ABP Update for Subspecialty Program Directors

APPD Forum for Fellowship Directors / PAS
May 3, 2013 – Washington DC
Update from the ABP

1. Highlights from 2012-2013 Workforce Data

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

3. Time Limited Eligibility for Certification Examinations

4. Computer Based Testing and Criterion-based Scoring

5. Miscellaneous
   • Exam Security, MOC

6. Initiative on Subspecialty Clinical Training and Certification
Subspecialty Tracking
2012 - 2013

• Interest in pediatric subspecialties remains high
  - 32% of first-time GP exam applicants indicate subspecialty careers
  - 51% of PL-3s plan to pursue fellowship training (2012 ITE Survey)

• Since 1995, there has been a doubling in the number of first-year fellows (1,445 in 2012)
  - 67% of fellows are AMGs; 64% of fellows are female

• Workforce Data Book (2012-2013) posted on ABP website
• 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
Assessment in Graduate Medical Education:
A Primer for Pediatric Program Directors

The American Board of Pediatrics
and
The Association of Pediatric Program Directors
Supported by the ABP Foundation
ABP Requirements for Subspecialty Certification effective July 2004

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 is posted on ABP web site.

Questions on exams (7%)
Eligibility for Certifying Examination

• 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
Areas for Scholarly Activity

- Basic, Clinical or Translational Biomedicine
- Health Services
- Quality Improvement
- Bioethics
- Education
- Public Policy
- ETC
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 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
# 2012 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>240 (23%)</td>
</tr>
<tr>
<td>Clinical Biomedical Science</td>
<td>559 (53%)</td>
</tr>
<tr>
<td>Translational Biomedical Science</td>
<td>140 (13%)</td>
</tr>
<tr>
<td>Health Services</td>
<td>44 (4%)</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>20 (2%)</td>
</tr>
<tr>
<td>Bioethics</td>
<td>9 (1%)</td>
</tr>
<tr>
<td>Education</td>
<td>27 (3%)</td>
</tr>
<tr>
<td>Public Policy</td>
<td>4 (0%)</td>
</tr>
<tr>
<td>Other, Specified</td>
<td>15 (1%)</td>
</tr>
<tr>
<td>Invalid Response</td>
<td>1 (0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1059 (100%)</strong></td>
</tr>
</tbody>
</table>
## 2012 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>205 (19%)</td>
</tr>
<tr>
<td>An In-Depth Manuscript</td>
<td>623 (59%)</td>
</tr>
<tr>
<td>A Thesis or Dissertation</td>
<td>35 (3%)</td>
</tr>
<tr>
<td>An Extramural Grant Application</td>
<td>74 (7%)</td>
</tr>
<tr>
<td>A Progress Report</td>
<td>97 (9%)</td>
</tr>
<tr>
<td>Other, Specified</td>
<td>23 (2%)</td>
</tr>
<tr>
<td>Not Applicable; Work Product Not Submitted</td>
<td>1 (0%)</td>
</tr>
<tr>
<td>Invalid Response</td>
<td>1 (0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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</table>
• 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 and FAQ is available on ABP Web site
**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)
Computer-based Testing

- All Subspecialty Examinations now at Prometric Testing Centers in US, Canada, and selected international sites.

- Exams offered every other year on a single test date.

- Candidates choose which Prometric Center location they prefer - Register Early!
Computer-Based Testing

- New Exam Format
  - Two sections with scheduled break between each
  - Each section of similar length and content balance
  - Total testing time = 4.5 hours

- Candidate may opt to take an unscheduled break during timed portion of exam while clock continues to run.

- Access to electronic devices or exam preparation material strictly prohibited during unscheduled break.
Results reported in usual time-frame; usual quality control procedures followed.

Scoring changes will be implemented with the 2013 Subspecialty Examinations.
• Passing score for exam will be established using an absolute (criterion-based) standard.

• Minimal score (% correct) required to pass exam, based on new standard.

• Performance will be reported on a standardized scoring scale with a range of 1-300. Percent score will not be provided.
Implications of Criterion-based Scoring on Exam Report

- Most changes in score reports for individuals and PDs will be minor.

- Individual score reports will include standard score for each subtest in comparison with all first time takers of the exam (bar graph). Percent correct will no longer be reported.
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
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
As of 2010 - Important Changes to Note:

• 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.
Subspecialty Clinical Training and Certification (SCTC)

- Began in 2010 with an Invitational Conference

- Task Force appointed and charged with:
  - examining the current model of pediatric subspecialty fellowship training and certification with emphasis on competency-based clinical training and
  - recommending changes in the current requirements if warranted.
Subspecialty Clinical Training and Certification (SCTC)

- Extensive feedback from stakeholders and from surveys of program directors, fellows and practicing subspecialists

- Draft set of recommendations have been widely disseminated for review and comment
**Common Themes from Feedback & Surveys**

- 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 from Feedback & Surveys

- 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.
The first step in process to actualize CBME and outcomes assessment.

- Subspecialty training remains at three years for now. Change to longer or shorter period will require assessment of learner outcomes.

- Individual subspecialties are responsible for identifying expected learner outcomes. Most promising framework is identifying entrustable professional activities (EPAs).
Proposed Recommendations from SCTC Task Force

The first step in process to actualize CBME and outcomes assessment.

- Valid and reliable assessment tools are needed and ABP is committed to partnering with other organizations to support their development and testing.

- Career pathway tracking is permissible, while scholarly activity requirements will not change. Flexibility to accommodate individualized professional development is encouraged.

- PD is responsible for ensuring oversight and assessment of clinical performance, informed by input of other faculty, and accomplished through a clinical competence committee.
- Eligibility and training requirements for general pediatrics and all subspecialties, PD information, ABP policies, etc.

- 2012 – 2013 Workforce Data available for viewing and downloading from ABP Web site

- Resources for Program Directors
  - www.abp.org
  - Click the Program Directors button