

The American Board of Pediatrics

Residency Review and Redesign in Pediatrics Project

On behalf of the public, the American Board of Pediatrics (ABP) certifies general pediatricians and pediatric subspecialists. The ABP's quest for excellence is evident not only in its rigorous evaluation process, but also in new initiatives undertaken to continually improve the standards for certification in order to advance the science, education, study and practice of pediatrics.

In order to accomplish and further that mission, the ABP recently led a three-year re-evaluation of subspecialty residency (fellowship) training involving a broadly representative group of stakeholders. At each stage of the process, any organization or individual with an interest in pediatric subspecialty training had an opportunity to reflect and comment. The result was a thorough reconsideration of pediatric subspecialty training and broad support for substantial revisions in training requirements.

The ABP will build on that experience by initiating a Residency Review and Redesign in Pediatrics (R³P) Project. The purpose will be to facilitate a comprehensive assessment of general pediatric residency training, a far more complex undertaking. It will be the first such project since 1978, almost 30 years ago.

The first priority will be to create a shared body of knowledge through dialogue within the pediatric community. The conversation will be highlighted by at least four colloquia focusing on particularly important issues. We will begin by considering the likely evolution of pediatric practice and the character of the pediatric workforce over the next twenty years. The current content and length of general pediatric residency training will then be evaluated in light of this information. Residency will not be considered in isolation. It occurs in the context of what is, and can be, learned in medical school and what must be mastered afterward, throughout a career. The project will consider how professional competence and competencies are acquired. It will examine teaching and learning and review current practice in

medical education, including how to evaluate progress during residency and how to determine suitability for certification. Deliberations of this scope will require broad consultation with experts in medical education in the United States and abroad.

In addition to the ABP, a number of organizations have a vital interest in the course and outcome of the R³P Project and will be involved from its inception. They include, but are not limited to, the American Academy of Pediatrics (including the Resident Section), the Association of Pediatric Program Directors, the Association of Medical School Pediatric Department Chairs, the Ambulatory Pediatric Association, the American Pediatric Society, the Society for Pediatric Research, the Council on Medical Student Education in Pediatrics, and the Accreditation Council for Graduate Medical Education. Other organizations that will have a substantial interest in the project include pediatric subspecialty societies and program director organizations. The process will also include the National Association of Children's Hospitals and Related Institutions, the Association of American Medical Colleges, other interested American Board of Medical Specialties boards, and the American Medical Association. Participation in the project by the diverse community of pediatric care providers and by members of the public will be actively sought.

The ABP estimates that three to four years of concentrated effort will be required to achieve consensus about the competencies needed for the practice of pediatrics now and in the future, as well as any changes in residency training necessary to achieve those competencies. A final task will be to establish a process that will encompass monitoring and ongoing evaluation of pediatric residency training.

The R³P Project will undoubtedly engender and energize parallel discussions of pediatric residency training that will contribute to the process. Some will be more formal than others. The Project welcomes such efforts. They will work to the benefit of pediatric education and, ultimately, to the benefit of children.

R³P Project Committee

Myles B. Abbott, MD
Berkeley, CA

Aaron L. Friedman, MD
Providence, RI

Robert H. Perelman, MD
Elk Grove Village, IL

H. James Brown, MD
East Syracuse, NY

Laurel K. Leslie, MD
Boston, MA

Jean E. Robillard, MD
Iowa City, IA

Carol L. Carraccio, MD
Baltimore, MD

George Lister, MD
Dallas, TX

Theodore C. Sectish, MD
Palo Alto, CA

Lewis R. First, MD
Burlington, VT

Theresa C. Murdock-Vlautin, MD
Los Angeles, CA

James A. Stockman III, MD
Chapel Hill, NC

M. Douglas Jones, Jr., MD, Chair
Denver, CO

Gail A. McGuinness, MD, Vice Chair
Chapel Hill, NC

R³P Project Group

Richard E. Behrman, MD
Menlo Park, CA

Anita D. Glicken, MSW
Aurora, CO

Stephen Ludwig, MD
Philadelphia, PA

Carol A. Berkowitz, MD
Torrance, CA

Larry A. Green, MD
Denver, CO

Edward R. McCabe, MD
Los Angeles, CA

Thomas F. Boat, MD
Cincinnati, OH

Thomas N. Hansen, MD
Seattle, WA

Julia A. McMillan, MD
Baltimore, MD

Laura M. Brooks, MD
Lynchburg, VA

Eric S. Holmboe, MD
Philadelphia, PA

Alan K. Percy, MD
Birmingham, AL

Ann E. Burke, MD
Dayton, OH

Kevin B. Johnson, MD
Nashville, TN

Kenneth B. Roberts, MD
Greensboro, NC

Barbara B. Calkins, MD
Brookfield, WI

Amy E. Jost, MD
Chapel Hill, NC

Norman M. Saba, MD
Mesa, AZ

Russell W. Chesney, MD
Memphis, TN

Jeffrey M. Kaczorowski, MD
Rochester, NY

Jo Ann Serota, MSN, RN, CPNP
Ambler, PA

Mary R. Ciccarelli, MD
Indianapolis, IN

Diane Kittredge, MD
Lebanon, NH

F. Bruder Stapleton, MD
Seattle, WA

Gary L. Freed, MD
Ann Arbor, MI

J. Lindsey Lane, MD
Philadelphia, PA

Maren C. Stewart, JD
Denver, CO

Elena Fuentes-Afflick, MD
San Francisco, CA

David C. Leach, MD
Chicago, IL

Modena E. Wilson, MD
Chicago, IL

J. Carlton Gartner, Jr., MD
Wilmington, DE

Linda G. Lesky, MD
Washington, DC

Barry S. Zuckerman, MD
Boston, MA

Sarah S. Long, MD
Philadelphia, PA