



Review Committee for Pediatrics Update

Stephanie, Dewar, MD
Review Committee Chair

Caroline Fischer, MBA
Review Committee Executive Director

—2023—
ACGME
—ANNUAL—
**EDUCATIONAL
CONFERENCE**

FEBRUARY 23-25, 2023
NASHVILLE
TENNESSEE



Conflict of Interest Disclosure

Speaker(s): Stephanie Dewar, MD; 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 2023 ACGME Award Recipients

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

- Alisa A. McQueen, MD; University of Chicago; Chicago, Illinois; Pediatrics

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.)

- Christina Baxter Vernace, DO; University of Florida; Team: Angelina Bernier, MD; Mary Catherine Hart; Lindsay Thompson, MD; Keiaria Williams; Gainesville, Florida; Pediatrics
- Evelyn Obregon, MD; University of Florida; Gainesville, Florida; Pediatrics

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

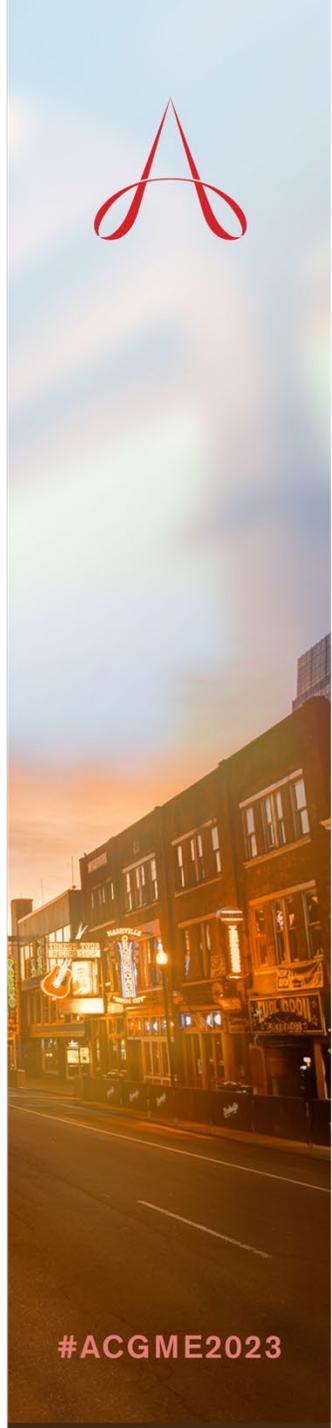
- Association of Pediatric Program Directors (Specialty Organization)



ACGME Award Nominations for 2024

Now accepting nominations for the following awards:

- 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
- Parker J. Palmer Courage to Teach Award
- Parker J. Palmer Courage to Lead Award
- ***New Award – Lewis Blackman Patient Safety Award*** - recognizes residents and fellows who have worked to implement strategies to improve the understanding of and show demonstrable improvement in patient safety in their Sponsoring Institution or residency/fellowship program.
- Visit the [Awards](#) page on the ACGME website for award descriptions and to download applications.
- Nominations are due by: **Wednesday, March 15, 2023, 5:00 pm Central**



Review Committee Composition

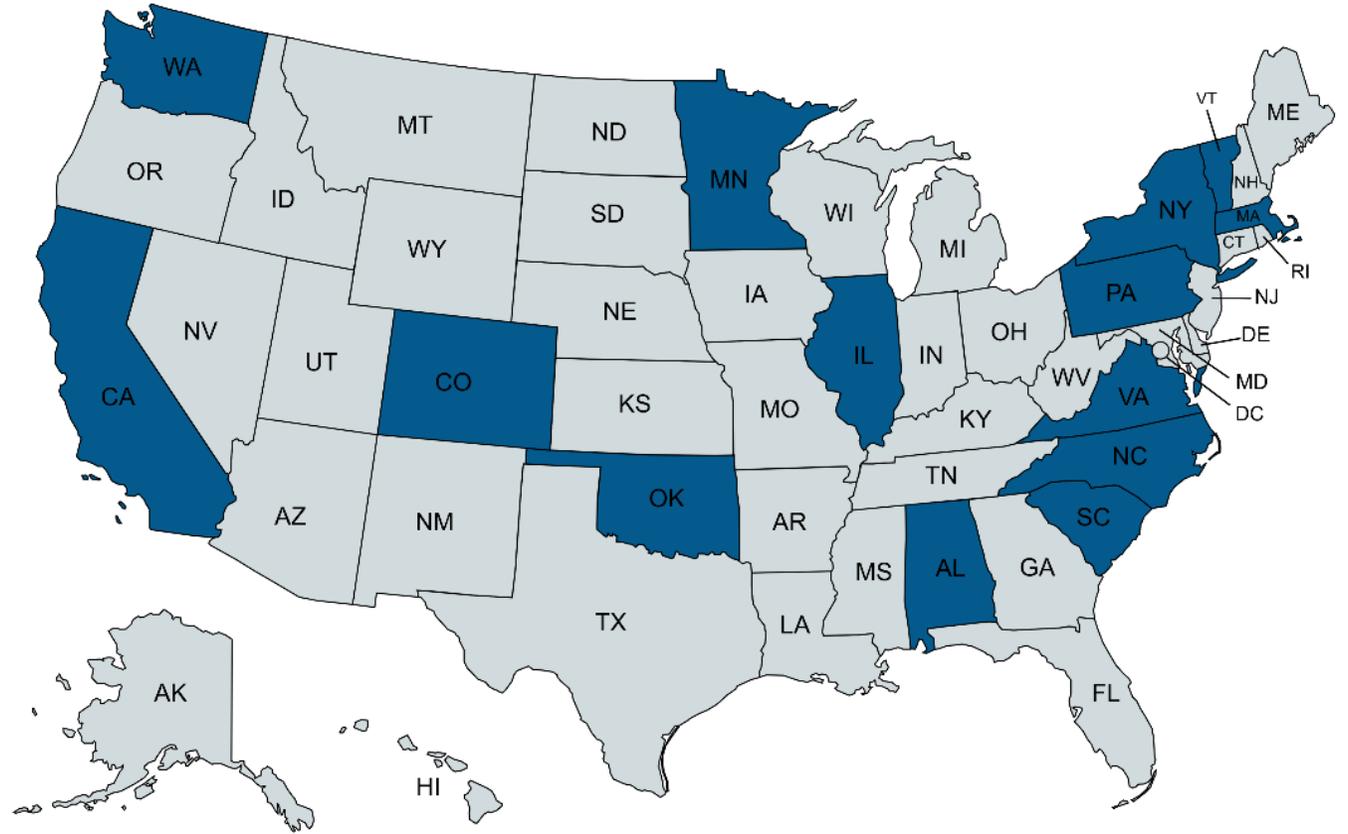
- Gabriel M. Daniels, MD (Resident)
- Stephanie B. Dewar, MD (Chair)
- Shawna Seagraves Duncan, DO
- Jason Homme, MD
- Jennifer Kesselheim, MD (Vice Chair)
- Joanna Lewis, MD, FAAP
- Su-Ting Li, MD, MPH
- Michelle Montalvo Macias, MD
- Kenya McNeal-Trice, MD
- Heather A. McPhillips, MD, MPH
- Adam Rosenberg, MD
- Judith S. Shaw, EdD, MPH, RN, FAAP (Public Member)
- Ivelisse Verrico, MD, FACP, FAAP
- Patricia Vuguin, MD
- Linda Waggoner-Fountain, MD, MAMEd, FAAP



Geographic Distribution

Current members:

AL, CA, CO, IL,
MA, MN, NY (2),
NC, OK, PA, SC,
VT, VA, and WA



©2023 ACGME

ACGME
ANNUAL
EDUCATIONAL CONFERENCE

FEBRUARY
23-25, 2023

NASHVILLE
TENNESSEE

2021-2022 Status Decisions

Status	Core	Subs	Med-Peds
Initial Accreditation	4	31	0
Initial Accreditation w/Warning	0	1	0
Continued Accreditation	206	842	38
Continued Accreditation w/Warning	2	3	0
Probation	0	4	0
Accreditation Withheld	0	0	0
Withdrawal of Accreditation	0	0	0



Status Decisions

September 2022 and January 2023 Meetings

Status	Core	Subs	Med-Peds
Initial Accreditation	3	12	0
Initial Accreditation w/Warning	0	1	0
Continued Accreditation	194	882	37
Continued Accreditation w/Warning	0	0	0
Probation	0	0	0
Accreditation Withheld	0	0	0
Withdrawal of Accreditation	0	0	0



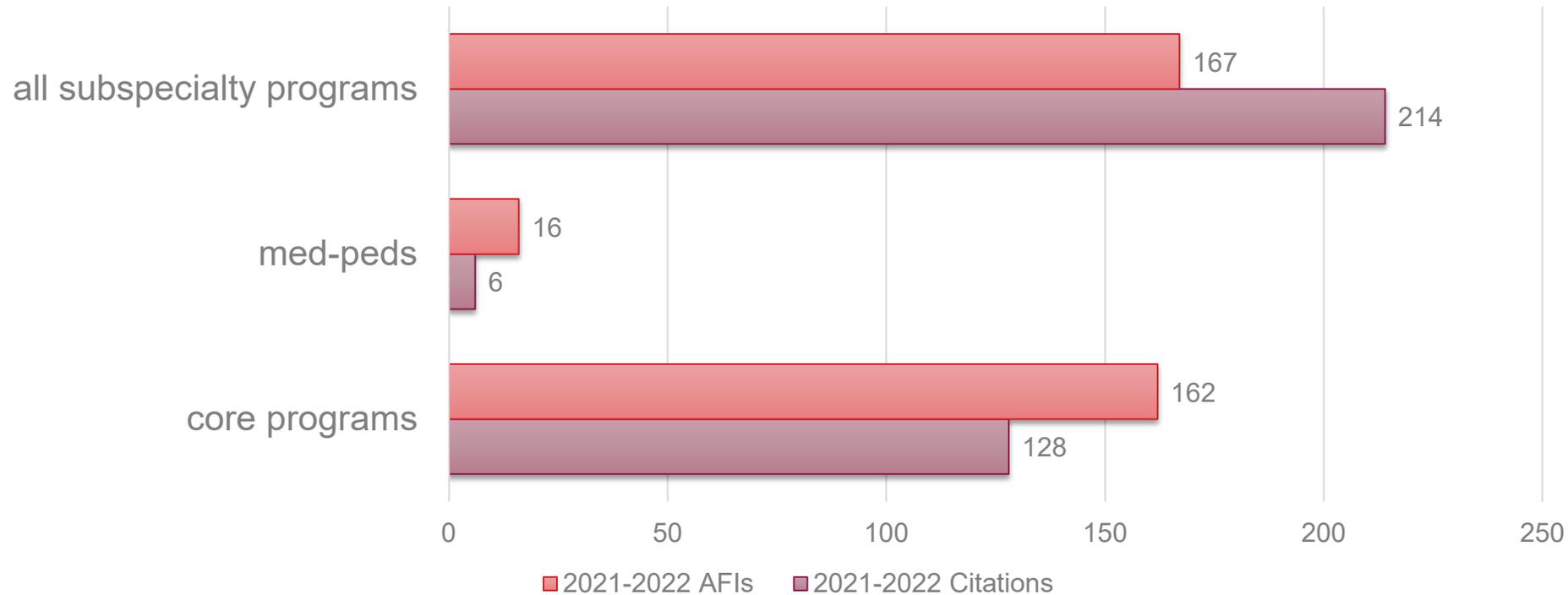
©2023 ACGME

ACGME
ANNUAL
EDUCATIONAL CONFERENCE

FEBRUARY
23-25, 2023

NASHVILLE
TENNESSEE

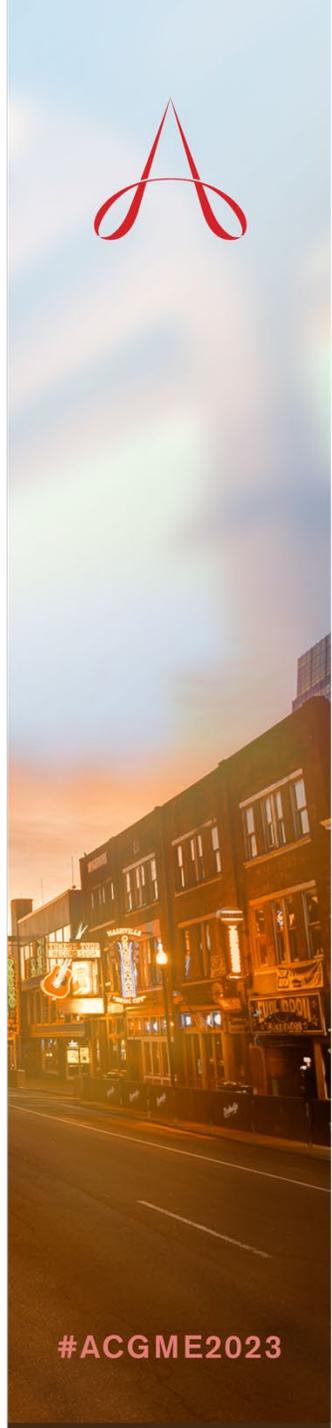
2021-2022 Citations vs. Areas for Improvement (AFIs)



2021-2022 Frequent Citations

Pediatrics Programs

- Faculty Qualifications
 - Lack of board certification or acceptable alternate qualifications
 - Lack of subspecialty faculty (adolescent medicine, DBP)
- Evaluations
 - Timely faculty feedback; resident member on Program Evaluation Committee (PEC)
 - 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



2021-2022 Frequent Citations

Pediatrics Programs

- Board Pass Rate
- Responsibilities of the Faculty
 - Role models of professionalism
 - Interest in resident education
 - Time devoted to the program
- Culture of Professional Responsibilities
 - Excessive reliance on residents to fulfill non-physician service obligations





2021-2022 Frequent Citations

Pediatric Subspecialty Programs

- Evaluations
 - Timely feedback (faculty and fellows), feedback during each rotation
 - PEC composition | fellow member
 - 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.
- Scholarly Activity
 - 12 months scholarly activities for fellows
 - Faculty peer-review publications
 - Mentorship/SOC oversight

2021-2022 Frequent Citations

Pediatric Subspecialty Programs

- Faculty Qualifications
 - Specialty certification
 - Availability of other required faculty/consultants
- Faculty Responsibilities
 - Role models of professionalism
 - Interest in resident education
 - Time devoted to the program
- Program Director Responsibility
 - Environment free of intimidation
 - Authority for program/clinical learning environment



2021-2022 Frequent AFIs

Pediatrics Programs

- Professionalism
 - Residents' ability to raise concerns without fear or intimidation
 - Satisfaction with the process for dealing with problems and concerns
 - Experienced or witnessed abuse
 - Faculty act professionally
 - Comfort in calling supervisor
- Accurate/Complete Information



2021-2022 Frequent AFIs

Pediatrics Programs

- Resources
 - Balance between education and patient care
 - Education compromised by non-physician obligations
 - Impact of other learners
 - Time to interact with patients and structured learning activities
 - Safety and health conditions



2021-2022 Frequent AFIs

Pediatrics Programs

- Patient Safety
 - Process to transition care when fatigued
 - Information lost during shift changes or patient transfers
 - Interprofessional teamwork skills modeled/taught
 - Participation in adverse event analysis
- Procedural Volume



2021-2022 Frequent AFIs

Pediatric Subspecialty Programs

- Accurate/Complete Information
- Professionalism
 - Raise concerns without fear
 - Process to deal with problems/concerns
 - Faculty act professionally
 - Experienced or witnessed abuse
- Resources
 - Balance between education and patient care
 - Workload exceeds fellows' available time to work
- Faculty Supervision and Teaching
- Patient Safety
 - Process to transition care when fatigued
 - Information lost during shift changes or patient transfers
 - Interprofessional teamwork skills modeled/taught
 - Participation in adverse event analysis





Incomplete/Inaccurate Data

- Faculty Roster | Current Certification Information
 - Review ABMS data
 - Programs may add updated information
 - Participating in MOC/CC
 - Re-certified should not be used
- CVs | Current Licensure, Scholarly Activities from Last Five Years
- Block Diagram | Follow instructions in 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



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 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 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

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



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 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 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

Block Diagram 4 ⁽¹⁾ In this example for a subspecialty program, the year's rotations are divided into four equal blocks. Structured research time comprises 40% of the resident's time on the specialty outpatient month. There is one three-month block devoted entirely to research.

Block	1	2	3	4
Site	Site 1	Site 2	Site 2	
Rotation Name	Specialty Outpatient	Specialty Outpatient	Wards	Research
% Outpatient	100	100	0	
% Research	0	40	0	100

(1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a "Notes" section must indicate how vacation time is taken.





ADS Annual Update

- Everyone is 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)

Major Changes and Other Updates

Major changes to the training program since the last academic year, including changes in leadership and rotations and the impact of the COVID-19 pandemic on your program. 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



Pediatrics Program Requirements

Major Revision Process

- Collected feedback regarding current and future practice
 - Scenario planning workshop with stakeholders
 - Identification of themes across scenarios
 - Development of the definition of a pediatrician
 - Identification of strategies to educate the pediatrician of the future
 - Public comment on definition, themes and strategies developed
 - Summit of stakeholders to reach consensus on strategies



Pediatrics Program Requirements

Major Revision Process cont.

- Writing Group develops Program Requirements
- Program Requirements approved by the full Review Committee
- Program Requirements posted for public review and comment
- Program Requirements refined based on public feedback
- New Program Requirements reviewed by the ACGME Board for approval





Order of Revisions

- Identified components of each of the competencies based on
 - Themes document
 - Milestones 2.0
 - EPAs
- Identified core elements of the curriculum including required experiences
- Resources/personnel
- Evaluation
- Other

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

- Flexibility is encouraged outside of foundational experiences.
- Time spent in foundational experiences is now Core, not Detail.
- Longitudinal clinic is in addition to required ambulatory experiences.
- One additional month ambulatory Gen peds
- One additional month inpatient
- One less month ICU
- One less month supervisory time
- Procedures as necessary for future practice





Major Changes

- Required faculty/faculty qualifications
- Faculty responsibility for team workload, resident well-being and patient safety
- Mitigate implicit bias in resident evaluations
- PGY-1 may be supervised indirectly with direct supervision immediately available, after assessment



Major Changes

- Faculty support/liaison support
- Experiences defined in weeks (minimum 8 half-days)
- Vacation to occur outside of foundational experiences
- All EPAs and Milestones 2.0 are included in revised PRs

Tentative Timeline





Review and Comment

- Submission of comments will only be accepted using the electronic form, which is available on the Review and Comment page of the ACGME website during the 45-day public review and comment period
- Comment on the positive as well as the negative
- Provide rationale; consequences of change
- Comment if language is unclear
 - Recommend alternate language
 - Background and Intent
- Review Committee does not respond directly to those who provide input
 - ACGME Committee on Requirements reviews all comments and the Review Committee's response to the comments

Common Program Requirement Revisions

- The specialty- and subspecialty-specific Program Requirements have been updated to reflect revisions to the Common Program Requirements that become effective July 1, 2023
- The updated documents can be found under the “Future Effective Date” header on the Program Requirements page of each specialty page of the ACGME website



Adolescent Medicine Focused Revision

- At the request of the ABIM and ABP, a focused revision to the requirements related to length of training for graduates of internal medicine residency programs
- The ABIM plans 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
- The proposed modification would now require internal medicine physicians to complete three years of adolescent medicine training, as opposed to the current two years, to meet the ABP's eligibility criteria for certification





AIRE X+Y Pilot Update

- 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

Self-Study/10-Year Accreditation Site Visit

- All program Self-Study and 10-Year Accreditation Site Visit dates were removed in the Accreditation Data System (ADS) as the ACGME finalizes future plans for site visits for programs with a status of Continued Accreditation.
- In the meantime, the ACGME encourages programs to incorporate the Self-Study into their Annual Program Evaluation process, and to track ongoing progress and program improvements as outlined in the Common Program Requirements.





Residency Milestones

- III.A.1.a) Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)
- This information is provided by ACGME directly to fellowship programs for graduates of ACGME-accredited residency programs
- Reports Tab | Residency Milestones Retrieval
- For those residents that do not have a milestone report on record, contact the specialty program director to obtain the summative report or email ADS@acgme.org with questions.



Subspecialty Milestones 2.0

- Meetings started in March/April
- Drafts were posted for public comment in January
- Comments will be reviewed, and the milestones finalized in the upcoming weeks
- Implementation for most: July 1, 2023



Institutional Review News

- Institutional Requirements are undergoing a major revision and will be posted for review and comment mid-year with an expected effective date of July 1, 2024
- Carceral Medicine (formerly correctional medicine) has been approved as a subspecialty area under the Institutional Review Committee



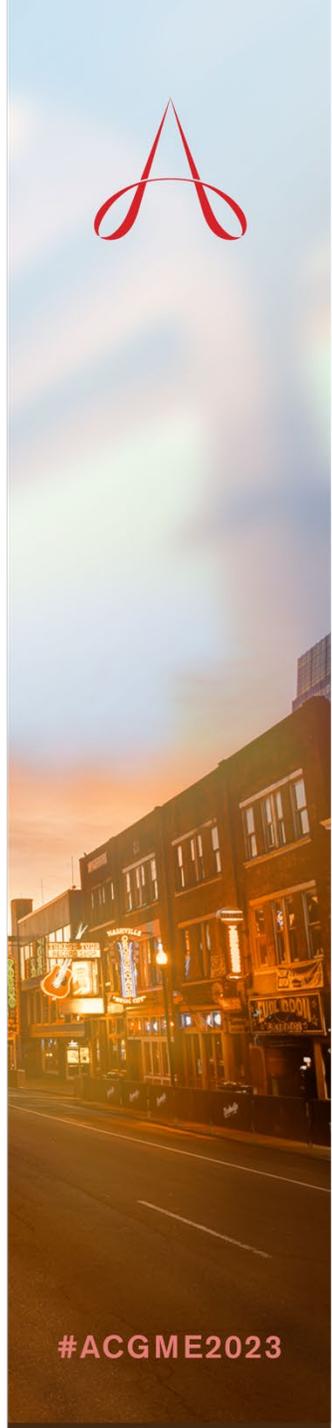
ADS Changes

- Participating site amenities:
 - Clean and private facilities for lactation with proximity appropriate for safe patient care
 - Clean and safe refrigeration resources for the storage of human milk

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](#)
- Program Requirements and Application Forms | Access via specialty pages
- Common Resources (e.g., [Program Directors' 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



Visit ACGME.org

Visit ACGME-I Explore



THE ONLINE LEARNING PORTAL OF THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

MANAGER ACCESS

GME COMMUNITY ▾ WELL-BEING RESOURCES ▾ COVID-19 RESOURCES ASSESSMENT EVENTS CREATE AN ACCOUNT
CONTACT US

Learn at ACGME

We offer Faculty Development in Assessment and Evaluation, the Basics of ACGME Accreditation, and more. Visit our library of videos from our Annual Educational Conference, Baldwin Seminar Series, and other events. Connect with others in the graduate medical education community by joining a role- or topic-based discussion forum.

The ACGME's Online Learning Portal

Visit our learning portal at
dl.acgme.org
or scan the QR code below.



Have a question or need assistance? Contact
desupport@acgme.org



These self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.

The History of Race in Medicine
From Enlightenment to Flexner

ACGME EQUITYMATTERS

©2021 ACGME

ACGME EQUITYMATTERS™

- Trauma-Responsive Cultures
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
- *And many more!*

*The ACGME designates this enduring material for a maximum of **18.0 AMA PRA Category 1 Credits™**.*

LEARN
at **ACGME**



Distance Learning



Faculty Development Courses

- Foundations of Competency-Based Medical Education
- Managing your Clinical Competency Committee
- Multi-Source Feedback



Live Event

Program Director Well-Being



<https://dl.acgme.org/pages/well-being-tools-resources>

An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being .

Join the event for an open discussion of challenges faced by program directors and potential solutions.

✓ April 11, 2023

✓ Registration required





ACGME Contacts

ADS Team Technical Support

ADS General ADS@acgme.org

Resident Survey resurvey@acgme.org

Faculty Survey facsurvey@acgme.org

Brittany Guhr bguhr@acgme.org

Field Activities Site Visit, Self-Study questions

General Questions
fieldrepresentatives@acgme.org

Linda Andrews, MD landrews@acgme.org

Andrea Chow achow@acgme.org

Penny Iverson-Lawrence pil@acgme.org

Accreditation Team Requirements, LON questions

Accreditation General (non-specialty-specific) accreditation@acgme.org

Caroline Fischer cfischer@acgme.org

Denise Braun-Hart dbraun@acgme.org

Elizabeth Prendergast
eprendergast@acgme.org



Review Committee Meeting Dates



Meeting Dates:	Agenda Closes:
January 23-25, 2023	November 22, 2022
April 24-25, 2023	February 24, 2023
September 11-12, 2023	July 11, 2023





Claim your CME today!

Complete the Evaluation for CME or Certificate of Completion!

The evaluation can be found in the mobile app and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 24, 2023

Questions? cme@acgme.org

— 2023 —
ACGME
— ANNUAL —
**EDUCATIONAL
CONFERENCE**

FEBRUARY 23-25, 2023
NASHVILLE
TENNESSEE

Thank You

