Updates from the Residency Review Committee for Pediatrics

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What’s New

• New Program Requirements
  • Effective July 1, 2013
  • Individualized Curriculum
  • Categorization of requirements (categorical and subspecialties)
    • Outcome
    • Core
    • Detail

• Next Accreditation System
  • Starts July 1, 2013 for categorical Pediatrics
  • Starts July 1, 2014 for Subspecialties
Data Reviewed by RRC

Most Already in Place

- Annual ADS Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
    - Scholarly Activity – Faculty and residents
    - Omission of data
- Board Pass Rate – 3-5 year rolling averages
- Resident Survey – Common and specialty elements
- Clinical Experience – Case logs or other*
- Semi-Annual Resident Evaluation and Feedback
  - Milestones
  - Faculty Survey
  - Ten year self-study
Performance Indicator #1: Program Attrition

- **General Definition**: Composite variable that measures the degree of personnel and trainee change within the program.
- **How measured**: Has the program experienced any of the following:
  - Change in PD?
  - Decrease in core faculty?
  - Residents withdraw/transfer/dismissed?
  - Change in Chair?
  - DIO Change?
  - CEO Change?
Performance Indicator #2:  
Program Changes

- **General Definition**: Composite variable that measures the degree of structural changes to the program.
- **How measured**: Has the program experienced any of the following:
  - Participating sites added or removed?
  - Resident complement changes?
  - Block diagram changes?
  - Major structural change?
  - Sponsorship change?
  - GMEC reporting structural change?
Performance Indicator #3: Scholarly Activity

• **General Definition**: Indicator that measures scholarly productivity within a program for faculty and for learners.
• ACGME will eliminate faculty CVs and replace them with a new “table” to collect scholarly activity information.
• Expectations for faculty and learners w/ regard to scholarly activity will be different for core and subspecialty programs.
Performance Indicator #4:
Board Pass Rates – Categorical Pediatrics

- V.C.1.c).(1) At least 80% of those who completed the program in the preceding five years should have taken the certifying examination.
- V.C.1.c).(2) At least 70% of a program’s graduates from the preceding five years who are taking the certifying examination for the first time should have passed.
Performance Indicator #4: 
Board Pass Rates – Subspecialties

• V.C.3. A program will be judged deficient if, over a six year period, fewer than 75% of fellows eligible for the certifying examination take it and of those who take it, fewer than 75% pass it on the first attempt. The Review Committee will take into consideration noticeable improvements or declines during this same period. An exception may be made for programs with small numbers of fellows.
Performance Indicator #5: Clinical Experience Data

- **General Definition**: Composite variable that measures residents’ perceptions of clinical preparedness using questions on the new specialty specific section of the resident survey.

- This is in lieu of case logs

- **How measured**: 3rd year residents’ responses to the following questions will be aggregated to create a score
Performance Indicator #5: Clinical Experience Data

- How well prepared are you to perform procedures without supervision?
  - List from PRs

- How well prepared are you to perform patient care activities without supervision?
  - HCM, Newborns, Acute illness, Resus/Stabilize/Triage, Behavior/Mental Health

- How satisfied are you with the patient volume, range of patient ages, variety of medical conditions, and extent of progressive responsibility in the care of patients?
Performance Indicator #5:
Clinical Experience Data

• How satisfied are you with the educational experiences to help you achieve competency in patient care skills?
  • PC tracked competencies

• How satisfied are you with aspects of your longitudinal outpatient experience?

• Are you well prepared to competently practice general pediatrics?
Performance Indicator #6: ACGME Resident Survey

- Administered annually Jan-May
- Questions on RS relate to 7 areas:
  - Duty Hours
  - Faculty
  - Evaluation
  - Educational Content
  - Resources
  - Patient Safety
  - Teamwork
- RS revised to align with new CPRs. All residents & fellows were surveyed.
Performance Indicator #7:
Faculty Survey

- “Core” faculty only because they are most knowledgeable about the program
  - dedicate an average of 15 hours/week
  - trained in the evaluation and assessment of the competencies
  - spend significant time in the evaluation of the residents
  - advise residents w/ respect to career and educational goals

- Similar domains as the Resident Survey
- Will be administered at same time as Resident Survey
RC Accreditation Decisions in NAS

- Continued Accreditation (75-80%)
- Accreditation with Warning
- Probationary Accreditation
  - Withdrawal of Accreditation
RC Actions in NAS

- Continued review of data elements
- Request for written report
- Site visit
  - Focused/Diagnostic
  - Full
Operationalizing the Milestones: Clinical Competency Committee

  - Must be composed of at least 3 faculty
  - Members may include non-physician members of the health care team, residents in their final year
  - Written descriptions of responsibilities
    - Review all resident evaluations semi-annually
    - Prepare/assure Milestone reporting to ACGME
    - Make recommendations regarding resident progress, promotion, remediation, and dismissal