Updates from the Review Committee for Pediatrics

Stephanie Dewar, MD, Review Committee Chair

Caroline Fischer, MBA, Executive Director

Disclosure

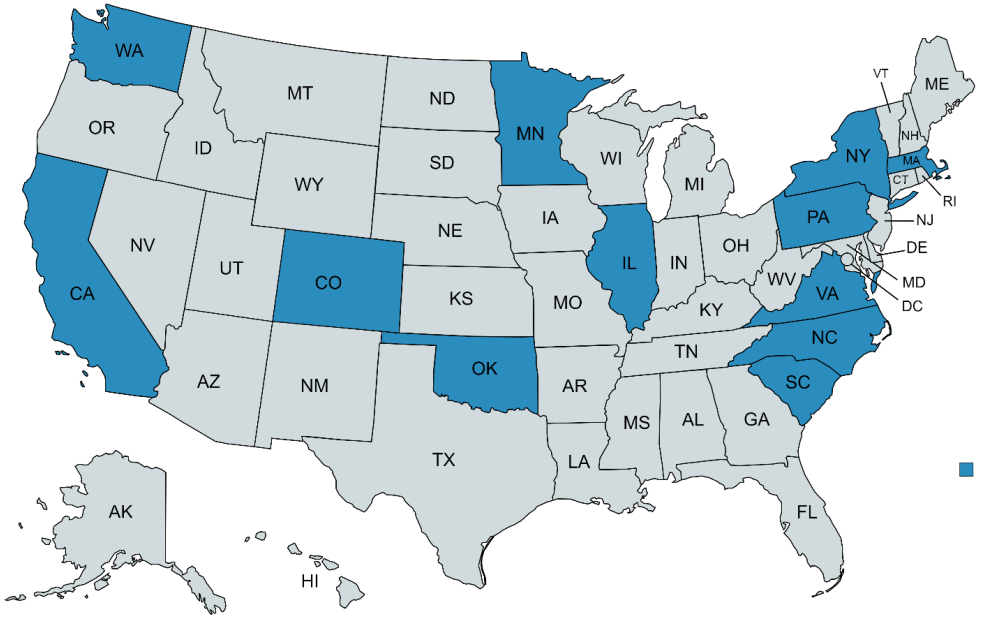
We have no relevant financial disclosures.

Review Committee Composition

- Maria Condus, PhD (Public Member)
- Stephanie B. Dewar, MD (Chair)
- Shawna Seagraves Duncan, DO
- Jason Homme, MD
- Jennifer Kesselheim, MD (Vice Chair)
- Joanna Lewis, MD, FAAP
- Su-Ting Li, MD, MPH
- Michelle Montalvo Macias, MD
- Kenya McNeal-Trice, MD
- Heather A. McPhillips, MD, MPH
- Adam Rosenberg, MD
- Andrea Tou, MD (Resident Member)
- Patricia Vuguin, MD
- Linda Waggoner-Fountain, MD, MAMEd, FAAP

Geographic Distribution of the Review Committee

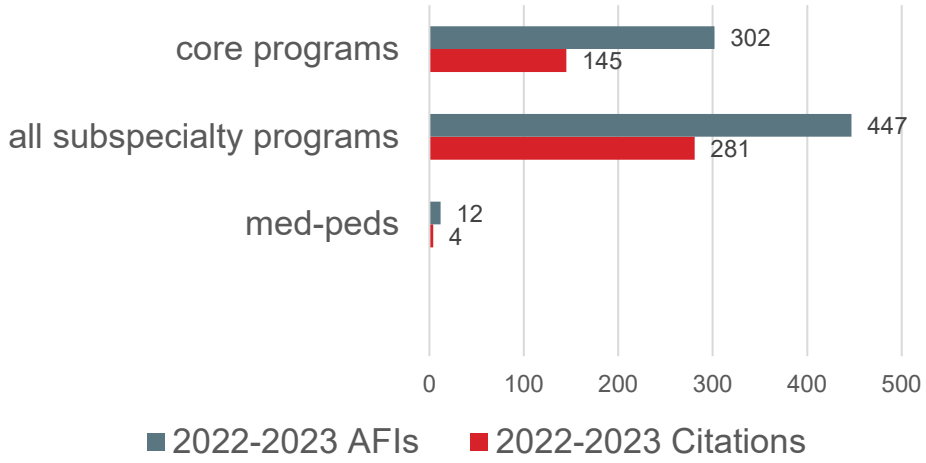
Current members:
CA, CO, IL (2), MA, MN, NY, NC, OK, PA (2), SC, VA, and WA



2022-2023 Status Decisions

Status	Core	Subs	Med-Peds
Initial Accreditation	5	24	0
Initial Accreditation w/Warning	0	2	0
Continued Accreditation	204	900	37
Continued Accreditation w/Warning	2	5	0
Probation	2	3	0
Accreditation Withheld	0	0	0
Withdrawal of Accreditation	0	0	0

2022-2023 Citations vs. Areas for Improvement (AFIs)



2022-2023 Frequent Citations

Pediatrics Programs

- Faculty Qualifications
  - Lack of board certification or acceptable alternate qualifications
  - Lack of subspecialty faculty (adolescent medicine, DBP)
- Culture of Professional Responsibilities
  - Appropriate blend of patient care responsibilities, clinical teaching, and didactics
  - Excessive reliance on residents to fulfill non-physician service obligations

2022-2023 Frequent Citations

Pediatrics Programs

- Evaluations
  - Timely faculty feedback
  - Required language – readiness to progress to the next year; attestation that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice
- Responsibilities of the Faculty
  - Role models of professionalism
  - Interest in resident education
- Curricular Development
  - Longitudinal experience (26 weeks; 36 half days; panel of patients)

2022-2023 Frequent Citations

Pediatric Subspecialty Programs

- Evaluations
  - Required language – readiness to progress to the next year; attestation that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
  - Program Action Plan not distributed
  - Access to evaluations
- Faculty Responsibilities
  - Role models of professionalism
  - Interest in fellow education
  - Time devoted to the program

2022-2023 Frequent Citations

Pediatric Subspecialty Programs

- Supervision
  - Supervision policy lacking:
    - When the presence of a supervising physician is required
    - When fellows must communicate with the supervising faculty member
    - Classification of supervision
- Faculty Qualifications
  - Specialty certification
  - Availability of other required faculty/consultants

2022-2023 Frequent Citations

Pediatric Subspecialty Programs

- Curricular Development
  - Formally structured program lacking
  - Instruction in basic and fundamental disciplines lacking

2022-2023 Frequent AFIs

Pediatrics Programs

- Resources
  - Balance between education and patient care
  - Protected time to participate in structured learning activities
  - Safety and health conditions
- Professionalism
  - Satisfaction with the process for dealing with problems and concerns
  - Residents' ability to raise concerns without fear or intimidation
  - Experienced or witnessed abuse
- Clinical and Educational Work – 80 hours

2022-2023 Frequent AFIs

Pediatrics Programs

- Patient Safety
  - Interprofessional teamwork skills modeled/taught
  - Loss of information during shift changes or patient transfers
  - Culture that emphasizes patient safety
  - Participation in adverse event analysis
- Faculty Supervision and Teaching

2022-2023 Frequent AFIs

Pediatric Subspecialty Programs

- Professionalism
  - Process to deal with problems/concerns
  - Ability to raise concerns without fear
  - Process in place for confidential reporting of unprofessional behavior
  - Experienced or witnessed abuse
- Faculty Supervision and Teaching
- Resources
  - Balance between education and patient care
  - Protected time to participate in structured learning activities
- Patient Safety
  - Interprofessional teamwork skills modeled/taught
  - Participation in adverse event analysis
  - Information lost during shift changes or patient transfers
- Accurate/Complete Information

Incomplete/Inaccurate Data

- Faculty Roster | Current Certification Information
  - Review ABMS data
  - Programs may add updated information
- CVs | Current Licensure, Scholarly Activities from Last Five Years
- Block Diagram | Follow specialty-specific instructions in the Accreditation Data System (ADS), provide a key for abbreviations, do not include individual schedules

Specialty-Specific Block Diagram Instructions

Pediatrics Residency Programs

Overview | Program | Faculty | Residents | **Sites** | Surveys | Milestones | Case Logs | Summary | Reports

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Guide to Construction of a Block Diagram for Pediatrics Residency Programs

Review Committee for Pediatrics

A block diagram is a representation of the rotation schedule for a resident in a given post-graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education in the program. The block diagram should not include resident names.

- Create and upload a PDF of the program's block diagram using the information below as a guide.
- Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Regardless of the model used, the block diagram must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a "Notes" section accompanying the block diagram.
- In constructing the block diagram, include the **participating site** at which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document. **The following abbreviations should be used when completing the block diagram**:

ADOL	Adolescent Medicine	NICU	Neonatal Intensive Care Unit
AI	Acute Illness	PEM	Pediatric Emergency Medicine
CM	Community Pediatrics and Child Advocacy	PICU	Pediatric Intensive Care Unit
DBP	Developmental-Behavioral Pediatrics	RS	Required Subspecialty (required by program, or chosen by resident, to fulfill the requirement for four block subspecialty months from List 1 in the requirements)*
ELEC	Electives (experiences chosen by the residents over and above their required experiences)	SP	Subspecialty Experience (subspecialty experience, block or longitudinal, used to fulfill the additional three months of required subspecialty experience, from List 1 or 2)*
GP	General Pediatrics	TN	Term Newborn
IC	Individualized Curriculum	VAC	Vacation

*Identify the choice of subspecialty experiences below the block diagram.

Sample 1	*This is a commonly used example in which the year's rotations are divided into 12 (presumably one-month) rotations. Rotations may include structured outpatient or research time and electives.*											
Block	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3
Rotation Name	GP	GP	GP	PEM	CM	DBP	NICU	PICU	RS	RS	SP	IC
% Outpatient	0	0	0	0	100	100	0	0	variable	variable	variable	variable
% Research	0	0	0	0	0	0	0	0	variable	variable	variable	variable

Sample 2	*In this common example, the year's rotations are divided into 13 equal (presumably four-week) rotations. Rotations may include structured outpatient or research time, and electives.*												
Block	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 1 or 2	Site 1 or 2	Site 1 or 2	Site 3	Site 3
Rotation Name	GP	RS	RS	PEM	PICU	SP	EM	CM	IC/VAC	IC/VAC	IC/VAC	NICU	NICU
% Outpatient	10	50	50	100	10	50	100	100	variable	variable	variable	10	10
% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

Sample Notes:

Four months of required subspecialty experiences may include:

Pediatric Cardiology
Pediatric Endocrinology
Pediatric Gastroenterology
Pediatric Nephrology
Pediatric Neurology
Pediatric Pulmonology

Three months of additional subspecialty experiences may include:

Child and Adolescent Psychiatry
Pediatric Anesthesiology
Pediatric Orthopaedic Surgery
Pediatric Radiology

Home > Specialties > Pediatrics

Pediatrics

Documents

Requests for Changes in Resident Complement
The Guide to Construction of a Block Diagram

Standard Block Diagram Instructions

Pediatric Subspecialty Programs

Overview | Program | Faculty | Residents | Sites | Surveys | Milestones | Case Logs | Summary | Reports

ACGME

Guide to Construction of a Block Diagram

A block diagram is a representation of the rotation schedule for a resident in a given post-graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.

- Create and upload a PDF of your program's block diagram using the information below as a guide.
- Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a "Notes" section accompanying the block diagram. Examples of other less common models are also provided below.
- In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
- **Group the rotations by site**. For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.
- When "elective" time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.
- Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the resident spends in outpatient activities should be noted.

Sample Block Diagrams

Block Diagram 1 (1) *In this example, the year's rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.*

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	ER	ICU	Clinic	Wards	Clinic	Elec/Vac
% Outpatient	20	20	100	0	0	40	100	0	100	20	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	

Block Diagram 2 (1) *In this example, the year's rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.*

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3	
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	Wards	ICU	Clinic	Wards	Wards	Clinic	Elec/Vac
% Outpatient	30	30	100	0	0	20	20	0	100	0	0	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	0	

Block Diagram 3 (1) *In this example, the year's rotations are divided into six blocks of equal duration. One of the blocks is used for an elective, which can be chosen from a list of elective rotations and a vacation month.*

Block	1	2	3	4	5	6
Site	Site 1	Site 1	Site 2	Site 2	Site 3	
Rotation Name	CCU	Med. Outpt.	Wards	ER	Wards	Elective/Vacation
% Outpatient	0	100	0	100	0	
% Research	0	0	0	0	0	

Notes

Possible electives:

Cardiology Inpatient Site 1
Cardiology Outpatient Site 2
Pulmonary Disease Inpatient Site 2
Pulmonary Disease Outpatient Site 3
Gastroenterology Inpatient Site 3
Gastroenterology Outpatient Site 1

ADS Annual Update

- All programs are required to provide a response during the Annual Update window, but programs can continue to update/edit ADS throughout the academic year
- Some information should be reported in real time (e.g., program director, faculty, resident/fellow changes, response to citations, major changes)
- Milestones and scholarly activity for the previous academic year cannot be updated once the year-end rollover takes place.

Major Changes and Other Updates

Describe major changes to the training program since the last academic year, including changes in leadership and rotations. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review.

- Be proactive
- Provide context
- Describe outcomes

Pediatric Program Requirements

Objectives of Major Revision

- Relieve administrative burden
  - Reduction in number of requirements
- Focus on the Future
- Provide flexibility/be less prescriptive
  - Allow for innovation

Educational/Training Framework

- Equal balance between inpatient, outpatient, and individualized experiences.
- Recognition of importance of both general pediatrics and subspecialty experiences
- Maintenance of longitudinal outpatient experience (continuity clinic) but without restriction of occurring over 26 weeks.
- Introduction into ambulatory subspecialty experience early in training.
- Addition of mandatory mental health experience.

Educational/Training Framework *cont.*

- Flexibility is encouraged outside of required ambulatory, inpatient, and individualized experiences.
  - Time spent in these experiences is now Core, not Detail.
- Longitudinal clinic is in addition to required ambulatory experiences.
- One additional month ambulatory general pediatrics
- One additional month inpatient
- One less month ICU
- One less month supervisory time

Additional Changes

- Faculty responsibility for team workload, resident well-being, and patient safety
- Mitigate implicit bias in resident evaluations
- PGY-1 residents may be supervised indirectly with direct supervision immediately available, after assessment
- Experiences defined in weeks (minimum eight half-days)
- Vacation to occur outside of required inpatient, ambulatory, and individualized curricular experiences
- All EPAs and Milestones 2.0 are included in revised Program Requirements

Revisions Based on First Public Comment

- Core procedures with additional as necessary for future practice
  - Bag mask ventilation
  - Lumbar puncture
  - Neonatal delivery room resuscitation
  - Peripheral intravenous catheter placement
  - Simple laceration repair
- Required faculty/faculty qualifications
  - Role of alternative qualifications

Revisions Based on First Public Comment

Specialty-Specific Background and Intent:

- The requirements that mandated faculty in specific subspecialty areas have been removed as the Review Committee did not wish to specifically identify only a few subspecialty areas as that may suggest that only those subspecialties are required, which is not the case.
- The Review Committee still expects that there be ABP- or AOBP-certified subspecialty physician faculty available to teach and supervise pediatrics residents, including subspecialty faculty in adolescent medicine, developmental-behavioral pediatrics, neonatal-perinatal medicine, pediatric critical care medicine, pediatric emergency medicine, and in each available subspecialty rotation.
- Refer to faculty qualification requirements in Sections II.B.3 and IV.C.6. regarding required curricular components, including subspecialty experiences.

Revisions Based on First Public Comment

Program Requirements:

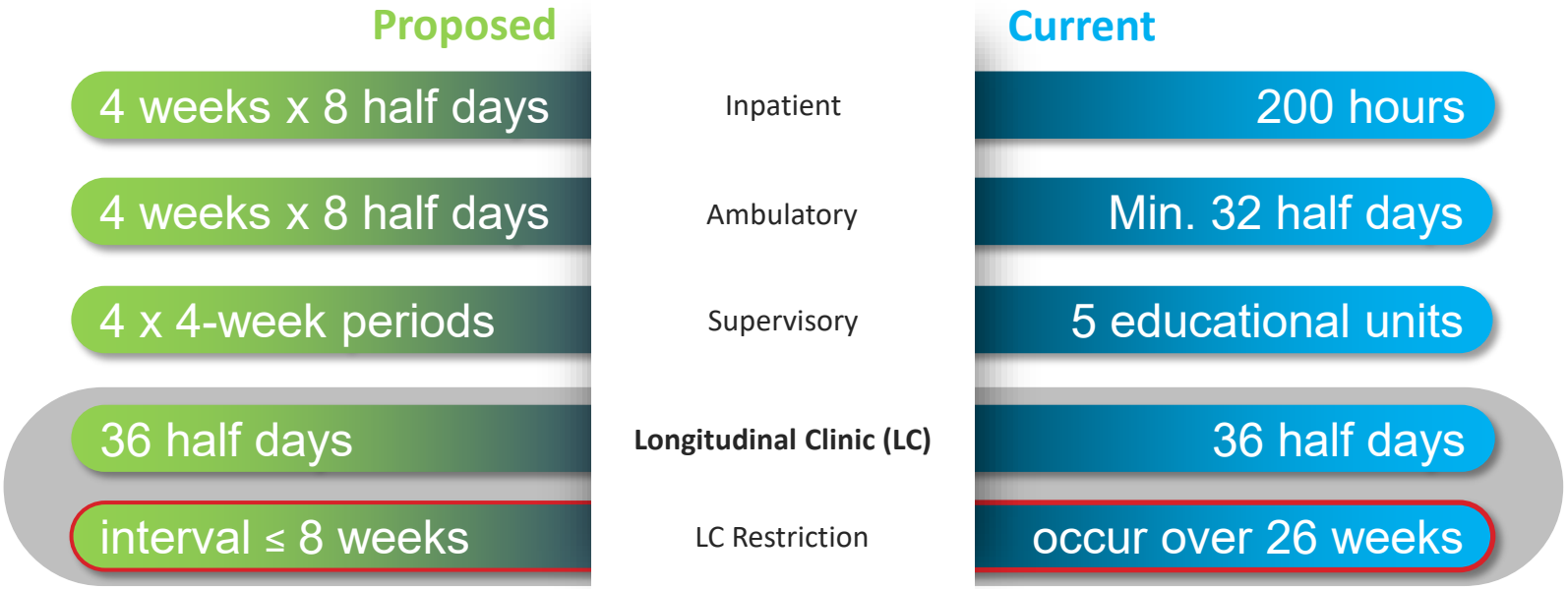
II.B.3.b) **Physician faculty members must:**

II.B.3.b).(1) **have current certification in the specialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)**

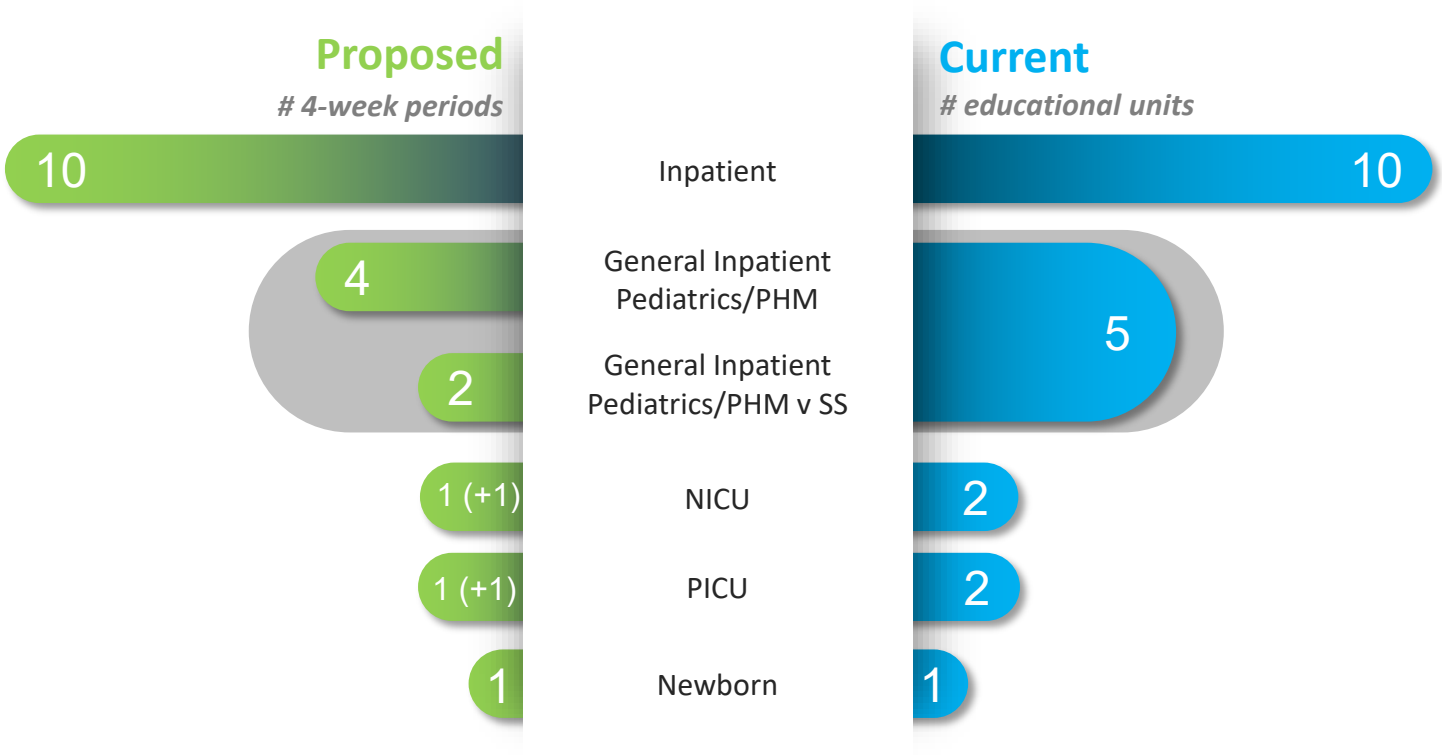
II.B.3.c) For all pediatric subspecialty rotations there must be pediatric subspecialty physician faculty members who ~~must~~ have current certification in their subspecialty by the ABP or the AOBP, or possess qualifications judged acceptable to the Review Committee. (Core)

Alternate qualifications will not be considered for those individuals eligible to take the ABP or ABOP certifying examination.

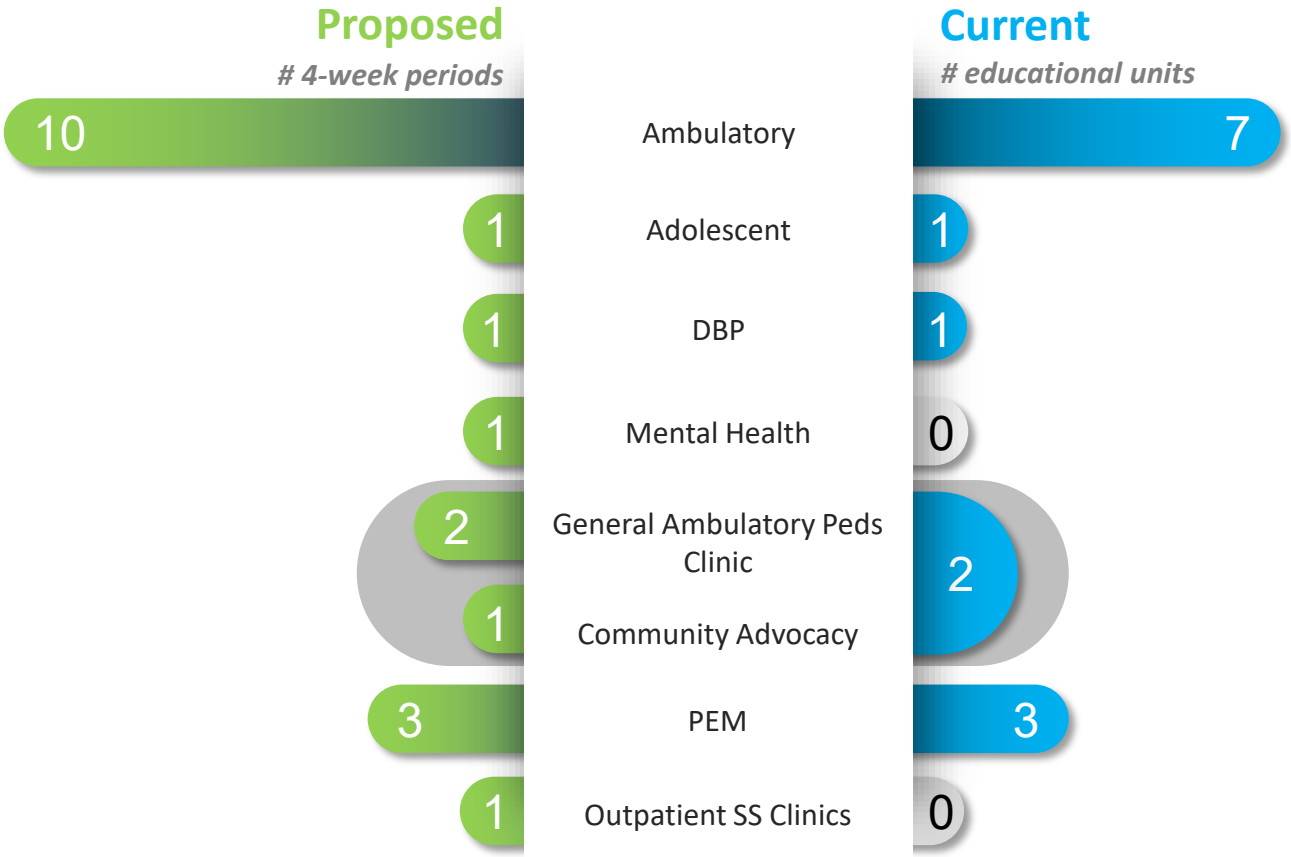
Program Requirements | Proposed vs. In Effect



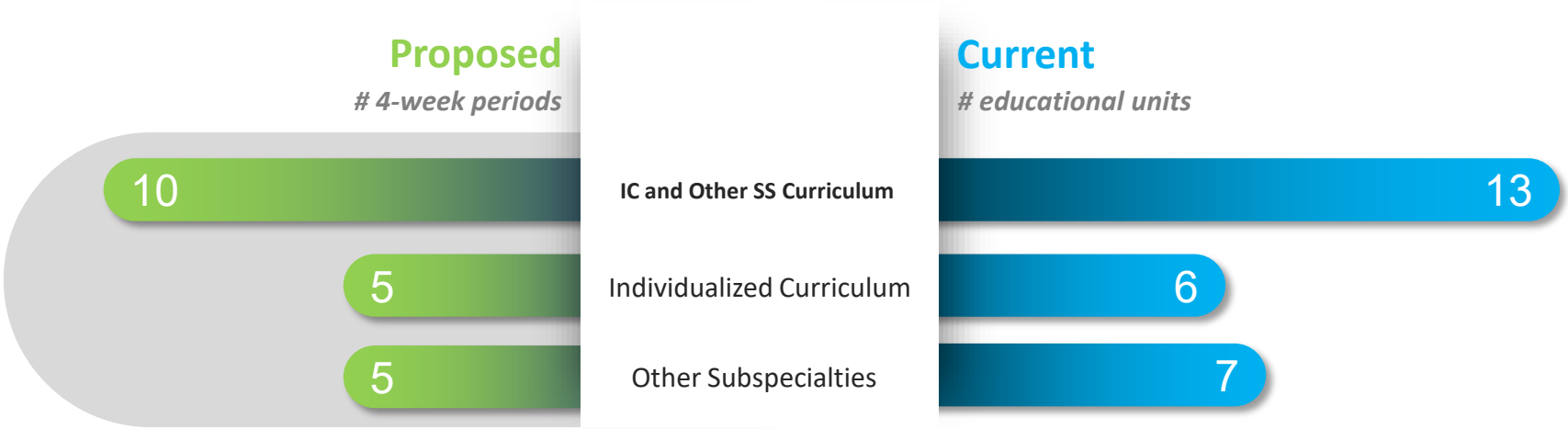
Inpatient Comparison



Ambulatory Comparison



Individualized Curriculum and Subspecialty Comparison



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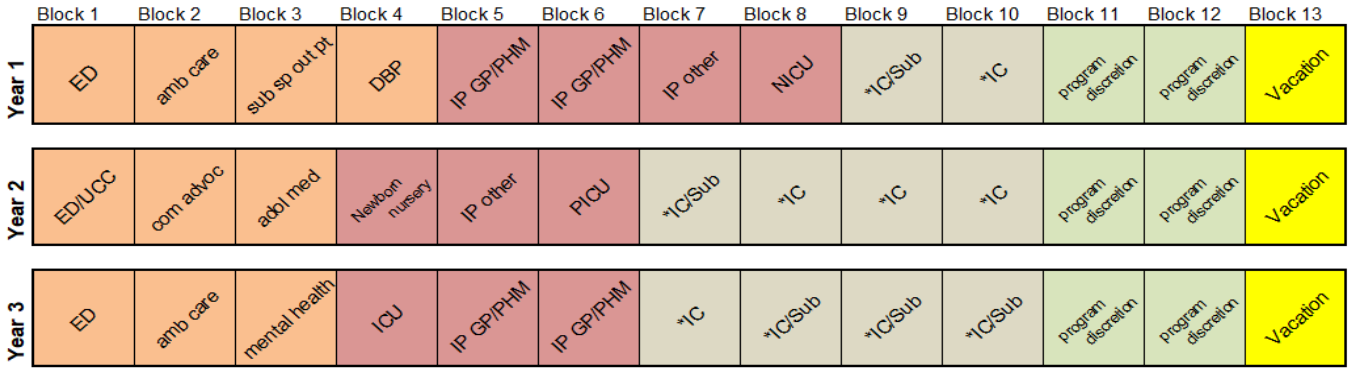
Block Schedule Based on Proposed Program Requirements

General Block Schedule



Supervisory Experience Requirements: Minimum of **16 weeks during final two years** in the program. Eight **weeks** should be on the **inpatient general pediatrics/PHM hospital medicine service**

Ambulatory Care Experiences: minimum of 40 weeks

ED - peds EM in ED (8 weeks)
ED/UCC - acute care (4 weeks could be in peds ED or other site)
amb care - general ambulatory pediatric clinic (8 weeks)
com advoc - community advocacy rotation (4 weeks)
adol med - adolescent medicine (4 weeks)
DBP - developmental behavioral pediatrics (4 weeks)
mental health - mental health experience (4 weeks)
sub sp out pt - subspecialty outpatient experience (4 weeks), composed of *no fewer than two* subspecialties, *in the first 18 months of training*

Inpatient Care Experiences: mimimum of 40 weeks

IP GP/PHM - inpatient general peds or peds hospital medicine service *(mimimum of 16 weeks)*
IP other - remaining time on inpatient service, can be on GP/PHM services or other subspecialty services with *no more than 4 weeks spent on a single non GP/PHM service*
NICU - neonatal intensive care unit *(mimimum 4 weeks)*
PICU - pediatric intensive care unit *(mimimum 4 weeks)*
ICU - could be additional NICU, PICU, combination, or other ICU (must have *additional 4 weeks ICU* experience)
Newborn nursery - newborn nursery rotation (4 weeks)

Individualized Curriculum: mimimum of 40 weeks

***IC** - individualized curriculum
***IC/Sub** - individualized curriculum of *at least five additional subspecialty experiences* (minimum of 1 week per activity with maximum of 4 weeks duration)
* **20 of the 40** weeks of IC time *must be elective* (clinical, scholarly, and/or other experiences)

Program Discretion

time not accounted for by other RC requirements *24 weeks*

Vacation

to account for typical 3-4 weeks of vacation per academic year by programs

Tentative Timeline

X+Y Scheduling

- The AIRE X+Y Scheduling pilot is closed to new participants
- Additional programs are not being enrolled due to the Program Requirement revisions in progress
- Programs not participating in the pilot are subject to the requirement for 26 weeks of longitudinal outpatient experience

Adolescent Medicine Focused Revision

- At the request of the American Board of Internal Medicine (ABIM) and the American Board of Pediatrics (ABP), a focused revision to the requirements related to length of training for graduates of internal medicine residency programs from 2 to 3 years was proposed
- The ABIM planned to change its status from co-sponsoring board to become a qualifying board and, consequently, will no longer administer the exam to internal medicine physicians
- At the request of the ABP, the proposed focused change to these requirements has been withdrawn, pending further consideration

2024 Site Visits

- Remote and In-person
- 25% of site visits will be in-person
  - Likely conduct all complex site visits in-person (egregious, potentially egregious, complaints, probationary accreditation)
  - Remainder will be selected randomly; Review Committee will not select

10-Year Accreditation Site Visits

- Discontinued
- Assurance site visits will be conducted on a sampling of programs starting in 2024
- Details will be communicated in the upcoming weeks

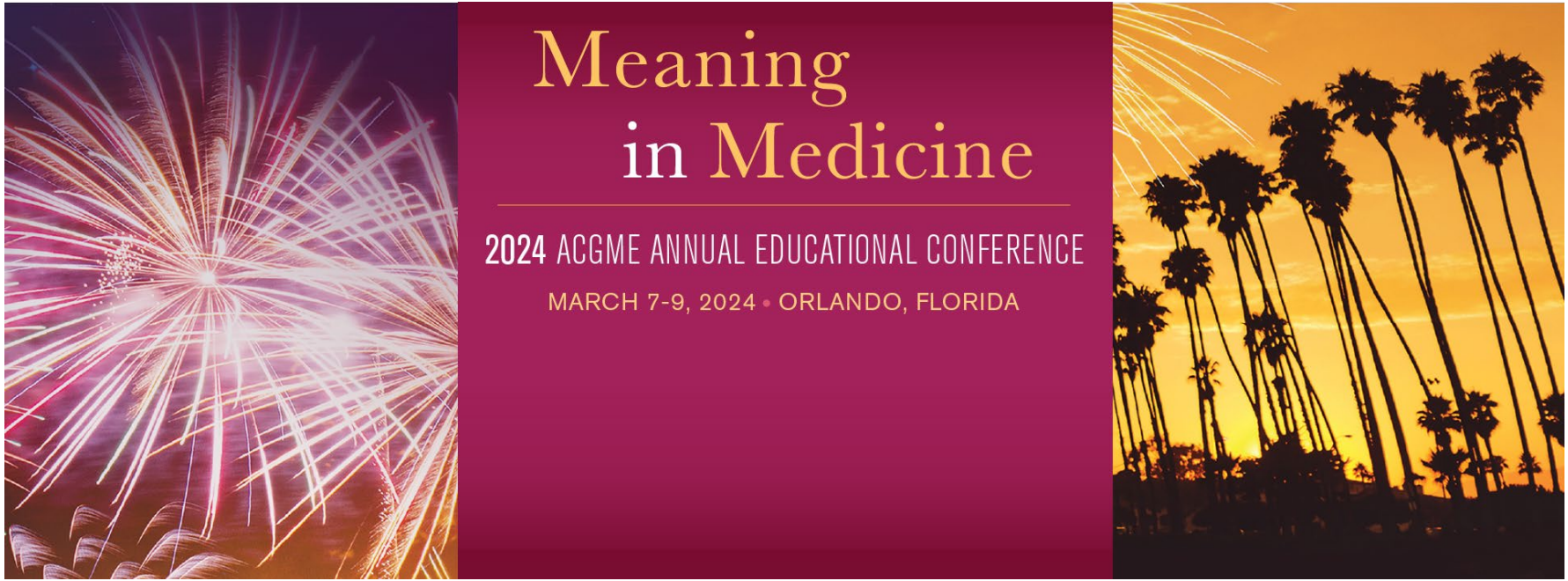
Milestones 2.0; It's a Wrap!

- Final Milestones 2.0 meeting was conducted in July 2023 for pediatric transplant hepatology
- Thanks to the 1,711 volunteers, 158 sets of Milestones were updated between November 2016 and July 2023
- What's next:
  - Program Evaluation of the Milestones
  - Milestones 3.0 slated to begin in 2026

ADS Improvement and Innovation Project

- Provide a way to import faculty scholarly activity from another Sponsoring Institution using the person table.
- Process for sending Letters of Notification and Site Visit Announcement Letters updated so that the PDF letter is no longer attached to email notifications, providing increased security and confidentiality. Effective 9/14/23

2024 ACGME - AEC



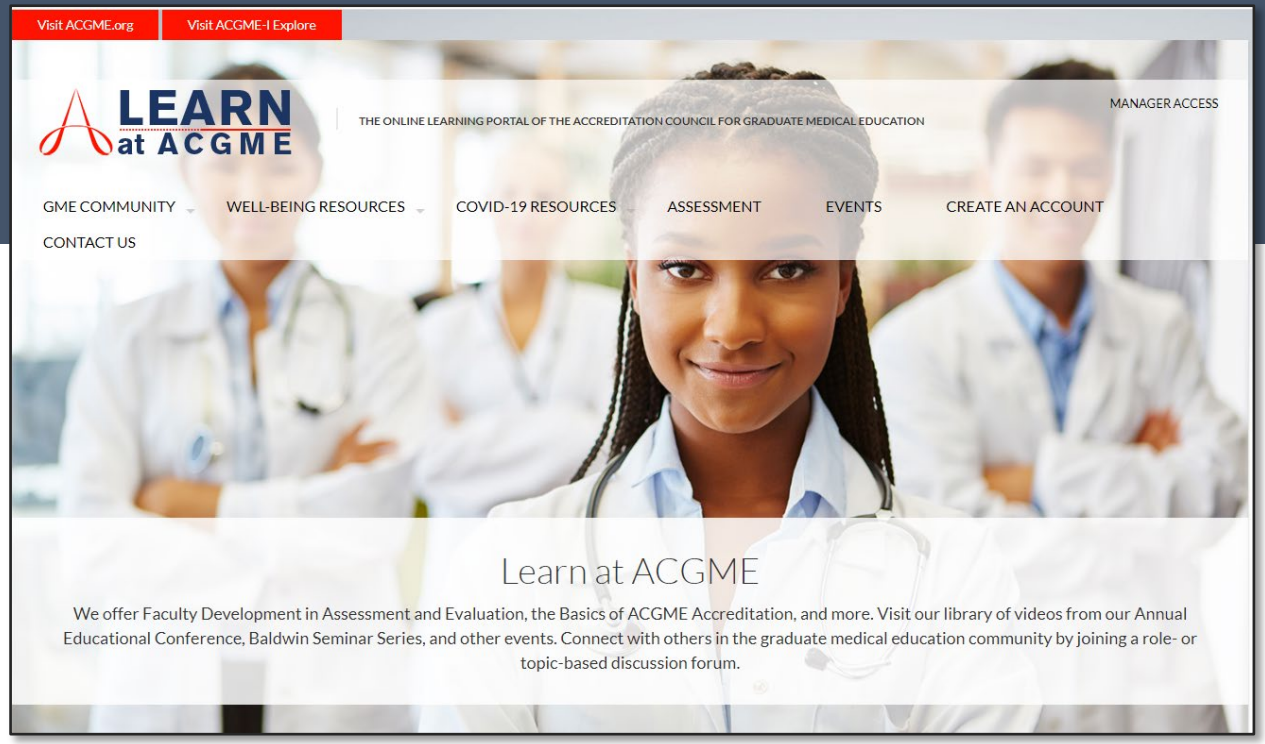
Program Resources

www.acgme.org

- Accreditation Data System | ADS Public Site
- ACGME Policies and Procedures
- Clinical Competency Committee (CCC) Guidebook
- Milestones Guidebook | Milestones FAQs
- How to Complete an Application
- Institutional Requirements
- Sample Program Letter of Agreement (PLA)
- FAQs for New Programs

- *Journal of Graduate Medical Education*
- Specialty-specific Resources (Program Requirements, Application Forms, complement increase policy, Guide to Construction of a Block Diagram) | Access via specialty pages
- Common Resources (e.g., Guide to the Common Program Requirements, ACGME Glossary of Terms, Common Program Requirements FAQs, Key to Standard LON | Access via specialty pages
- Site Visit Information (e.g., types of visits, Site Visit FAQ, remote site visit FAQs, listing of accreditation field representatives)
- Weekly *e-Communication* | Sent via email

The ACGME's **Online Learning Portal**



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- Managing your Clinical Competency Committee
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- Faculty Development Toolkit – New
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  - 11 modules covering a range of topics

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Review Committee Meeting Dates

Meeting Dates:	Agenda Closes:
January 22-24, 2024	November 22, 2023
April 10-11, 2024	February 9, 2024
September 16-17, 2024	July 16, 2024

Questions?