

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- Expectations for who should be included on your Faculty Roster have been inserted in ADS
  - All divisional faculty members should be listed regardless of time commitment

## Physician Faculty Definition

List alphabetically and by site the divisional faculty members (e.g., pediatric cardiology programs should only list the pediatric cardiology faculty members). Do not list any faculty members from other disciplines.

- Provide CV for non-physician research mentors

## Non-Physician Faculty Definition

List alphabetically the non-physician faculty who provide required instruction or supervision of residents/fellows in the program. A CV is required for each non-physician faculty member on your roster.



# Faculty Disciplines Table

Discipline	Number of Essential Faculty	
	Institution #1	
PEDIATRIC SUBSPECIALTIES		
Pediatric cardiology	15	(0)
Pediatric emergency medicine	7	(0)
Pediatric endocrinology	12	(0)
Pediatric gastroenterology	8	(0)
Pediatric hematology/oncology	23	(0)
Pediatric infectious diseases	13	(0)
Neonatal-perinatal medicine	13	(0)
Pediatric nephrology	7	(0)
Pediatric pulmonology	12	(0)
Pediatric rheumatology	2	(0)
SPECIFIC TO PEDIATRIC CRITICAL CARE MEDICINE		
Congenital cardiac surgery	2	(0)
Physical medicine and rehabilitation	8	(0)
Pediatric surgery	5	(0)
Transplant Surgery	2	(0)
Trauma Surgery	5	(0)
Anesthesiology	23	(3)
Child and adolescent psychiatry	4	(0)
Neurology with specialty qualification in child neurology	9	(0)
Medical Genetics	10	(0)

## Instructions

- For each discipline listed in the table, indicate the number of teaching and consultant faculty members available to the fellows at each site.
- Enter “0” when no teaching and/or consultant faculty member is available. Section will be incomplete if entries are left blank.



# Program Requirements Revisions

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- Individual Pediatric Subspecialty Requirements
  - *ON HOLD*
- General Pediatric Subspecialty Program Requirements
  - Currently under revision
  - Posted for review and comment
    - Deadline for comments is May 12
    - Use Review and Comment Form
  - *Anticipated* effective date: July 1, 2017



# Program Requirements Revisions

## *Program Director Support*

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- The program leadership, including the program director and associate program director(s), must be provided with a minimum total of 20-35% FTE protected time for the administration of the program (not including scholarly activity) depending on the size of the program. (Core)



# Program Requirements Revisions

## *Program Coordinator Support*

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- The Sponsoring Institution must provide support for a program coordinator(s) and other support personnel required for operation of the program; (Core)



# Program Requirements Revisions

## *EPAs*

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- Each educational unit or major professional activity must have a curriculum associated with it. (Core)
- The competency-based goals and objectives, educational strategies, and assessment methods must align with intended outcomes of those activities. (Core)
- The curriculum should incorporate the competencies into the context of the major professional activities for which fellows should be entrusted. (Detail)



# Program Requirements Revisions

## *EPAs*

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A structured curriculum must be provided that allows fellows to participate in the following activities:

- provide for and obtain consultation from other health care providers caring for children; (Core)
- contribute to the fiscally sound and ethical management of a practice (e.g., through billing, scheduling, coding, and record keeping practices); (Core)
- apply public health principles and improvement methodology to improve care for populations, communities, and systems; (Core)
- lead an interprofessional health care team; (Core)
- facilitate handovers to another healthcare provider; and (Core)
- lead within the subspecialty profession. (Core)



# Program Requirements Revisions

## *Subcompetencies*

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Fellows must demonstrate:

- the ability to provide transfer of care that ensures seamless transitions; (Outcome)
- the ability to make informed diagnostic and therapeutic decisions that result in optimal clinical judgment; (Outcome)
- the ability to develop and carry out management plans; and, (Outcome)
- the ability to provide appropriate role modeling. (Outcome)





# Program Requirements Revisions

## *Subcompetencies*

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Fellows are expected to demonstrate:

- trustworthiness that makes colleagues feel secure when one is responsible for the care of patients; (Outcome)
- leadership skills that enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients; and, (Outcome)
- the capacity to recognize that ambiguity is part of clinical medicine and response by utilizing appropriate resources in dealing with uncertainty. (Outcome)



# Common Program Requirements Revisions

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- Task Force convened to review the Resident Learning and Working Environment requirements
  - Review of literature
  - Request for organizational positions
  - National Congress in March
  - Review and comment period
- Second Task Force will be convened to review remaining sections (I-V) of the Common Program Requirements



# 2016 Fellow Eligibility Requirements

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- Prerequisite training for entry into a pediatric subspecialty program should include the satisfactory completion of an ACGME-accredited pediatric residency or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited residency program located in Canada, except...



# 2016 Fellow Eligibility Requirements

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- Fellow Eligibility Exception
  - Exceptionally qualified candidate
  - Comply with CPR III.A.2.b) – III.A.2.b).(5).(a)
  - GMEC approval required
  - Review Committee does not review and approve each exception



# New Initiatives

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- Addiction medicine
  - The American Board of Medical Specialties (ABMS) recognized addiction medicine as a subspecialty
  - The American Board of Preventive Medicine (ABPM) sponsored the application to allow physicians certified by any of the 24 ABMS member boards to apply for the new certificate
  - Petition to accredit programs submitted to the ACGME
    - Dependent subspecialty of family medicine, internal medicine, pediatrics, or psychiatry



# New Initiatives *cont.*

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- ACGME Coordinator Advisory Group
  - To serve as a consultative group to the ACGME administration on matters related to improving medical education and the coordinator role



# Program Resources

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- [www.acgme.org](http://www.acgme.org)
  - Website redesign
    - [webfeedback@acgme.org](mailto:webfeedback@acgme.org)
  - ACGME Policies and Procedures
  - Milestones and Clinical Competency Committee Guidebook
  - List of accredited programs
  - ADS
  - FAQ documents (e.g., specialty, Milestones, duty hours)
  - General information on site visit process and your site visitor



# Program Resources *cont.*

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- **Pediatrics web page**

- Resident complement increase policy
- Program Requirements and program application forms
- Pediatric FAQ documents
- Presentations
- Milestones
  - Crosswalk of Pediatrics Reporting Milestones

- **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

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- **ADS:** [ads@acgme.org](mailto:ads@acgme.org)
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- **Site Visit:**
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  - Jim Cichon ([jcichon@acgme.org](mailto:jcichon@acgme.org)) 312.755.5015
  - Penny Iverson-Lawrence ([pil@acgme.org](mailto:pil@acgme.org)) 312.755.5014
- **Requirements, Forms, or Notification Letter:**
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  - Kim Rucker ([krucker@acgme.org](mailto:krucker@acgme.org)) 312.755.7054
  - Luz Barrera ([lbarrera@acgme.org](mailto:lbarrera@acgme.org)) 312.755.5077



# The ACGME is Moving May 20th

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- 401 N. Michigan Avenue



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# Questions???

