Updates from the Residency Review Committee for Pediatrics

Edwin L. Zalneraitis, MD,
RRC for Pediatrics
RRC Composition

- 3 appointing organizations - AAP, ABP, AMA
- 13 voting members
- 6 year terms – except resident (2 years)
- Generalists and Subspecialists
  - Adolescent Medicine, Critical Care Medicine, Developmental-Behavioral, Gastroenterology, Hematology-Oncology, Infectious Diseases, Neonatal/Perinatal Medicine, Pediatric Emergency Medicine, Pediatric Neurology
- 1 Ex-officio (non-voting) member from each appointing organization
RRC Composition cont.

- Geographic Distribution
  - Through 6/30/2011: **AL, CA, CT, DE, GA, MI, MD, OH, OR, PA**
  - After 7/1/2011: New Members from **MO, WI, & MI**
RRC Review of Programs

- Peer Review – 2 reviewers for core
- Reviewers use the following information to determine compliance with the requirements:
  - Program Directors: this is an open book test
    - The questions in the PIF correspond to program requirements
  - Reviewers present program to Committee
  - Committee determines degree of compliance and assigns accreditation status along with review cycle, range of 1-5 years

program information form (PIF) | site visitor’s report | resident survey findings | board scores
## Applications

<table>
<thead>
<tr>
<th>New Core Applications</th>
<th>New Subspecialty Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare events</td>
<td>Regular occurrence</td>
</tr>
<tr>
<td>Site visit required</td>
<td>No site visit required</td>
</tr>
<tr>
<td>12 month process</td>
<td>Need 2 months prior to meeting</td>
</tr>
<tr>
<td>Maximum of a 3 yr. cycle</td>
<td>Maximum of 3 yr. cycle</td>
</tr>
</tbody>
</table>

- **Applying in Seven Easy Steps:**
  
  [http://www.acgme.org/acWebsite/home/accreditation_application_process.asp](http://www.acgme.org/acWebsite/home/accreditation_application_process.asp)
Citation

• Citation = The program has not provided evidence of compliance with the requirements, or, an area identified by the site visitor is non-compliant

Don’t Have

• Patients (# & types); required certified faculty; required experience; facilities/equipment; time/support; required program personnel

Don’t Do

• Lack of evidence that required experience is provided; no documentation of compliance with requirements

Didn’t Bother Proof/Edit PIF

• Incomplete or inaccurate information; did not fully describe/provide sufficient details
Summary of Activities in 2010

• The RRC meets twice a year – spring and fall
  • A third summer meeting is added as needed
• The Committee reviewed 218 programs
  • Average per meeting:
    • 26 core
    • 83 subspecialty programs
    • 1 interim reports
      (progress & duty hours reports)

Types of Reviews

  • core
  • subs
  • interim
Accreditation Decisions in 2010
Core Pediatrics

Summary of Status Decisions

<table>
<thead>
<tr>
<th>Decision</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Accreditation</td>
<td>44</td>
</tr>
<tr>
<td>Probation</td>
<td>3</td>
</tr>
<tr>
<td>Initial Accreditation</td>
<td>2</td>
</tr>
<tr>
<td>Proposed Expedited Withdrawal</td>
<td>1</td>
</tr>
<tr>
<td>Proposed Probation</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>

Review Cycles

- 5 yrs.: 45%
- 4 yrs.: 25%
- 3 yrs.: 15%
- 2 yrs.: 10%
- 1 yr.: 5%
## Most Frequent Citations in 2010

### Core Pediatrics

<table>
<thead>
<tr>
<th>Issue</th>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.  Supervision</td>
<td>inadequate supervision of adolescent medicine and DBP</td>
<td>13</td>
</tr>
<tr>
<td>2.  Qualifications of Faculty</td>
<td>lack ABP cert</td>
<td>12</td>
</tr>
<tr>
<td>3.  PD Responsibilities</td>
<td>provision of complete and/or accurate information</td>
<td>11</td>
</tr>
<tr>
<td>4.  Service to Education Imbalance</td>
<td>excessive patient volume</td>
<td>9</td>
</tr>
<tr>
<td>5.  Evaluation of the Program</td>
<td>not confidential; lack of improvement plan</td>
<td>9</td>
</tr>
<tr>
<td>6.  Performance on Board Exam</td>
<td>60% pass rate not met</td>
<td>8</td>
</tr>
<tr>
<td>7.  Scholarly Activities</td>
<td>lack of scholarly activity by faculty</td>
<td>8</td>
</tr>
<tr>
<td>8.  PICU</td>
<td>insufficient volume; complexity and acuity</td>
<td>8</td>
</tr>
<tr>
<td>9.  Resident Appointment Issues</td>
<td>attrition, presence of other learners</td>
<td>8</td>
</tr>
<tr>
<td>10. Inpatient</td>
<td>inadequate experience with full range of subspecialties</td>
<td>7</td>
</tr>
</tbody>
</table>
Accreditation Decisions in 2010

Subspecialties of Pediatrics

Summary of Status Decisions

<table>
<thead>
<tr>
<th>Decision</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Accreditation</td>
<td>138</td>
</tr>
<tr>
<td>Accreditation</td>
<td>18</td>
</tr>
<tr>
<td>Proposed Withdrawal (from warning)</td>
<td>2</td>
</tr>
<tr>
<td>Voluntary Withdrawal</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>166</td>
</tr>
</tbody>
</table>

Review Cycles

- 5 yrs: 60%
- 4 yrs: 20%
- 3 yrs: 10%
- 2 yrs: 8%
- 1 yr: 2%

Total: 166
Most Frequent Citations in 2010
Subspecialties of Pediatrics

<table>
<thead>
<tr>
<th>158 Subspecialty Programs Reviewed for a Status Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total of 483 Citations – 3 citations/program</td>
</tr>
</tbody>
</table>

1. **Scholarly Activities** – faculty and fellow scholarly activity lacking
   62

2. **Practice Based Learning** – no ILP; no evidence of quality improvement project; no curriculum to teach teaching skills
   58

3. **Systems Based Practice and Improvement** – no/limited didactic and/or experiential; identifying systems errors; training in administering subspecialty; faculty oversight
   53

4. **Responsibilities of the PD** – PIF not complete or accurate
   38

5. **Qualifications of Faculty** – no ABP certification; no evidence of on-going scholarship
   34

6. **Evaluation of Fellows** – no semiannual written evaluations or evidence of final evaluation stating ability to practice w/o supervision
   34

7. **Evaluation of the Program** – not done annually; residents and faculty don’t provide written, confidential evaluation; no evidence of action plan to address deficiencies
   28

8. **Evaluation of Faculty** – evaluation by fellows does not ensure confidentiality
   14

9. **Goals and Objectives** – not rotation and level specific or competency based
   12

10. **Responsibilities of the Faculty** – do not devote sufficient time teaching/supervising
    9
ACGME Data Collection

Accreditation Data System (ADS)

- All core programs and subspecialty programs (with 4 or more fellows) are required to participate in the resident survey ANNUALLY
- Much information is collected/communicated through ADS

- Common PIF = Questions all programs need to complete
  - Information on faculty/teaching staff
  - Residents/fellows - # completed; # transfer, withdraw; dismissed
- Evaluation (resident, faculty and program)
- Duty hours
- Responses to previous citations
- Complement increases, PD/Institution changes
- Voluntary withdrawal
- Innovative projects
ACGME has created a database of Notable Practices that is available to Program Directors and other GME stakeholders through the ACGME website:

http://www.acgme.org/acWebsite/notablepractices/default.asp

- Notable Practice: A process or practice that a Review Committee or other ACGME committee deems worthy of notice.
- Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education.
- A Notable Practice is not a Requirement, which is a minimum standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a Requirement.
Program Resources
www.acgme.org

- ACGME Policies & Procedures
- Competencies/Outcomes Project
- List of accredited programs
- Accreditation Data System (ADS)
- Duty Hours Information/FAQ
- Affiliation Agreements FAQ
- General information on site visit process and your site visitor
- Notable Practices
- Pediatrics Webpage
  - Resident complement increase policy
  - Program Requirements and PIFs
  - Archive of RRC Updates/Newsletters
  - Pediatrics FAQ
Program Resources

• PD Guide to the Common Requirements:
  http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp
  • Explanations of the intent of most of the common requirements (particularly competency-based)
  • Suggestions for implementing requirements and types of documentation expected.

• Companion Document
  • Provides explanation and guidelines for the types of documentation that will be expected for the specialty-specific requirements

• FAQs
ACGME Communications

• Weekly e-Communication
  • Contains GME information: New requirements, newsletters; updates on ACGME issues/initiatives
• E-mail status of programs on RRC agenda
  • Approximately 2-3 days after meeting
• E-mail notification when letter is available on Accreditation Data System (ADS)
  • Hard copies of letters not provided
  • Letter is posted approximately 8 weeks following meeting
• E-mail notification of site visit date
  • For questions related to site visits contact:
    • Ingrid Philibert, PhD, MBA: (312) 755-5003, jphilibert@acgme.org
    • Jane Shapiro, MA Ed: (312) 755-5015, jshapiro@acgme.org
    • Penny Lawrence (312) 755-5014, pil@acgme.org
RRC Communications
Semiannual Newsletter

- Implemented in 2007 to enhance communication between the RRC and the Pediatrics community and provide updates on RRC and ACGME initiatives:
  - Sent to all core, med-peds and subspecialty Program Directors, Coordinators, and Designated Institutional Officials
  - Sent semiannually in the summer and winter
  - Newsletter postings announced in weekly e-Communications
January 2011 Newsletter Highlights

Standardization of Faculty Roster

- For consistency, the ACGME has modified the Faculty Roster in the Common PIF for all specialties.
- The revision expanded the ‘Average hours/week devoted to Resident Education’ to include four categories:
  1. **Clinical Supervision** - Bedside rounds; outpatient precepting; operative supervision.
  2. **Administration** - Program oversight; curriculum development; faculty, resident and program evaluation; career counseling.
  3. **Non-clinical Didactics/Teaching** - Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident.
  4. **Research** - Mentoring and/or working with residents/fellows; peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; participation in national committees or educational organizations.
- For each faculty physician listed in the roster, programs must indicate the hours spent in each category of resident education.
January 2011 Newsletter Highlights
RC Expectations for Completion of Faculty Roster – Core

- Pediatric programs are no longer limited to 35 faculty members, but that *does not imply* that all faculty members should be listed. Only faculty members who have a significant role in the program should be listed, including the following:

  - all core (by the new definition) pediatric faculty;
  - at least one faculty member with experience in each of the following: developmental behavioral pediatrics, adolescent medicine, neonatal-perinatal medicine, pediatric critical care medicine;
  - faculty members from at least five of the pediatric subspecialties listed in section IV.A.5.b).(1).(f).(ix) of the Program Requirements; and,
  - any other pediatric faculty members who play a significant role in the program (i.e., anyone responsible for a required experience.)
January 2011 Newsletter Highlights

RC Expectations for Completion of Faculty Roster – Subs

- Include **ALL** faculty members from the subspecialty.
- Include **AT LEAST ONE** faculty member from each of the pediatric subspecialties and related disciplines. *(Refer to section II.B.2.e) of the Program Requirements)*
- List other **ESSENTIAL FACULTY** members as appropriate to the subspecialty. *(Refer to the subspecialty-specific requirements)*
January 2011 Newsletter Highlights

Documenting MOC in the Common PIF

- As of 2010, the American Board of Pediatrics (ABP) no longer provides a specific end date to certification
- Certificates include the following statement:
  - “valid contingent upon meeting requirements of maintenance of certification.”
- Information displayed on the ABP website for pediatric diplomates no longer indicates recertification dates, only a ‘yes’ or ‘no’ as to whether they are meeting the MOC requirements
- This is inconsistent with ADS
  - If a program is unable to provide a certification/recertification dates in the faculty roster, a print out from the ABP website should be available at the time of the site visit
Other Updates

Accreditation of Sports Medicine (SM) Programs

• Effective July 1, 2011, the RRC for Family Medicine will review and accredit all SM programs
• SM programs may be aligned with the following specialty programs:
  • Family Medicine, Emergency Medicine, Physical Medicine & Rehabilitation, or Pediatrics
Milestones Project Update

- Each specialty has been asked to develop “milestones” each resident must meet at key points in his/her residency
- Development of pediatrics milestones will be a collaborative effort between ACGME, RRC, ABP, APPD and other important stakeholders in the pediatric community
CPR VI: “Duty Hours” Update

Summary of Specialty-specific language to be posted to ACGME website. All sets of program requirements will be updated by July 1, 2011.

- Areas that Require Specialty-Specific Definitions to be Developed by Each Review Committee:
  1. Define licensed independent practitioners who may have primary responsibility for patient care (VI.D.1).
  2. Describe achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available (VI.D.5.a.1).
  3. Specify optimal clinical workload (VI.E).
4. Define elements of teamwork that must be present in each specialty (VI.F).

5. Define Intermediate level residents and residents in the final years of education (senior level residents) (VI.G.5.b and c).*

6. Define circumstances when “senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty (VI.G.5.c.1).*

7. RCs may specify the maximum number of consecutive weeks of night float and the maximum number of months of night float per year (VI.G.6).*
CPR VI Update

Pediatrics Highlights

- PGY-1 residents must always be supervised either directly or indirectly with direct supervision immediately available.
- The Program Director must have the authority and responsibility to set appropriate clinical responsibilities (i.e., patient caps) for each resident based on the PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.
- Residents must be responsible for an appropriate patient load. Insufficient patient experiences do not meet educational needs; an excessive patient load suggests an inappropriate reliance on residents for service obligations, which may jeopardize the educational experience.
CPR VI Update

Pediatrics Highlights cont.

• Intermediate level residents = PGY-2 residents
• Residents in the final years of education = PGY-3 residents and above
• Under no circumstances may residents have fewer than 8 hours between duty periods.
• Residents should not have more than 1 consecutive week of night float and not more than 4 total weeks per year.
Duty Hours Update

Night Float Definitions

- **Night Float**: involves the episodic coverage of patients just at night.
- **Night Shift**: is a scheduled series of nights to provide consistent care at night that mirrors the day shift.
- **Night Call**: is for those working in the day who will also stay at night to provide coverage for example the every fourth or fifth night of a rotation.
CPR VI Update
More than just duty hours…

- Integrated quality and safety
- Professionalism and responsibility
- Transitions of care
- Fatigue mitigation
- Levels of supervision
- Entrustment/Clinical responsibility
- Teamwork
Program Requirements Update

Core Pediatrics Requirements

• The RRC is in the process of revising the core pediatrics requirements.
• The requirements will be posted for review and comment in June.
• The RRC will review comments submitted and make any necessary revisions.
• Target date for new requirements to go into effect is July 1, 2013

Med-Peds Requirements

• One comprehensive set of requirements.
• Similar timeline as Pediatrics Requirements
• Target effective date for new requirements is July 1, 2013
Highlights from Proposed Pediatric PRs

- Requirements reduced from 44 to 30 pages
- Less process, more outcomes-based requirements
- Greater flexibility for the program
- Experiences can be block or longitudinal
- Encourage more innovation by programs
- Experiences specific for the resident’s career choice
- Requirements to improve the educational environment