

ABP Update for Subspecialty Program Directors

APPD FORUM FOR FELLOWSHIP DIRECTORS / PAS

APRIL 24, 2015 SAN DIEGO, CA

The American Board of Pediatrics



Update from the ABP

1. Policy Update: *Time-Limited Eligibility, ACGME Fellowship Eligibility, Unified Accreditation System*
2. MOC for Residents and Fellows
3. News: *PD Portal, Pediatric Hospital Medicine, MOC Part 4 Expanded, Nomination Tool*
4. SCTC Data



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 AND verification of competence by PD is critical



Important Points About Time-Limit Policy

1. ABP cares about accredited training environment, faculty supervision, and competency assessment.
2. Purpose of supervised practice 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.



Changes to the Policy & FAQs

- 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 programs (general pediatrics and **subspecialties**)
- ABP allows greater flexibility in the proposed plan for supervised practice in the accredited training program to accommodate personal circumstances. (See updated FAQs on website)



Supervised Practice To Regain Eligibility in a Subspecialty

- ✓ Duration: 6 month minimum in environment of accredited training program.
- ✓ Core clinical experiences pursuant to usual ACGME requirements.
- ✓ Neither research nor advanced subspecialty experiences are acceptable.
- ✓ For intensive care and emergency medicine: sufficient time must be spent in ICU and ED so faculty can judge clinical competence.
- ✓ For procedural subspecialties: direct supervision of procedures is required. Number is not specified.
- ✓ In certain subspecialties, sufficient time must be allotted for continuity care of the chronically ill child.



Concerns about the TLE Policy (Subspecialties)

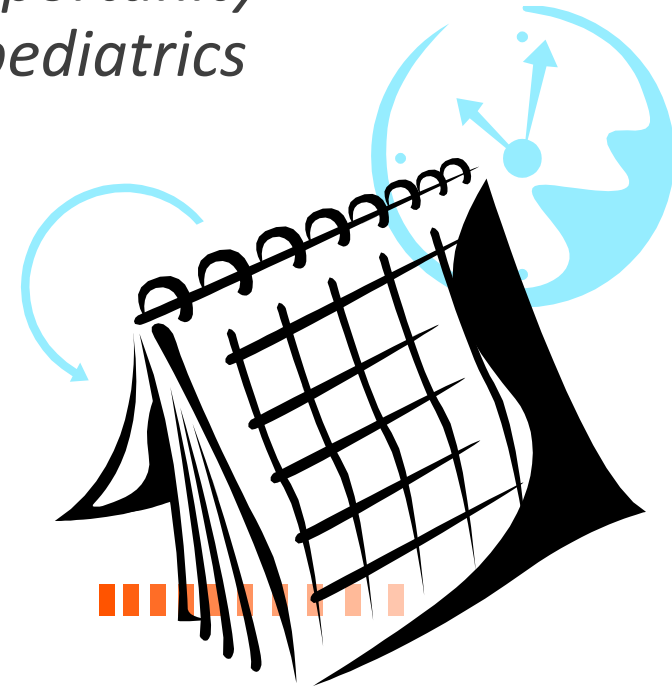
■ **IMG Reverse Training:**

Unintended consequences may be that these trainees have no opportunity to take a subspecialty exam if delayed in certification in general pediatrics

■ **Change to Policy:**

Allow one attempt at initial subspecialty certification exam for those who have lost eligibility due solely to sequence of training:

- *No more than 10 years since completion of fellowship*
- *Individual is certified in general pediatrics*





ACGME Eligibility Requirements: Fellowships

- ❑ All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited residency program located in Canada.
- ❑ An ACGME-accredited fellowship program may accept an exceptionally qualified applicant, who does not satisfy the eligibility requirements but who does meet additional qualifications and conditions.



CAUTION

- ❑ ACGME eligibility exception should NOT be used for IMGs who wish to seek ABP certification since fewer opportunities to take examination are available for those who train out of sequence (“reverse training”)
- ❑ Alternate training pathway for IMGs that is not formal ACGME accredited training and tracked by ABP will not confer eligibility for certification - NO EXCEPTIONS



Unified Accreditation System

- **Osteopathic Pediatrics Training and Eligibility for ABP Certification**
 - ABP will accept application from those who have completed osteopathic residency only if training has been accredited by ACGME for entire duration of required training.
 - Training in a program with pre-accreditation status cannot be used to fulfill ABP training requirements.



MOC for Residents / Fellows

- Residents will be able to **earn MOC credit for QI Projects** and apply credit to their first MOC cycle.
- Fellows who have not yet passed their general pediatrics examination also are eligible to participate.
- Fellows already certified in general pediatrics get credit in **2 ways**:
 - 20 points of MOC credit automatically awarded per year for fellowship
 - Approved QI activities earn MOC credit



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



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
- ✓ PIM is “live” NOW



Residents and local QI Projects

Diplomates and residents can apply for approval of a local QI project

- As of May 2015, 2 applications, one for smaller groups and one for larger (institutional) projects

Small QI Project Application:

- 10 or fewer MDs who will get credit
- Simplified application, addressed to MD project leader
- Application includes QI project guidance





Resident and Fellow Tracking (Online)

Goals

- Create secure electronic system that allows ABP to record trainee progression through training
- Provide Program Directors and Coordinators electronic access for updating trainee data, including final level summative evaluations, credit, dates of training
- Decrease incomplete or inconsistent trainee data
- Increase efficiency of ABP processes



Initial Features – Program Director Portal

- ❖ Secure Portal Log-in for Program Directors and Coordinators
- ❖ Order and pay for GP ITE examinations
- ❖ View results of certifying examinations and ITE / SITE
- ❖ Access resources for program directors



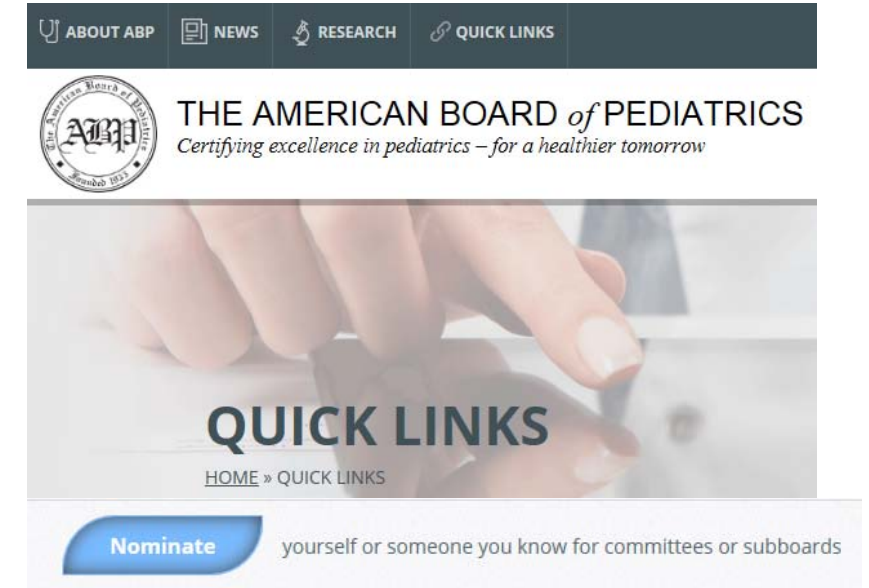
ABP News

- ❖ Petition for subspecialty certification in Pediatric Hospital Medicine under review by ABP *Comments have been requested.*
- ❖ ABP Blog Outlines MOC Changes and Future Direction
 - Future of Testing Conference
 - Expansion of Part 4 credit eligibility to include application of QI principles, science and tools to an activity intended to improve health of children. Activities can include clinical care, research, education and public policy.



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



Initiative on Subspecialty Clinical Training and Certification (SCTC)

□ Supplement to *Pediatrics* – May 2014

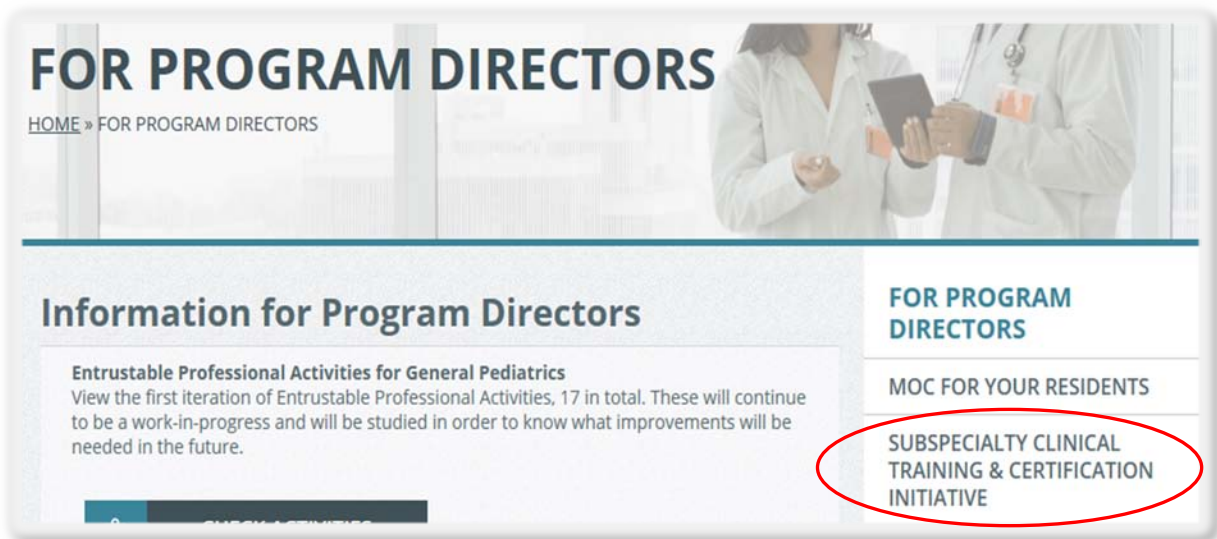
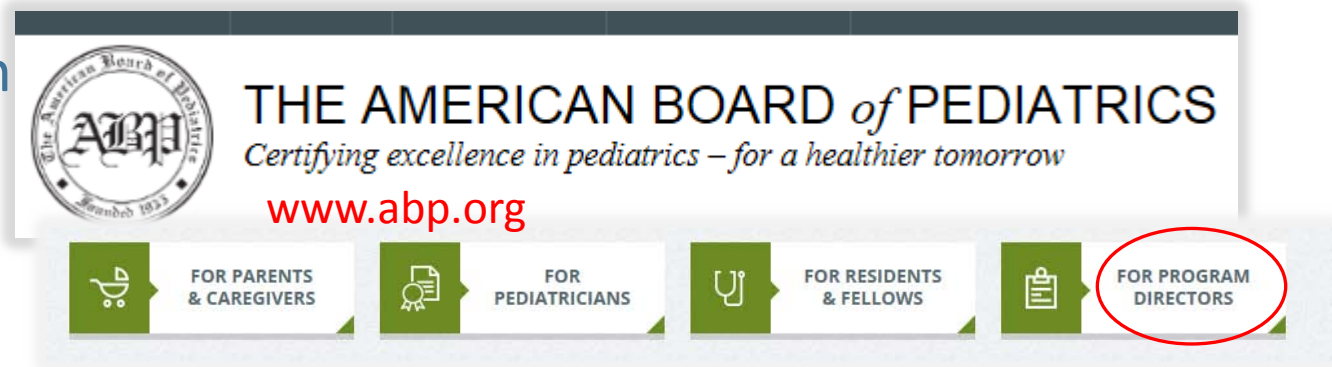
- Background and recommendations
- Extensive data* from surveys of subspecialty fellows, program directors, and practicing subspecialists
- Commentaries on: EPAs, Scholarly Activity during Fellowship, and the Tyranny of Time

**A second set of data tables are available on ABP website providing more detailed information for each of the individual subspecialties.*



Posted Subspecialty Data

Subspecialty specific data can be found in just 2 clicks! From the **ABP home page**, click the **'For Program Directors'** box.



On the right margin of the Program Directors page, click **'Subspecialty Clinical Training & Certification Initiative'**.

An entire subspecialty data library awaits!



Path
from
home
page →

<https://www.abp.org/content/subspecialty-clinical-training>

SUBSPECIALTY SURVEY RESULTS

[HOME](#) » [FOR PROGRAM DIRECTORS](#) » [SUBSPECIALTY CLINICAL TRAINING & CERTIFICATION INITIATIVE](#) » SUBSPECIALTY-SPECIFIC SURVEY RESULTS

As part of the research process to inform the SCTC, a significant wealth of subspecialty-specific data was collected. While much of the data are included in the [Supplement in Pediatrics](#), much more exists which could be valuable to individual subspecialists and societies examining their training and workforce.

The following tables are grouped by subspecialty and provide the most comprehensive subspecialty-specific data to date.

Please select a Subspecialty



Go

A SUPPLEMENT TO PEDIATRICS:
SUBSPECIALTY CLINICAL TRAINING
AND CERTIFICATION



READ MORE

COUNCIL OF PEDIATRIC
SUBSPECIALTIES



VISIT

[Printer-friendly version](#)

The American Board of Pediatrics



ABP Web Site

www.abp.org

- Eligibility and training requirements for general pediatrics and all subspecialties, PD information, ABP policies, etc.
- 2014–2015 Workforce Data available for viewing and downloading from ABP Web site
- Resources for Program Directors
 - **www.abp.org**
 - Click the Program Directors button

