Conflict of Interest Disclosure

Speaker(s): [Heather McPhillips, MD, MPH; Caroline Fischer, MBA]

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Congratulations 2025 ACGME Award Recipients

Parker J. Palmer Courage to Teach Award (awarded to program directors)

Charles Kwon, MD; Cleveland Clinic Children's; Cleveland, Ohio; Pediatrics

Debra L. Dooley GME Program Coordinator Excellence Award

Ashley T. Taylor, BHA, C-TAGME; Johns Hopkins All Children's Hospital; St. Petersburg, Florida; Hospice and Palliative Medicine, Pediatric Hospital Medicine

David C. Leach Award (awarded to residents, fellows, or resident/fellow teams who foster innovation or improvement, advanced humanism in medicine, and increased efficiency and emphasis on educational outcomes)

Alexandra Schoenberger, MD, MSEd; University of Cincinnati College of Medicine; Cincinnati, Ohio; Internal Medicine and Pediatrics

Barbara Ross-Lee, DO Diversity, Equity and Inclusion Award

Stanford Pediatrics Residency Program (Program)

2026 ACGME Awards Nominations

John C. Gienapp Award

Barbara Ross-Lee, DO Diversity, Equity, and Inclusion Award

David C. Leach Award

Debra L. Dooley GME Program Coordinator Excellence Award

GME Institutional Coordinator Excellence Award

Lewis Blackman Patient Safety Award

Parker J. Palmer Courage to Lead Award

Parker J. Palmer Courage to Teach Award

Thomas J. Nasca Professionalism Award

The ACGME is now accepting nominations for the 2025 ACGME Awards.

**Deadline:
Wednesday, March 12, 2025
5:00 pm Central**

For additional information and to download nomination materials: https://www.acgme.org/initiatives/awards/

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Review Committee Composition

- Maria Condus, PhD (Public Member)

- Angela Czaja, MD, MSc, PhD

- Jason Homme, MD

- Deborah Hsu, MD

- Joanna Lewis, MD, FAAP (Vice Chair)

- Su-Ting Li, MD, MPH

- Michelle Montalvo Macias, MD

- Kenya McNeal-Trice, MD

- Heather A. McPhillips, MD, MPH (Chair)

- Jennifer K. O'Toole, MD, MEd

- Andrea Tou, MD (Resident Member)

- Margarita Vasquez, MD

- Patricia Vuguin, MD

- Linda Waggoner-Fountain, MD, MAMEd, FAAP

- Tyree M.S. Winters, DO
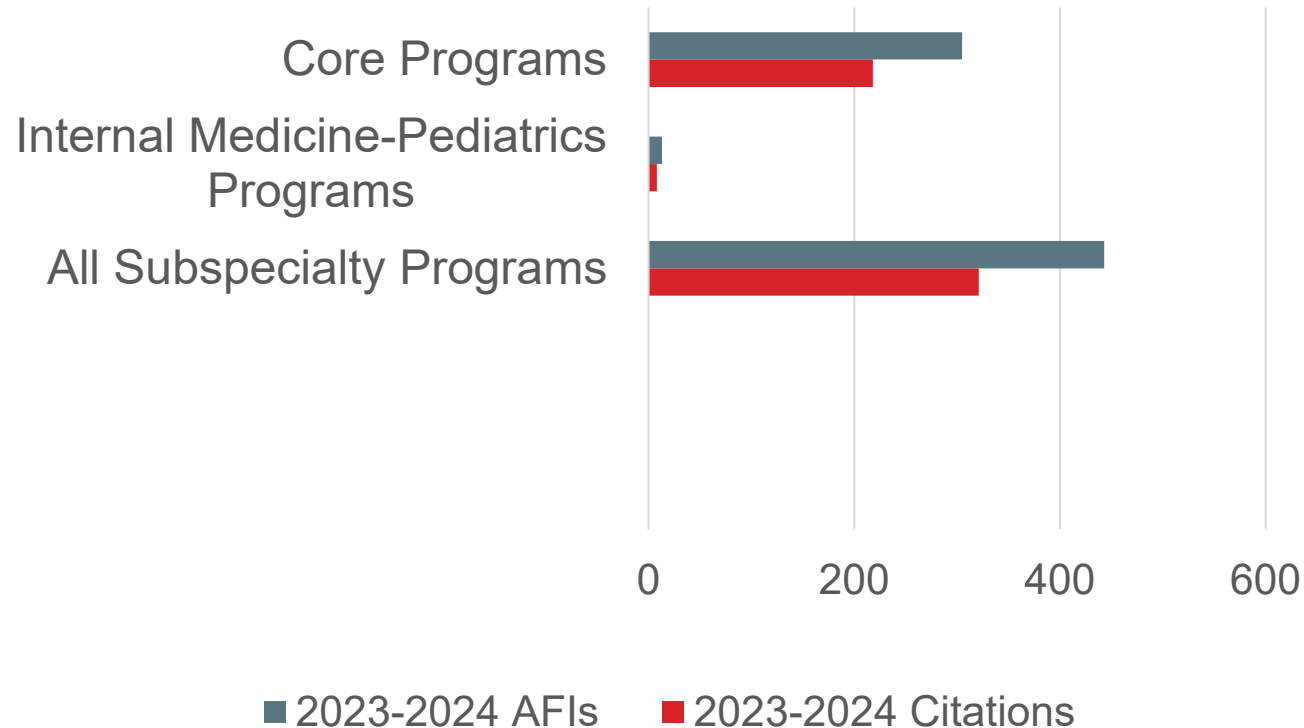
Geographic Distribution of the Review Committee

Current Members

CA (2), CO, IL (2), MN, NJ, NY, NC, OH, PA, SC, TX, VA, and WA
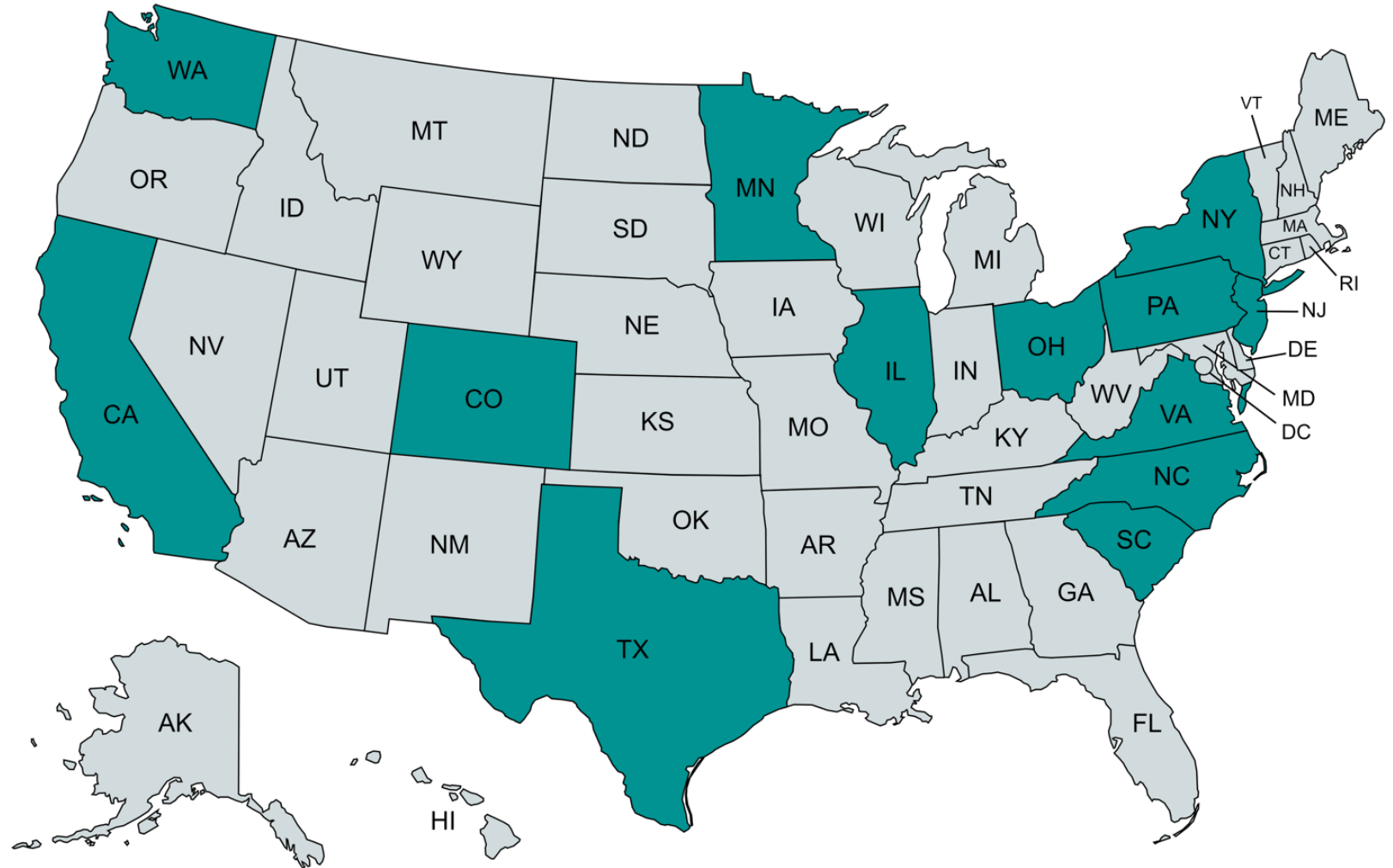
2023-2024 Status Decisions

Status	Core	Subs	Med-Peds
Initial Accreditation	0	21	0
Initial Accreditation w/Warning	0	0	0
Continued Accreditation	210	934	37
Continued Accreditation w/Warning	2	2	0
Probation	0	1	0
Accreditation Withheld	0	0	0
Withdrawal of Accreditation	0	0	0

2023-2024 Citations vs. Areas for Improvement (AFIs)

Core Programs
Internal Medicine-Pediatrics Programs
All Subspecialty Programs

0   200   400   600

■ 2023-2024 AFIs   ■ 2023-2024 Citations

2023-2024 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

- Learning and Working Environment – 80 hours

2023-2024 Frequent Citations
Pediatrics Programs

- Faculty Qualifications

  - Lack of board certification or acceptable alternate qualifications
  - Lack of subspecialty faculty (adolescent medicine, DBP)

- Responsibilities of the Faculty

  - Interest in resident education

- Culture of Professional responsibilities

  - Excessive Reliance on Residents to Fulfill Non-Physician Service Obligations
  - Appropriate Blend of Supervised Patient Care Responsibilities, Clinical Teaching, and Didactic Educational Events
  - Manageable Patient Care Responsibilities

2023-2024 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.
- Learning and Working Environment – 80 hours
- Scholarly Activities
  - Minimum required time (12 months, 32 weeks for PHM)

2023-2024 Frequent Citations
Pediatric Subspecialty Programs

- Faculty Qualifications
  - Specialty certification
  - Availability of other required faculty/consultants
- Faculty Responsibilities
  - Role models of professionalism
  - Interest in fellow education
  - Time devoted to the program

2023-2024 Frequent AFIs
Pediatrics Programs

- Resources
  - Appropriate balance between education and patient care
  - Time to interact with patients
  - Education compromised by non-physician obligations
  - Satisfaction with safety and health conditions
  - Protected time to participate in structured learning activities
- Patient Safety
  - Loss of information during shift changes or patient transfers
  - Interprofessional teamwork skills modeled/taught
  - Participation in adverse event analysis
  - Process to transition when fatigued
  - Culture that emphasizes patient safety

2023-2024 Frequent AFIs
Pediatrics Programs

- 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
- Faculty Supervision and Teaching

2023-2024 Frequent AFIs
Pediatric Subspecialty Programs

- Faculty Supervision and Teaching
- Professionalism
  - Process to deal with problems/concerns
  - Ability to raise concerns without fear
  - Experienced or witnessed abuse
  - Process in place for confidential reporting of unprofessional behavior
- Patient Safety
  - Interprofessional teamwork skills modeled/taught
  - Participation in adverse event analysis
  - Loss of information during shift changes or patient transfers

- Resources
  - Satisfaction with safety and health conditions
  - Balance between education and patient care
  - Protected time to participate in structured learning activities
  - Impact of other learners on education

- Educational Content

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, clearly document time spent on experiences

Specialty-Specific Block Diagram Instructions
Pediatrics Residency Programs

**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

SAMPLE Block Schedule Based on 2025 Pediatrics Program Requirements

General Block Schedule

	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9	Block 10	Block 11	Block 12	Block 13
Year 1	ED	amb care	sub sp out pt	DBP	IP GP/PHM	IP GP/PHM	IP other	NICU	*IC/Sub	*IC	program discretion	program discretion	Vacation
Year 2	ED/UCC	*amb care	adol med	Newborn nursery	IP other	PICU	*IC/Sub	*IC	*IC	*IC	program discretion	program discretion	Vacation
Year 3	ED	amb care	mental health	ICU	IP GP/PHM	IP GP/PHM	*IC	*IC/Sub	*IC/Sub	*IC/Sub	program discretion	program discretion	Vacation

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)
*amb care - program designated additional ambulatory care experience (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 24 months of training*

Inpatient Care Experiences: mimimum of 40 weeks

IP GP/PHM - inpatient general peds or peds hospital medicine service *(miminum 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 subspecialty service, exclusive of*

NICU - neonatal intensive care unit *(miminum 4 weeks)*
PICU - pediatric intensive care unit *(miminum 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*

Program Discretion

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

Standard Block Diagram Instructions
Pediatrics Subspecialty Programs

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

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

ADS Specialty-Specific Changes

- Faculty Roster instructions
- Block Diagram instructions
- Specialty-specific Resident Survey questions
- Pediatrics Application Form

Med-Peds Program Requirements

- RCs reviewed the comments received during the Review and Comment period and are finalizing draft requirements for ACGME Board approval in June 2025

- Anticipated effective date is July 1, 2026

Common Program Requirements

- Undergoing Major Revision

- Input from GME community

- Call for position statements

- Common Program Requirements Task Force
  - Board of Directors
  - Council of Review Committee Council
  - Council of Review Committee Residents

Institutional Requirements

- Undergoing Major Revision
- Timeline postponed
- Collaborate with Common Program Requirements Task Force

Pediatric Hospital Medicine Program Requirements

- Effective January 1, 2025, pediatric hospital medicine program director and core faculty are expected to be board certified in PHM
- Community site faculty must be certified in either pediatrics or pediatric hospital medicine

Coming Soon!
Reformatted ACGME Requirements

As part of the ACGME's Digital Transformation, all Requirements documents are being reformatted.

- Common Program Requirements, Institutional Requirements, specialty/subspecialty-specific Program Requirements, and Recognition Requirements

- This is a first step that will ultimately facilitate additional benefits and features not previously available.

- Except for documents already undergoing revision, **the content of the requirements is not changing**, just the formatting and numbering structure.

Reformatted ACGME Requirements, continued

- The reformatting includes a new numbering construct, eliminating the roman numeral outline structure.

- The new format **consolidates standards, reducing the number of sub-levels within a requirement**.

- The ACGME will provide **crosswalk documents** mapping the old reference numbers to the new ones for each set of Requirements, and update **Frequently Asked Questions (FAQs)** and other related documents, such as applications.

Reformatted ACGME Requirements: Timing

- February 10, 2025: Reformatted Common Program Requirements (Residency and Fellowship versions); Institutional Requirements; most specialty-/subspecialty-specific Program Requirements; and associated crosswalk documents posted on acgme.org

- March 2025: Reformatted Common Program Requirements (One-Year Fellowship and Post-Doctoral Educational Program versions); remaining specialty-/subspecialty-specific Program Requirements; Recognition Requirements; and associated crosswalk and application documents posted on acgme.org

- In conjunction with academic year rollover (June 30/July 1, 2025): updated FAQ documents for reformatted Requirements; Selected Topics Across Requirements documents; and Faculty/Resident Survey Crosswalk documents posted on acgme.org

Accreditation of Combined Programs

- A set of Program Requirements specific to programs offering combined or integrated formats was approved by the ACGME at its September 2024 meeting.

- The ACGME is working with the ABMS Boards to compile a list of specialty-specific curriculum expectations

- Existing unaccredited combined programs currently listed in the ACGME's Accreditation Data System (ADS) have been offered the opportunity to opt into the accreditation process by June 30, 2025 without having to apply for accreditation.

- Current unaccredited combined programs that choose to opt into the accreditation process will receive an accreditation status of Initial Accreditation effective July 1, 2025.

Accreditation of Combined Programs

- All other programs must submit an application form.
- The ACGME will accredit only programs that plan to offer an ongoing combined program. Programs interested in designing a combined program format for a single resident/fellow, or a format that will not be offered every year, should contact the applicable certifying board(s) to ensure that the resident/fellow meets the board's eligibility requirements for certification.
  - Accelerated and Integrated Research Pathways will not be accredited by ACGME

Site Visits for Programs on Continued Accreditation

- ■ Suspension 10-Year Accreditation Site Visits
- ■ Continued Accreditation Site Visits
    - ■ In 2024, the ACGME conducted site visits for 149 programs on Continued Accreditation that have not had a site visit in approximately 9 years or more. These site visits were identified through a sampling process and will support the ACGME's assurance responsibility to the public.
    - ■ For 2025, ACGME selected 200 programs for these randomly selected site visits and notifications were sent out in November with future approximate site visit target dates ranging from April to October 2025.
    - ■ For these programs, Field Activities initiates the scheduling process by requesting site visit blackout dates.

2023-2024 Pediatrics Site Visits
Calendar Years

Specialty	2023	2024
Adolescent medicine	0	4
Child abuse pediatrics	0	4
Clinical informatics (Pediatrics)	2	0
Developmental-behavioral pediatrics	2	2
Hospice and palliative medicine (multidisciplinary)	8	11
Internal medicine/Pediatrics	0	6
Neonatal-perinatal medicine	6	11
Pediatric emergency medicine (Pediatrics)	3	2
Pediatric endocrinology	1	2
Pediatric gastroenterology	3	2
Pediatric hematology/oncology	4	4
Pediatric hospital medicine	12	10
Pediatric infectious diseases	0	2
Pediatric nephrology	0	2
Pediatric pulmonology	1	1
Pediatric rheumatology	1	1
Pediatric transplant hepatology	1	1
Pediatrics	9	17
Sports medicine (Pediatrics)	1	1

2023: 54

2024: 83

Temporary Complement Increase Requests

- All RCs will allow extensions of education up to 90 days without requiring formal submission of a temporary complement increase request.

- This applies to all specialty/subspecialty programs except one-year programs.

- Requests for temporary changes in complement longer than 90 days are still required and must be approved by the Designated Institutional Official (DIO) prior to being submitted in ADS for RC consideration.

Resident/Fellow and Faculty Surveys

- The reporting period for the ACGME's annual surveys is open from February 10th through April 4th

- The ACGME anticipates that Sponsoring Institutions and programs will receive survey reports in early May.

- The ACGME will NOT notify your survey takers directly.

- As in previous years, program leadership is charged with alerting survey takers about their participation using existing mechanisms available within the ADS.

Milestones Survey

- Please complete this 15-minute survey regarding your experience with the Milestones.
- Survey is anonymous
- Will help ACGME to understand how the Milestones are working or not working within the context of your program
- Survey is open to anyone who may have insight into the Milestones (faculty, residents, fellows, others)
- Deadline: March 30, 2025

Milestones Focus Group

- Are you in Program Leadership, Program Faculty, or a member of the CCC?

- Please join our Milestones Focus Group on Practice-Based Learning and Improvement

- Friday, February 21st from 5-6pm

- Use the QR code to enter your information

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)](#)
- [Resident Survey Crosswalk Document](#)
- [Faculty Survey Crosswalk Document](#)

- *[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., FAQ, types of visits, [listing of accreditation field representatives](#))
- Weekly *e-Communication* | Sent via email

LEARN at ACGME

Accreditation

Targeted learning to support your understanding and compliance with all things related to ACGME accreditation.

ACGME Equity Matters®

Educational experiences that promote meaningful change toward diversity, equity, and inclusion while remaining aware of audience impact.

Faculty Development

Tailored resources for faculty assessment and development that cultivate expertise in competency-based medical education.

Well-Being

Essential insights and resources for promoting well-being in graduate medical education.

ACGME Self-Empowerment Workshop for Coordinators

Available Now

- Be on the lookout (ACGME e-Communications post)

- **Focus**
  - acting as a **leader** in the coordinator role
  - recognizing effective **networking** practices
  - overcoming challenges to **professionalism**
  - distinguishing between productive and unproductive strategies for promoting your **achievements**
 - effectively navigating complex **interpersonal situations**

ACGME Program Coordinator Handbook Companion

Available Now

- **Focus**
  - developing a comprehensive understanding of the coordinator role
  - expanding knowledge of **accreditation processes** and **requirements to ensure compliance**
  - improving skills to **support recruitment, orientation, and onboarding**, and other relevant tasks
  - selecting appropriate **professional development** and **continuous growth** strategies
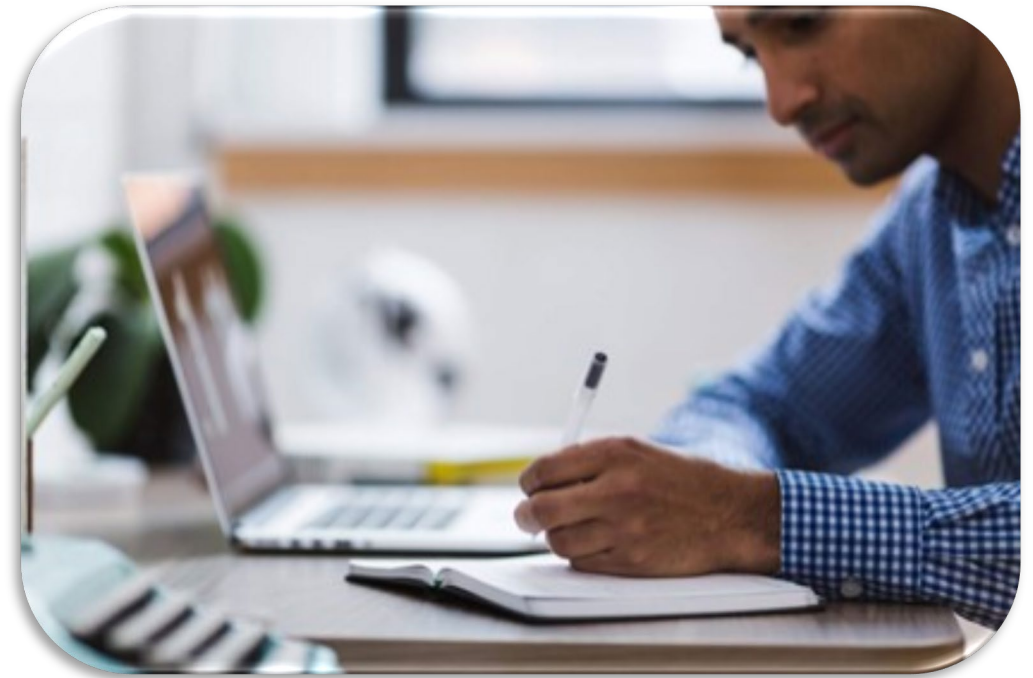
ACGME Language Equity in Health Care Toolkit
Available Now

- **Focus**
  - defining **language equity** and describing the evidence linking the lack of language-appropriate care to health disparities, cost, and dissatisfaction
  - reviewing **legal requirements** for providing language-appropriate health care services
  - outlining a step-by-step approach to **collaborating with a qualified medical interpreter** for patient-centered care

ACGME Coordinator's Guide to Effective Abstract Writing
Coming Soon

- **Focus**
  - outlining the **structure of an abstract**;
  - assessing abstracts for their **adherence to accepted standards** and overall effectiveness;
  - discussing **issues that arise** when writing an abstract and developing **strategies to overcome them**;
  - exploring available resources and identifying those that are still needed to support abstract writing; and,
  - applying information about proper abstract structure and content to compose a sample abstract.

Review Committee Meeting Dates

Meeting Dates:	Agenda Closes:
April 10-11, 2025	February 10, 2025
September 8-9, 2025	July 8, 2025
January 26-28, 2026	November 26, 2025
April 20-21, 2026	February 20, 2026
September 14-15, 2026	July 14, 2026

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Accreditation Team Requirements,
LON questions

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Denise Braun-Hart dbraun@acgme.org

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Questions?

- How is ACGME planning to assess the impact of the new ACGME guidelines, including on issues around workforce, subspecialty choice, and readiness for independent practice vs fellowship, as well as trainee and faculty perceptions of training experience?

- Could you clarify the requirement for the 8 weeks of general ambulatory pediatric clinic? How does this differ from the longitudinal clinic?

- Please clarify which subspecialties fit in the peds subspecialty time.

- We are switching to X +Y. Do we need to include research time? Do we have to include a weekly academic half day? My concern is that it varies and it is hard to provide an accurate number. Will we have an opportunity to have the block schedules reviewed by the ACGME prior to the ADS annual update or during the meeting?

Questions?

- It continues to be challenging to reconcile the amount of vacation and sick days a resident takes with the 4 weeks off per year specified by ABP. Union contracts and other HR agreements are challenging because they often allow for 4 weeks of vacation and this doesn't account for the other time they can take off with sick days, appts etc. Programs are asked to promote well-being, enable residents to attend appointments etc. but at the same time it's hard to not have this impact training time. The new requirements specify a week is 8 half days and so if people are sick or absent for any of this time, what does ACGME recommend? Make-up activities?

- Our program would love to know more about how to incorporate EPAs into our existing curriculum?

- When will the special tracks (IRP, ARP, child neuro, etc) come out? (I know these are from the ABP, but am hoping you'll have an update)

- Where does the decision about shortening fellowship stand, especially in light of threats to training grants with the current administration, as for many of our programs these are an essential source of funding to support the research time.

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Questions? **cme@acgme.org**