Updates from the Review Committee for Pediatrics

Susie Buchter, MD, Review Committee Chair
Caroline Fischer, MBA, Executive Director
Disclosure

We 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 AAP, ABP, and AMA
Geographic Distribution of the Review Committee

Current members: CA, CT, FL, GA, MD, MA, NJ, NY, OH, PA, UT, VT, and VA
# Review Committee Composition

- Dona S. Buchter, MD (Chair)
- Ann E. Burke, MD
- Dalya L. Chefitz, MD
- Stephanie B. Dewar, MD
- Alan H. Friedman, MD
- Lynn Garfunkel, MD
- Rani Gereige, MD, MPH, FAAP (Vice Chair)
- Bruce Herman, MD
- Jennifer Kesselheim, MD
- Richard B. Mink, MD, MACM
- Victoria F. Norwood, MD
- Judy-April Oparaji, MD, RD (Resident)
- Judith S. Shaw, EdD, MPH, RN, FAAP
- Vacant Position (2)
## 2018 Status Decisions

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<th>Status</th>
<th>Core</th>
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<th>Med-Peds</th>
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Citations vs. Areas for Improvement (AFIs)

![Bar chart showing citations vs. AFIs in core programs and subspecialty programs.](chart.png)
AFIs/Citations - Core Programs

- Procedural experience
- Duty hours
- Board pass rate
- Educational content
  - Appropriate balance for education
  - Education compromised by service
- Faculty qualifications/required faculty
- Faculty supervision and teaching
AFIs/Citations - Subspecialty Programs

- Evaluations
  - Timeliness of feedback
- Faculty time 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 MOC - M
- CVs – current licensure, scholarly activities from last 5 years
- Block diagram – instructions in ADS, key for abbreviations, non-standard format, no individual schedules
AFIs

- Major Changes section in ADS expanded so programs can include improvements and/or innovations implemented to address potential issues identified (AFIs) during the Annual Program Review.

- Written response to AFIs not required, but encouraged.
  - Allows program director to provide context and describe outcomes of any corrective measures taken.
Self-Study/10-Year Timeline

Example:
**Self Study Due Date (Approximate):** October 1, 2018

- **May 2018**
  Self-Study Announcement

- **October 2018**
  Self-Study Summary Uploaded
  last day of the month

- **≈ October 2020**
  ADS/Summary of Achievements Uploads
  (at least 10 days prior to site visit)

- **≈ October 2020**
  10-Year Accreditation Site Visit

- **≈ July 2020**
  10-Year Accreditation SV Announcement

- **≈ 24 months between Self-Study and 10-Year Accreditation Site Visit**

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SV Verbal Feedback to Program Leadership

- Key Strengths
- Suggested Areas for Improvements

Strengths/AFIs

Compliance Report

Self-Study Report

Site Visitor Report to RC

RC Letter Of Notification to Program (Compliance Feedback)

Department of Field Activities Letter to Program (Self-Study Feedback)
10-Year Site Visits

- 40 programs
  - 12 core and 28 subs
- No program received more than 2 citations
10-Year Site Visits

- 7 programs had new citations
  - Most frequent new citation: None
- 6 programs had existing citations (2 max)
  - Most frequent unresolved citation: Board pass rate
- Frequent AFIs:
  - Inaccurate/incomplete data
  - Resident evaluations – timely feedback
Self-Study Observations by the Review Committee

- Don’t focus exclusively on Annual Program Evaluation
  - need broader vision of external influences
- Include residents/fellows, alumni, core/fellowship PDs
- Assessment of improvements – measurable outcomes
Internal Medicine-Pediatrics
Program Requirement Revisions

- Revisions to Program Requirements approved by the ACGME Board of Directors in September 2017
- Effective date: July 1, 2018
Pediatric Subspecialty Program Requirement Revisions

- Revision to each set of pediatric subspecialty requirements is underway
- Review and comment period expected in summer 2018
- Tentative effective date: July 1, 2019
Common Program Requirements
Phase 2 Task Force

- A Common Program Requirements Phase 2 Task Force was appointed to review Sections I-V
- Proposed changes are posted for review and comment until March 22
- Anticipated effective date is July 1, 2019
Common Program Requirements

Notable Changes…

- 2 sets – residency and fellowship
- Mission and aims
- Diversity in the workforce
- Some CPRs removed to go into to-be-created PD Guide
- “Core Faculty” is now in the CPRs
- Coordinator support in residency CPRs, 50%FTE
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- Scholarly Activity overhauled
- More language in the APE
- New certification exam CPRs
Common Program Requirements (CPRs)

Notable Proposed Changes…

- 2 sets – residency and fellowship
- Mission and aims
- Diversity in the workplace
- Some CPRs removed to go into to-be-created PD Guide
- “Core Faculty” is now in the CPRs
- Coordinator support in residency CPRs, 50%FTE
- More elements of assessment in the Annual Program Evaluation
- New certification exam CPRs
Common Program Requirements (CPRs)

Notable Proposed Changes…

- Fewer subcompetencies for fellows, including specialty-specific
- Fellowship programs may assign fellows to engage in independent practice of their core specialty, up to 20% of their time per week
  - Subject to RC approval for the subspecialty
  - Subject to approval by program director
- Scholarly activity broadened
  - Research in basic science, education, translational science, patient care, or population health
  - Peer-reviewed grants
Common Program Requirements (CPRs)

- Scholarly activity broadened Cont.
  - Quality improvement and/or patient safety initiatives
  - Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
  - Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
  - Contribution to professional committees, educational organizations, or editorial boards
  - Innovations in education
Revisions to Specialty Requirements

- Once the CPRs are finalized, the specialty-specific requirements will be reviewed
  - May need to be modified to align with the CPRs
  - CPRs allow/mandate the Review Committees to further specify in some sections
  - Some sections do not allow for specialty-specific requirements
Review and Comment

- Comments must be submitted by March 22
- Comments must be submitted using the Comment Form on the ACGME website:
  http://www.acgme.org/What-We-Do/Accreditation/Review-and-Comment
- Comments must be submitted to: cprrevision@acgme.org
Comments should include:

- Concerns
- Recommendations
- Supportive comments
- Questions
Resident/Faculty Surveys

- Resident/Faculty Surveys to be updated once CPRs are finalized
- Some updates related to section VI have already been made, i.e., wellness questions, duty hours
  - Wellness data will be validated by our data department before shared with the RCs
Pediatric Hospital Medicine

- The ACGME Board of Directors has approved accreditation of programs in pediatric hospital medicine
- Development of Program Requirements to begin this spring
- Posted for review and comment in late 2018
- Requirements should be approved by mid-2019
- Application form will be available once requirements are finalized
Addiction Medicine

- Program Requirements have been approved
- Application form is now available
- Sponsoring Institution must also sponsor an ACGME-accredited program in: anesthesiology, emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, or psychiatry
- Reviewed by the RCs for Family Medicine, Internal Medicine and Psychiatry
AIRE Pilot

- 4 pediatrics programs were approved to participate in an Advancing Innovation in Residency Education (AIRE) proposal pertaining to X+Y Immersion Scheduling

- These four programs have been granted a waiver to the requirement that continuity sessions must not be scheduled in fewer than 26 weeks per year.

- Currently programs are allowed to implement a modified X+Y schedule with added continuity sessions throughout the year
Milestones 2.0

- Pediatrics program directors surveyed about the Patient Care and Medical Knowledge Milestones
- 128 responses
- Common themes included:
  - More/relevant MK subcompetencies need to be developed
  - Include procedural skills and communication within team as general subcompetency topics
  - Less medical education jargon/more simplification is needed overall
Program Resources

www.acgme.org

ACGME Policies and Procedures

Milestones and Clinical Competency Committee Guidebooks

List of accredited programs

Accreditation Data System (ADS)

FAQ documents (e.g., Milestones, Common Program Requirements)

General information on site visit process and your site visitor
Program Resources cont.

Pediatrics web pages
- Complement increase policy
- Program Requirements, FAQ documents, and application forms
- Milestones
- Presentations

Weekly e-Communication
- Contains general GME information, accreditation-related updates, announcements regarding Program Requirements, updates from the Review Committee on ACGME issues/initiatives, etc.
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Thank you!