

#### FORUM FOR FELLOWSHIP DIRECTORS / APPD MEETING SEPTEMBER 22, 2016 ARLINGTON, VA



## Update from the ABP

- 1. Program Directors Portal
- 2. Subspecialty Fellows Orientation Slide Deck
- 3. Fellowship Start Date
- 4. Exceptions to Core Fellowship Training
- 5. MOC for Trainees
- 6. Policies: TLE; ACGME Fellowship Eligibility & Certification

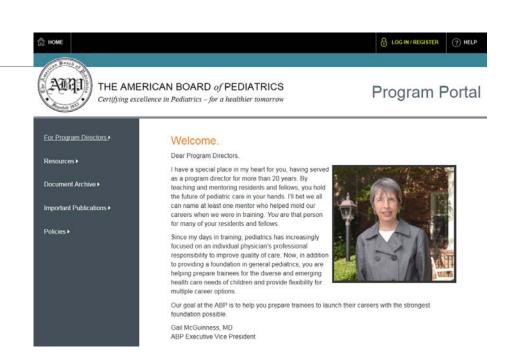
## Resident and Fellow Tracking (Online)

### 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

# ABP's New Program Portal

- Launched new portal for PDs and coordinators at <u>olt.abp.org</u>
- Manage profiles
  - Update program contact info
  - View or update program coordinator's name/contact info
  - Assign program coordinator privileges
  - Subspecialty PDs can grant privileges to coordinators to view/download trainee results
- View Reports
  - View trainees' results on exams beginning with exams in fall of 2015



## NEW! Subspecialty Fellowship Orientation Slide Deck

## Annotated slide deck that provides information about the ABP targeted for entering first-year fellows:

- Evaluation and tracking
  - Data reported annually to the ABP and implications of marginal or unsat evaluations
- Scholarly Activity
- SITE and exam security
- Certification
- MOC during fellowship and beyond





- CoPS has recommended that subspecialty fellowships delay start date (including orientation) until at least July 7<sup>th</sup> each year
- ABP supports this recommendation
- Regardless of start date, 36 months of fellowship must be completed

## Exceptions to Core Fellowship Training

36 months of fellowship are required to be completed by all fellows, but a waiver may be requested for family or medical leave up to 2 months

Training must be in the environment of the accredited program with program director oversight in order to be eligible to apply for ABP certification. If training is planned outside the accredited program for an extended period of time, approval must be sought.

## Exceptions to Core Fellowship Training

- The scholarly product should be completed at the end of training, however, if the work product is incomplete this can be noted on the VOC form and submitted after fellowship
- Clinical performance and professionalism are evaluated at the end of fellowship. Only one year may be marked as marginal. If a second year is marked as marginal, clinical training will not be credited.





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



## MOC Credit During Fellowship

- MOC credit depends on a fellow's certification status (Have they passed the GP exam?)
- Fellows who have not yet passed their general pediatrics examination may earn MOC credit for ABP approved QI Projects and apply credit to their first MOC cycle.
- Fellows already certified in general pediatrics get credit in 2 ways:
  - > 20 points of MOC credit automatically awarded per year for fellowship
  - ABP Approved QI activities earn additional MOC credit

## Time-limited Eligibility Policy for Certification

Modification of requirement for supervised practice

The six months of supervised practice may be completed over more than one year in order to provide flexibility and meet personal needs.

Proposal for part-time supervised practice that extends over more than one year must address consistency of supervision and the continuity of the experience.



### Supervised Practice To Regain Eligibility in a Subspecialty

- ✓ Duration: 6 month minimum in environment of accredited training program.
- ✓ <u>Core clinical</u> 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.

## 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 <u>exceptionally qualified applicant</u>, who does not satisfy the eligibility requirements but who does meet <u>additional qualifications and</u> <u>conditions.</u>

## Certification Issues Re: ACGME Eligibility for Fellowships

Anyone who receives "ACGME Exception" and completes fellowship training is eligible for certification but still must complete accredited general pediatrics training

Fellow without prerequisite training, who has NOT received ACGME exception, and is NOT tracked by ABP will not be eligible for certification - NO EXCEPTIONS

Certification Issues Re: ACGME Eligibility for Fellowships

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")

## 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:

ABOUT ABP

Image: Research

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**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



#### www.abp.org

- Eligibility and training requirements for general pediatrics and all subspecialties, PD information, ABP policies, etc.
- 2015–2016 Workforce Data available for viewing and downloading from ABP Web site
- Resources for Program Directors
  - www.abp.org
  - Click the Program Directors button

