
Updates from the Residency Review Committee for Pediatrics

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RRC Composition

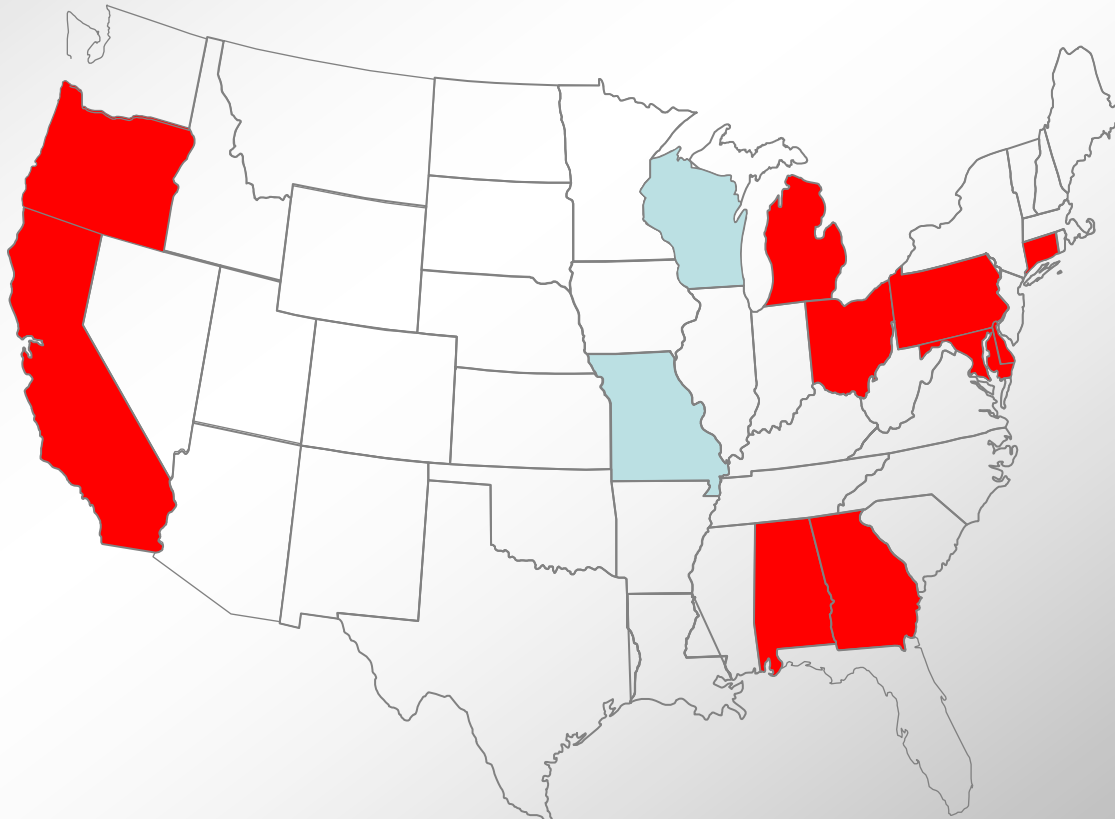
- 3 appointing organizations - AAP, ABP, AMA
- 13 voting members
- 6 year terms – except resident (2 years)
- Generalists and Subspecialists
 - Adolescent Medicine, Critical Care Medicine, Developmental-Behavioral, Gastroenterology, Hematology-Oncology, Infectious Diseases, Neonatal/Perinatal Medicine, Pediatric Emergency Medicine
- 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
information
form (PIF)

site visitor's
report

resident
survey
findings

board
scores

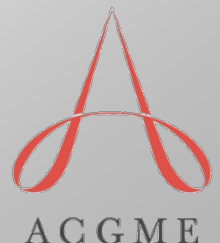
- Program Directors: this is an open book test
 - The questions in the PIF correspond to program requirements
- Reviewers present program to Committee
- Committee determines degree of compliance and assigns accreditation status along with review cycle, range of 1-5 years

Applications

New Core Applications	New Subspecialty Applications
Rare events	Regular occurrence
Site visit required	No site visit required
12 month process	Need 2 months prior to meeting
Maximum of a 3 yr. cycle	Maximum of 3 yr. cycle

- Applying in Seven Easy Steps:

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

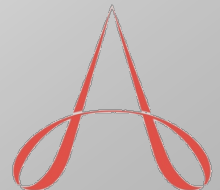
- *Patients (# & types); required certified faculty; required experience; facilities/equipment; time/support; required program personnel*

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*

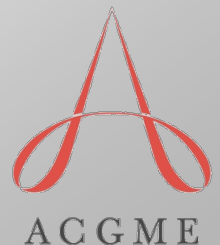


Summary of Activities in 2010

- 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

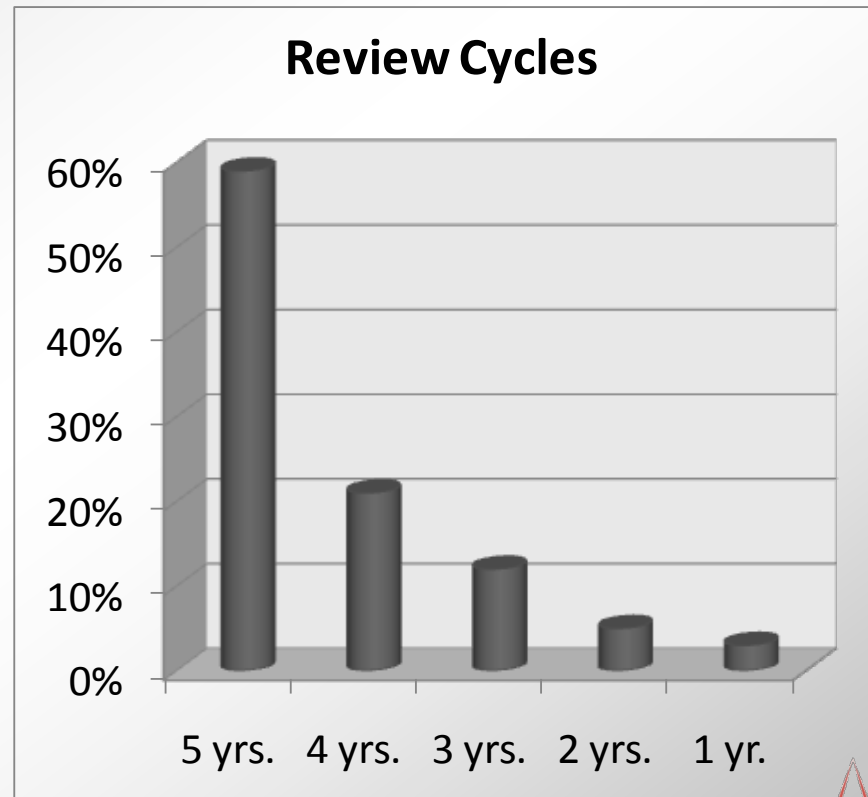
- core
- subs
- interim



Accreditation Decisions in 2010

Subspecialties of Pediatrics

Summary of Status Decisions	
Continued Accreditation	138
Accreditation	18
Proposed Withdrawal (from warning)	2
Voluntary Withdrawal	8
Total	166



Most Frequent Citations in 2010

Subspecialties of Pediatrics

158 Subspecialty Programs Reviewed for a Status Decision

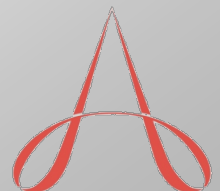
Total of 483 Citations – 3 citations/program

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 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



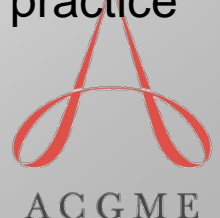
ACGME Data Collection

Notable Practices Website

- 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>

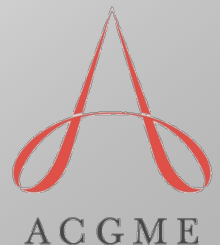
- Notable Practice: A process or practice that a Review Committee or other ACGME committee deems worthy of notice.
- Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education.
- A Notable Practice 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

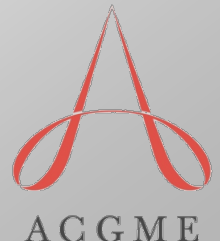
www.acgme.org

- 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



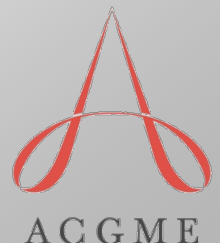
Program Resources

- 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

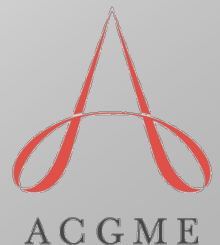
- Weekly e-Communication
 - Contains GME information: New requirements, newsletters; updates on ACGME issues/initiatives
- E-mail status of programs on RRC agenda
 - Approximately 2-3 days after meeting
- E-mail notification when letter is available on Accreditation Data System (ADS)
 - Hard copies of 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, iphilibert@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

RC Expectations for Completion of Faculty Roster

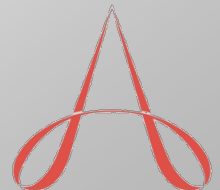
- Include **ALL** faculty members from the subspecialty.
- Include **AT LEAST ONE** faculty member from each of the pediatric subspecialties and related disciplines.
(Refer to section II.B.2.e) of the Program Requirements)
- List other **ESSENTIAL FACULTY** members as appropriate to the subspecialty.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



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).

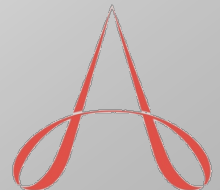
Duty Hours Update *cont.*

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).*

Duty Hours Update

Pediatrics Highlights

- 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.



Duty Hours Update

Pediatrics Highlights cont.

- Intermediate level residents = PGY-2 residents
- Residents in the final years of education = PGY-3 residents and above
 - Thus, all fellows are in the “final years” of education
- Under no circumstances may residents/fellows have fewer than 8 hours between duty periods.
- Residents/fellows should not have more than 1 consecutive week of night float and not more than 4 total weeks per year.
 - Rarely applicable to fellows

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

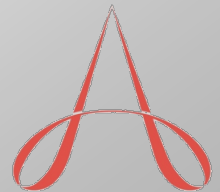
Note: These all refer to in-house call coverage.



Duty Hours Update

Night Call

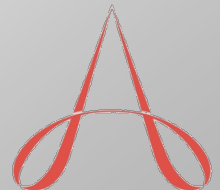
- “Traditional” Night Call is for those working in the day who will also stay at night to provide patient care
- PGY-2 and above
- No more frequently than every third night when averaged over a 4 week period
- Limited to 24+4 hours
- No additional clinical responsibilities after 24 hours
- Strategic napping after 16 hours of duty



Duty Hours Update

Night Float

- Night Float involves the episodic coverage of patients just at night.
- Residents/fellows come from another educational experience to do a series of night shifts
- No more than 6 consecutive nights
- Night float is limited to 1 consecutive week and no more than 4 total weeks per year



Duty Hours Update

Night Shift

- Night Shift is a scheduled series of nights to provide consistent care at night that mirrors the day shift.
- No more than 6 consecutive shifts
- No limit on night shift during a block month, however:
 - The balance between day and night must be appropriate
 - Education must occur for residents/fellows doing shifts