Update from the ABP

1. Internet-based Testing for ITE
2. Reporting of Marginal Evaluations
3. MOC for Residents
4. Time-Limited Eligibility Policy
5. Nomination Tool for GP Exam Committees & Subboards
Purpose of Certification

- Improve care of children
- Standardize training and promote evidence-based care
- Provide accountability to the public that pediatrician has unique knowledge and skills to provide routine and complex care and that they maintain those skills over time (MOC)
2014 ITE Internet based Testing (IBT) Pilot

Project Objectives

- To obtain feedback from program directors
- Assess practical and logistical problems at training institutions
- Assist in the development of the process guidelines and instructions for use with the full rollout.
Exam Delivery

**Successful Delivery**

- Examinees were able to log into the online test environment and complete exam successfully; **17 programs and 991 Residents tested!**

- Test environment performed well regardless of device used (iPad/Desksops/Laptop)

- Exam performed well on both wireless and hard wired networks
Overall, how would you rate your residency program's experience with the Internet-based ITE?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Excellent</td>
<td>90%</td>
</tr>
<tr>
<td>b. Good</td>
<td>10%</td>
</tr>
<tr>
<td>c. Fair</td>
<td>0%</td>
</tr>
<tr>
<td>d. Poor</td>
<td>0%</td>
</tr>
</tbody>
</table>
Program Director and Proctor Survey

Given the choice, what administration method would you elect to use next year?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. IBT</td>
<td>96%</td>
</tr>
<tr>
<td>b. Paper</td>
<td>4%</td>
</tr>
<tr>
<td>c. Not sure</td>
<td>0%</td>
</tr>
</tbody>
</table>
## Resident Survey

**How would you rate the administration experience with the Internet delivery of the ITE relative to the past paper-and-pencil format?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. This was my first time taking the ITE so I have no comparison</td>
<td>33%</td>
</tr>
<tr>
<td>b. I prefer the Internet delivery format over the paper-and-pencil examination format</td>
<td>48%</td>
</tr>
<tr>
<td>c. I prefer the paper-and-pencil examination format over the Internet delivery format</td>
<td>8%</td>
</tr>
<tr>
<td>d. I have no preference</td>
<td>10%</td>
</tr>
<tr>
<td>e. Blank – did not answer</td>
<td>2%</td>
</tr>
</tbody>
</table>
## Resident Survey

### How easy was it to navigate through the examination?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Very Easy</td>
<td>67%</td>
</tr>
<tr>
<td>b. Easy</td>
<td>30%</td>
</tr>
<tr>
<td>c. Difficult</td>
<td>1%</td>
</tr>
<tr>
<td>d. Very Difficult</td>
<td>0%</td>
</tr>
<tr>
<td>e. Blank - did not answer</td>
<td>2%</td>
</tr>
</tbody>
</table>

### Did you have problems or difficulties with the Internet speed during testing?

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. No</td>
<td>100%</td>
</tr>
<tr>
<td>b. Yes</td>
<td>0%</td>
</tr>
</tbody>
</table>
Resident Survey Feedback

- **Overall I prefer the computerized test.** Preferably for the best prep for the Peds Boards it would be formatted very similarly to the board exam.

- **So much better than the written test.** More time to think about the questions instead of worrying about bubbling in each question and messing up. Allows you to devote your energy exclusively to using knowledge to answer questions.

- **Internet delivery was excellent—very grateful for this transition!**
2015 General ITE Pilot

• Early stages of planning the next ITE pilot delivery

• Will offer the electronic ITE to more programs in July 2015

• Enhancements to the testing interface, including the ability to highlight and strike through on-screen text are being explored (from resident feedback)

• More information about the scope of the 2015 pilot will be available in the upcoming months.
Two options for reporting at end of training year:

- **Marginal with Advancement to Next Level**
  - 12 months of credit earned

- **Marginal with Extension at Same level**
  - Interim evaluation with no partial credit awarded.

  - More time needed to make valid assessment. At end of extension, evaluation is provided to ABP.
  - Evaluation maybe satisfactory, unsatisfactory, or marginal with advancement to the next level.
Reporting of Marginal Evaluations

- Marginal with Extension will require an extension of training beyond the three years.

- If Two Consecutive Marginal Evaluations at end of training level, resident must repeat the latter year.
MOC for Residents

- Residents will be able to **earn Part 4 MOC credit** during residency for meaningful participation in QI activities (just like a diplomate)
  - Practice Improvement Modules (PIMs)
  - Approved QI projects in institutions and organizations
  - Authorship of qualifying QI articles or posters

- Resident MOC **credit** will be “in the bank” for when they become certified and enter their first MOC cycle

- Residents will be able to **access many other ABP Part 2** (self assessments and QOW) activities, but will not receive bankable credit.
Motivational Interviewing PIM

✓ Designed for use in dyads of learners/observers
  • Ideally, dyad includes a resident & a faculty preceptor, learning together

✓ Utilizes surveys of patient/parent and observer

✓ Designed to allow assessment of specific Milestones in Communication

✓ Will “go live” soon, but no credit before 2015
A scenario every week with a single question

- Recent abstract plus commentary
- Answer the question twice, once for practice, once for real
- See what everyone else has answered
- Bonus clinical pearl
- Available to residents in 2015, but no MOC credit
Time-limited Eligibility Policy

- A residency or fellowship graduate has 7 years to pass board certification exam.

- Purpose: disallow claims of unlimited “board eligibility” as an achievement. Time limit is consistent with continuous evaluation of competencies and tightens the connection between training and certification.

- Policy applies to all 24 specialty boards in the U.S.

- ABP detailed policy and FAQ available on website.
Time-Limited Eligibility Policy

- If certification is not achieved within the time limit an additional period of supervised practice within an accredited training program is required to regain eligibility.

- The ABP does not require an individual to have a specific title; it is acceptable for the individual to have an appointment and salary as a practitioner or faculty member.

- Supervision and evaluation by faculty is critical.
Time-Limited Eligibility Policy

- The candidate must obtain a position on her/his own. The ABP does not place candidates.

- Part-time positions are acceptable as long as the supervised practice role is clearly delineated.

- PD in an accredited program must verify competence to practice unsupervised upon completion of additional training.
ABP Approval of Proposed Training Program

- General pediatrics training:
  - Preapproval of training program by ABP is required to insure 1 year training is broadly constructed. (PD should send an outline of the training to the ABP for review)

- Subspecialty training:
  - Clinical training must conform to the usual ACGME clinical training requirements, but pre-approval not required at present time.
Important Points About Time-Limit Policy

1. NOT an ACGME Issue:
   • No entry into webAds
   • No resident survey
   • No milestones report
   • No Board scores reported to ACGME by ABP
   • No increase in resident/fellowship complement

2. Programs **not** obligated to take trainees.
Important Points About Time-Limit Policy

1. ABP cares about accredited training environment, faculty supervision, and competency assessment.

2. Purpose of retraining is not to ensure certification but to assure the ABP that an individual still possesses competencies verified at conclusion of residency or fellowship.

3. Credentialing bodies and institutions can make exceptions to their BC/BE policy.
Concerns about the TLE Policy

• **Confusion about the intent of retraining:**
  False perception that one year period is to teach candidates how to pass the exam

• **Confusion about the proper design of training program:**
  Some candidates designed programs that did not follow ACGME requirements or meet ABP policy.

• **Inadequate access:**
  Insufficient training programs willing to accept candidates

• **Undue hardship:**
  Need to give up job and relocate
Planned Changes to the Policy & FAQs  (anticipated late 2014)

• Replace “retraining” with “supervised practice” in the policy language to clarify that the purpose is to afford an opportunity for observation and supervision of candidates to assure ABP of competence.

• Require pre-approval by ABP of all supervised practice program (general pediatrics and subspecialties)

• ABP will explore ways to allow greater flexibility in the proposed plan for supervised practice in the accredited training program to accommodate personal circumstances.
Nominating Tool: GP Committees and Subboards

- New online tool can be found @ www.abpeds.org
- Nominate Yourself or Someone Else
- Appointees serve a six-year term
- Must be board certified in the area of interest

Seeking candidates who represent:

- **Diversity of pediatric practice**: everything from rural, private practices to medical centers in major metropolitan areas
- **Reflection of today's trends in pediatric practice**: well-seasoned pediatricians, new practitioners, part-time providers
Eligibility and training requirements for general pediatrics and all subspecialties, PD information, ABP policies, etc.

2013 – 2014 Workforce Data available for viewing and downloading from ABP Web site

Resources for Program Directors
- [www.abp.org](http://www.abp.org)
- Click the Program Directors button