Updates from the Review Committee for Pediatrics

Suzanne K. Woods, MD, Review Committee Chair
Caroline Fischer, MBA, Executive Director
Disclosure

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, IL, MI, NJ, NY, NC, OH, TX, UT, VT, and VA

Incoming members: MD and PA
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
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<tbody>
<tr>
<td>Carl R. Backes, DO, FACOP</td>
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<td>Dona S. Buchter, MD</td>
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<td>Ann E. Burke, MD</td>
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<td>Dalya L. Chefitz, MD</td>
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<td>Alan H. Friedman, MD</td>
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<td>Lynn Garfunkel, MD</td>
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<td>Rani Gereige, MD, MPH, FAAP</td>
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<td>Bruce Herman, MD</td>
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<tr>
<td>Dustin Hipp, MD</td>
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<tr>
<td>Deepak Kamat, MD, PhD, FAAP (Vice Chair)</td>
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<tr>
<td>Richard B. Mink, MD, MACM</td>
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<td>Victoria F. Norwood, MD</td>
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<td>Judith S. Shaw, EdD, MPH, RN, FAAP</td>
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<tr>
<td>Julie Kim Stamos, MD</td>
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<tr>
<td>Suzanne K. Woods, MD, FAAP, FACP (Chair)</td>
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Congratulations!

New Review Committee members
- Stephanie Dewar, MD
- Judy-April Oparaji, MD

ACGME Courage to Teach Award (honoring program directors)
- Dona S. Buchter, MD

ACGME Program Coordinator Excellence Award
- Thea Stranger-Najjar
## 2017 Status Decisions

<table>
<thead>
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<th>Status</th>
<th>Core</th>
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</tbody>
</table>
Citations vs. Areas for Improvement (AFIs)
AFIs/Citations - Core Programs

Duty hours
Board pass rate
Procedural experience
Faculty supervision and teaching

Educational content
- Appropriate balance for education
- Education compromised by service
Evaluations

- Timeliness of feedback
- Used for program improvement
- Confidential

Faculty supervision and teaching

Faculty scholarly activity/scholarly environment

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
AFIs

- Major Changes section 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
Alternate Qualifications for Faculty

- If faculty members are not board certified, explain “Equivalent Qualifications for RC Consideration” in ADS

- Alternate qualifications will not be accepted for individuals who have completed ACGME-accredited residency education within the United States and are not eligible for certification by the American Board of Pediatrics (ABP), who have failed the ABP certifying exam, or who have chosen not to take the ABP certification exam

- Recent graduates are expected to take and pass the next certifying exam
Common Program Requirements
Section VI

Approved by the ACGME Board of Directors in February 2017
Effective date of July 1, 2017

- Some new Patient Safety, Quality Improvement, and Well-being requirements will not be cited before 7/1/19; AFIIs may be issued

Applicable to all pediatrics core and subspecialty programs

Review Committee will review related specialty-specific requirements and FAQ at its April meeting
Greater flexibility within established framework

Provides residents and programs with greater discretion to structure clinical education to best support professional development

Encourages residents to make decisions based on patient needs and their own well-being
Flexibility carries responsibility for programs, faculty members, and residents to:

- Recognize the need to hand off care of a patient to another provider when a resident is too fatigued to provide safe, high quality care, and for programs to:
  - Ensure that residents remain within the 80-hour maximum weekly limit
Programs that schedule residents to work 80 hours and also permit flexibility will likely violate the 80-hour rule, even when averaged over four weeks. Possible solutions include:

- Scheduling fewer than 80 hours per week
- Using night float and/or adjusting frequency of in-house call

The 80-hour requirement will be strictly enforced
Flexibility for PGY-1s and PGY-2s

PGY-1s and PGY-2s:

- May not have experience to make decisions about when to use flexibility
- May feel pressured to use flexibility when it’s unnecessary
- Should be assigned a manageable patient load and have appropriate support from their clinical team
- Should not be overburdened with clerical work and/or non-physician duties
Philosophy and Background and Intent

- Italicized language: Describes the underlying philosophy of the requirements within the section and is not citable
- Background and Intent: Provides additional guidance on how to implement the requirements in a manner consistent with the intent
- FAQs will be available soon
- Slide presentation on the Clinical Experience and Education Microsite
Maximum of 80 Hours per Week

Averaged over four weeks

*New* - Clinical work done from home counts

- Recognizes that many residents are taking work home and this may add up to several hours each week
- Residents will report their time and the program director will use this information to inform scheduling
At-Home Call

- Residents will report this time to the program director – this information will help inform needed scheduling revision
- No requirement that program verify the time reported by residents
- The entire time period spent on at-home call does not count, only time directly devoted to patient care activities
- Studying and research done from home do not count
Clinical Work and Education

Period Length

16-hour limit for PGY-1s has been removed

- Permits PGY-1s to function as a member of the team
- Essential that PGY-1s are supervised in compliance with the requirements
- Well-being must be prioritized
“Duty Hours” replaced with “Clinical Experience and Education”

- Change was in response to concern that “duty” in reference to number of hours worked implied that duty to “clock out” on time superseded duty to the patient
Common Program Requirements Phase 2 Task Force

- A Common Program Requirements Phase 2 Task Force has been appointed to review Sections I-V
- Input from the graduate medical education community was solicited, as well as a general call for comments in the ACGME e-Communication
- Proposed changes will be posted for review and comment later this year
Pediatrics Program Requirement Revisions

- Take rate for ABP certifying exam removed
- Requirement regarding pass rate of (AOBP) American Osteopathic Board of Pediatrics examination added:
  - At least 70 percent of a program’s graduates from the preceding five years who take the American Osteopathic Board of Pediatrics certifying examination for the first time should pass. (Outcome)
Internal Medicine-Pediatrics Program Requirement Revisions

- Program Requirements under revision
- Review and comment period through April 12, 2017
- Tentative effective date: July 1, 2018
Pediatric Subspecialty Program Requirement Revisions

- Revision of the individual subspecialty requirements to start this spring
- Review and comment period in winter/spring 2018
- Tentative effective date: July 1, 2019
Milestones 2.0

Multidisciplinary Milestones for Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice in development

- Post for review and comment this spring
- Goal is to keep common themes across specialties and modify as needed
- Optional for specialties to use
Phase I specialties review specialty-specific Milestones in 2017-2018

- Planning meeting in July to determine how to move forward
- Program directors will be surveyed about the Patient Care and Medical Knowledge Milestones
- Working group will include representation from the Review Committee, ABP, Association of Pediatric Program Directors, and American Osteopathic Association, as well as resident member, public member, and self-nominated individuals
- Draft Milestones will be posted for review and comment
- Subspecialty Milestones reviewed after specialty Milestones completed, but timeline may be more protracted
Studies focus on two areas of validity

- Content validity – content experts review the language in the Milestones and subcompetencies

- Response process validity - processes by which the data is collected, i.e., observations of the residents, and collated and interpreted locally to make final Milestones ratings prior to sending them to the ACGME
  - Two studies completed in internal medicine and neurological surgery – results to be published
  - Starting a new study with pediatrics, family medicine, emergency medicine, and internal medicine

- Ultimately, we wish to explore the degree to which Milestones data can predict meaningful clinical performance, but these initial studies have to be done first
Physician Well-Being

The ACGME, in partnership with the American Foundation for Suicide Prevention and Mayo Clinic, launched an initiative to prevent physician and medical trainee suicides.

A library of educational resources intended to help physicians and medical trainees is available on the ACGME website, and includes:

- A four-minute video that advises medical students, residents and fellows on how to support each other, express concern to peers, and encourage help-seeking behavior.

- A comprehensive guide to help graduate training programs respond to a resident death by suicide.

- Additional information and access to support.
Self-Study Timeline

Self-studies for Phase I programs started in April 2015

- Programs receive approximately 9 months advance notice
- Self-study summary uploaded to ADS on the last day of the month identified in ADS

The 10-year accreditation site visit is scheduled 12 to 18 months later

- Programs receive 90 days advance notice of their 10-year site visit
- First Phase I 10-year site visits scheduled February 2017
Measurable aims

The more collaboration the better

- Program level

- Department/institutional level
  - As shared engagement in the self-study by core and subspecialty programs, even including shared aims or aims developed collectively in some programs
  - As shared improvement work and shared resources

- Community level
  - Exemplified by the efforts of the APPD Self-Study Collaborative under the direction of Dr. John Frohna, from the University of Wisconsin
Program Resources

www.acgme.org

Website redesign (webfeedback@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
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!

Questions?