1. Highlights from 2010-2011 Workforce Data

2. Requirements for Certification
   -- PD Role in Evaluation
   -- Scholarly Activity

3. Policy Changes
   -- Time Limited Eligibility for Certification Examinations
   -- Dual Subspecialty Certification

4. Miscellaneous Items
   -- Exam Security, Computer-Based Testing, MOC

5. Initiative on Subspecialty Clinical Training and Certification
Subspecialty Tracking
2010 - 2011

• Interest in pediatric subspecialties at all-time high
  - 33% of first-time GP exam takers indicate subspecialty careers
  - 50% of PL-3s plan to pursue fellowship training (2010 ITE Survey)

• Since 1998, there has been a 101% increase in the number of first-year fellows (1,418 in 2010)
  - 68% of fellows are AMGs; 62% of fellows are female

• Workforce Data Book (2010-2011) posted on ABP website
Career Choices for Pediatric Subspecialty (Percent of Total Candidates)
• Part of the certifying process

• PDs and faculty are key in determining who is eligible for the examination

• PDs provide annual roster of trainees and evaluation of clinical competence and professionalism
In-Training Evaluation Issues

- ABP asks PDs for end of year evaluation in two areas: clinical competence & professionalism

- Unsatisfactory evaluation means trainee receives no credit for year; must repeat

- Unsatisfactory in professionalism alone: at ABP’s discretion and PDs recommendation, a period of observation in lieu of a repeat year

- Marginal: if trainee receives 2 consecutive marginal ratings must repeat the latter year
Role of PDs in Certification Process
Tracking and Evaluation

• Structured evaluation system
  - Clear decision on annual status of resident or fellow
  - Documentation of problems and remediation

• Transfers, leave, new additions communicated to ABP

• Transfers:
  - ABP will release information regarding summary evaluations obtained through tracking, dates of training, and credit provided
Scholarly Activity

- Core curriculum
- Flexibility in the type of activities that can meet the requirement
- Evaluation of scholarly accomplishments to be made at local level
- Institutional Scholarship Oversight (thesis-like) Committees for mentoring and evaluation of fellows
The ABP has developed additional content specifications for subspecialty examinations based on the competencies related to the core curriculum in scholarly activities.

Content outline with annotated bibliography was sent to all PDs in Spring 2008 and posted on ABP Web site.

Questions on exams in 2010 / 2011.
Upon completion of training, the ABP will require submission of:

1. Verification of Competence Form completed by program director
2. A document written by the fellow describing the scholarly activity, the fellow’s role in the activity, and how it relates to a career development plan
3. The written “work product” of the scholarly activity

Signature of fellow, program director, and members of committee on documents 2 and 3

All three documents sent to ABP in one packet
Personal Statement of Fellow

- Several pages in length

- Comment on intended career path upon entry to fellowship and reasons for choosing specific area of Scholarly Activity

- Describe Scholarly Activity and fellow’s role, as well as any preparation beyond core curriculum needed to ensure successful completion

- Describe how Scholarly Activity furthers fellow’s career plan and reflect upon educational value of project
ABP allows many options for engagement in SA, but has not diluted the rigor expected.

The work product should be result of completed project of substantive scholarly exploration and analysis.

Abstracts, case reports, review articles, and proposals would not be expected to meet the requirements.
Examples of products include:
- Peer-reviewed publication in which a fellow played a substantial role
- In-depth manuscript describing a completed project
- Thesis written in connection with the pursuit of an advanced degree
- Extramural grant application that has either been accepted or favorably reviewed
- Progress report for projects of exceptional complexity, such as a multi-year clinical trial
Review of scholarly activity will occur at the local level

Each fellow must have a Scholarship Oversight Committee to consist of three or more individuals, at least one of whom is based outside the subspecialty discipline

The program director may serve as a trainee’s mentor and participate in the activities of the committee, but should not be a standing (ie, voting) member
The committee will:
- Determine whether a specific activity is appropriate to meet the ABP guidelines
- Determine a course of preparation to ensure successful completion of the project
- Evaluate the fellow’s progress
- Meet with the fellow early in the training period and regularly thereafter
- Require the fellow to present/defend the project
- Advise the program director on the fellow’s progress and assess whether the fellow has met the requirement for scholarly activity
Verification Forms Returned = 944
  Requirement Met = 907 (96%)
  Requirement Not Met = 24 (3%)
  Invalid Response = 13 (1%)

Of Those Who Met Requirement = 907
  Enroll in Graduate Degree Program = 121 (13%)
  Degree Awarded = 52 (6%)
# 2010 Scholarly Activity
For Those Who Met Requirement

<table>
<thead>
<tr>
<th>Area Pursued</th>
<th>All Subspecialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Biomedical Science</td>
<td>223 (25%)</td>
</tr>
<tr>
<td>Clinical Biomedical Science</td>
<td>463 (51%)</td>
</tr>
<tr>
<td>Translational Biomedical Science</td>
<td>116 (13%)</td>
</tr>
<tr>
<td>Health Services</td>
<td>33 (4%)</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>31 (3%)</td>
</tr>
<tr>
<td>Bioethics</td>
<td>8 (1%)</td>
</tr>
<tr>
<td>Education</td>
<td>17 (2%)</td>
</tr>
<tr>
<td>Public Policy</td>
<td>5 (1%)</td>
</tr>
<tr>
<td>Other, Specified</td>
<td>5 (1%)</td>
</tr>
<tr>
<td>Invalid Response</td>
<td>6 (1%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>907 (100%)</strong></td>
</tr>
</tbody>
</table>
# 2010 Scholarly Activity
For Those Who Met Requirement

<table>
<thead>
<tr>
<th>Work Product Generated</th>
<th>All Subspecialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Peer-Reviewed Publication</td>
<td>183 (20%)</td>
</tr>
<tr>
<td>An In-Depth Manuscript</td>
<td>521 (57%)</td>
</tr>
<tr>
<td>A Thesis or Dissertation</td>
<td>24 (3%)</td>
</tr>
<tr>
<td>An Extramural Grant Application</td>
<td>61 (7%)</td>
</tr>
<tr>
<td>A Progress Report</td>
<td>100 (11%)</td>
</tr>
<tr>
<td>Other, Specified</td>
<td>11 (1%)</td>
</tr>
<tr>
<td>Not Applicable; Work Product Not Submitted</td>
<td>3 (0%)</td>
</tr>
<tr>
<td>Invalid Response</td>
<td>4 (0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>907 (100%)</strong></td>
</tr>
</tbody>
</table>
Time Limit on Eligibility for Initial Certifying Examination

• Candidates will no longer have an unlimited time to become certified

• Beginning with 2014 administration of initial certifying exams in GP and its subspecialties, applicants must have completed training required for certification within the previous seven years

• If training was not completed within that time frame an additional period of accredited training will be required

• Detailed policy is available on ABP Web site and has been widely disseminated
Time Limit on Eligibility for Initial Certifying Examination

**Rationale**

- Public accountability re: meaning of certification
- Consistent with continuous evaluation of competencies

**Special Considerations**

- “Time-limit clock” begins upon completion of training
- Completion of fellowship before general pediatrics residency by IMGs may be risky
- Fewer opportunities to take exam available for those who train out of sequence
- Training beyond three years required for certification will not re-set the clock (e.g.: chief residency, advanced subspecialty and research)
Dual Subspecialty Training and Certification

• An individual can complete training in two pediatric subspecialties in 4 or 5 years by double counting research time and integrating clinical training. (Requires ABP pre-approval)

  OR

• An individual may complete one 3-year fellowship. If clinical competence and satisfactory completion of scholarly activity are verified by program director, the second fellowship can be completed in only 2 years.

• Certification in one subspecialty is not a requirement for eligibility to take the examination in the second subspecialty.
Test Security

- Exam material is confidential and protected by federal copyright law
- Sharing of exam content post-administration is violation of honor code
- Honor code signed during application and exam administration
Test Security Threats

• Providing information post examination

• Taking exam multiple times with intent to memorize items

• Using electronic devices to capture items
ABP monitors written certification exams by means of external software designed to detect misconduct.

- Require seating chart
- Assess integrity of exam sites by screening test results for possible copying
- Identify pairs of examinees whose response patterns are similar and unlikely to have occurred by chance
SITE Security

- Reports of potential misconduct during SITE provided to PDs based on irregularities reported to ABP from Prometric Testing Centers
- SITE examinees are provided with guidelines about what is permissible while in the testing centers
- ABP will not take action – but rely on PDs to interpret data and address issues as appropriate
- Ensure that your trainees understand importance of maintaining security of examination and integrity of certification process
Computer-Based Testing

- ABP is transitioning all written initial certification exams to computer-based format administered at secure testing centers.
- Fall 2011 – subspecialty exams will be offered via single day administration at Prometric Testing Centers in US, Canada, and selected int’l sites.
- Exam will remain 4.5 hours but will be divided into two sections with an optional break. Section 1 will no longer be accessible after the break.
- Results reported in usual time frame; usual quality control procedures followed.
Beginning in 2010 - Important Changes Are Coming:

• For those certified in 2010 and beyond: no end date on certificate and automatic enrollment in MOC

• Five year cycles to accumulate points in Part 2 (Self-assessment & Life Long Learning) and Part 4 (Performance in Practice) with a menu of options

• Fellows will receive 20 points per year (10 Part 2 and 10 Part 4) toward MOC in general pediatrics

• Secure exam every 10 years (Part 3)
MOC Credit During Fellowship

• MOC credit awarded after a fellow has completed 12 months of accredited fellowship

• Fellow must be currently certified in general pediatrics at end of each 12 month training period in order to be eligible

• Automated process based on tracking and evaluation forms submitted by Program Director

• Fellow will receive electronic notification when credit is posted to his/her online portfolio
Available on ABP Web site:

- A customized PowerPoint presentation with speaker notes that provides an overview of MOC and addresses specific questions and concerns unique to residents and fellows
• ABP undertook initiative to consider nonclinical aspects (research/scholarly activity) of subspecialty training and made recommendations for changes in its requirements for certification that were implemented in 2004.

• No recommendations about clinical training despite increasing influence of competency-based educational training model on expectations for clinical performance and certification

• All subspecialists are held to the same training model: three years of training, including a scholarly component without specification of duration of time of the latter.
Invitational Conference on SCTC
July 2010, Durham, North Carolina

- Sponsored by ABP Foundation; chaired by David Stevenson

- Wide range of stakeholders invited with interest in subspecialty GME representing: ABP, AAP, ACGME, AMSPDC, APPD, CoPS, ABIM, NACHRI

- Representatives from fourteen subspecialties:
  - AAP sections,
  - Subspecialty Societies
  - Program Director Organizations
  - ABP Subboards
Questions for Consideration

1. What is the goal of fellowship training and certification?

2. Should there be minimum requirements which are common to specific subspecialties and/or to all the subspecialties?

3. Is there a need for change in subspecialty training (including content and duration) and certification?

4. What change, if any, is needed?
Questions for Consideration

5. What would be the impact of change on recruitment into the subspecialties and the ultimate competence of the trainees?

6. How should a specific subspecialty best determine its essential professional activities and core competencies (clinical, scholarly, and procedural) expected upon the completion of training?
Common Themes

• One size training of three years for all subspecialties requires reevaluation

• Considerable inter/intra subspecialty training program variation already exists, as well as variation in career paths of graduates.

• Many felt the three years for all subspecialties served no one:
  • Physician scientist needs longer training with protected time and financial support
  • Clinicians may benefit from shortened training or training in which third-tier competencies or advanced clinical training is embedded.
Common Themes

• Discussion about how individual subspecialties should determine core professional activities (clinical, scholarly, and procedural) and what should be expected upon completion of training

• Strong sentiment that scholarship is a core value and fellows must learn to analyze, interpret, and apply research evidence at the point of care

• Need for flexibility during fellowship; yet the flexibility that is currently available is not fully utilized
www.abp.org

- Eligibility and training requirements for general pediatrics and all subspecialties, PD information, ABP policies, etc.

- 2010 – 2011 Workforce Data available for viewing and downloading from ABP Web site

- Look for info on MOC for you and your trainees