

ABP Update for Subspecialty Program Directors

GRASSROOTS SESSION FOR FELLOWSHIP DIRECTORS / APPD MEETING

SEPTEMBER 27, 2017

ARLINGTON, VA

The American Board of Pediatrics



Update from the ABP

1. MOC for Fellows and PDs
2. Initial Certification and MOCA-Peds for Subspecialists
3. Content Outline Revision for Subspecialty Exams
4. Maternity and Other Leave



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



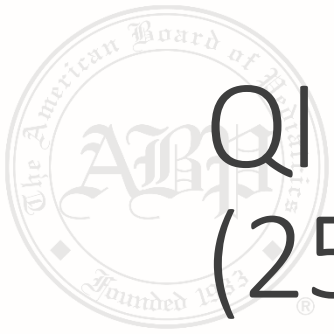
MOC for Residents / Fellows

- Trainees not yet certified will be able to **earn Part 4 MOC credit** 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
- MOC **credit** will be **“in the bank”** for when they become certified and enter their first MOC cycle
- Trainees 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



QI Project Applications from Small Groups (25 points)

- Built for projects led by diplomates
- Up to 10 pediatricians can earn credit per project
- Simplified/streamlined application
 - 8 questions, directed to the physician project leader
- Application is for **completed** projects
 - Credit awarded immediately upon approval
- “Proposed project” pre-application also available
 - No credit, but will populate into the completed project application when finished



MOC for Program Directors

- Educational Research
 - ABP expanded MOC Part 4 credit to include QI projects that not only involve direct clinical care but clinical, basic and educational research
 - ABP will accept and approve projects that improve an educational intervention or improve a research process
- Program Improvement
 - ABP will approve documented QI done as part of the annual program evaluation required by the ACGME for MOC Part 4 credit
 - Application and example completed application available on-line



MOCA-Peds Pilot



Shorter, more frequent physician assessment called
MOCA-Peds (*Maintenance of Certification Assessment for Pediatrics*)

Test Questions delivered by computer and mobile device

- Multiple-choice questions quarterly based on the General Pediatrics Content Outline
- To be answered anytime during quarter at diplomate's convenience
- Immediate feedback with references, with brief explanation of correct answer to enhance learning



MOCA-Peds Pilot



- Questions focus on application of fundamental knowledge used in everyday practice
- Resources maybe used, excluding assistance from others, but questions must be answered in allotted five minutes
- Will incorporate questions about practice guidelines and articles in the future

If pilot is successful

- MOC-Peds will replace 10 year secure exam and align with diplomate's 5 year MOC cycle



Subspecialty Model Current Plan

- Hope to mirror General Pediatrics as much as possible
- First subspecialty model release date 2019
- Straight to live - no pilot
- Goal – complete rollout by 2022
- No required secure exam after 2018

2019
Child Abuse Peds
Gastroenterology
Infectious Diseases



Summary of What Fellows Need to Know

- BEFORE the Fellow passes the GP exam: Bankable Part 4 MOC credit can be earned
- When the Fellow passes the GP exam, they are enrolled in the first 5-year cycle of MOC, need 100 points just like any other diplomate
 - Any already banked credit goes live
 - 10 Part 2 and 10 Part 4 points are automatically awarded for each year of fellowship training after the fellow achieves initial GP certification
- When the Fellow passes the subspecialty exam, the MOC cycle is extended by 1 year
 - There is only 1 MOC cycle no matter how many certifications
 - Diplomates will enter MOCA-Peds at start of next 5-year MOC cycle. If MOCA-Peds is not yet available exam is deferred



Revision of Content Outline for Subspecialty Exams

- ❖ Practice Analysis and Content Outline (Exam Blueprint) Revision underway for subspecialties
- ❖ Timeline: Began in 2016 with expected completion for all subspecialties in 2020
- ❖ Peds Nephrology revision is now posted on website for exam in 2018. Previous version still available online for comparison
- ❖ Similar to changes in GP outline:
 - Content domains will be reorganized and reweighted with less granularity
 - Outline will be 2 dimensional, incorporating “Universal Tasks” as well as content domains
- ❖ Scholarly Activity Knowledge Content will be revised for all subspecialties with a lower weight than in past. Elimination of teaching and learning and addition of QI to content



Required Training Duration

- ❖ 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 (i.e.: >3 months), approval must be sought



Maternity, Parental and Other Leave

- One month leave each year (eg: vacation, sick, parental) and may be allotted as program allows to equal 3 months in 3 years)
- Absences >3 months should be made up by additional training
Exception: PD may petition ABP for waiver of 1-2 months additional training close to end of training when competence for unsupervised practice can be assessed.





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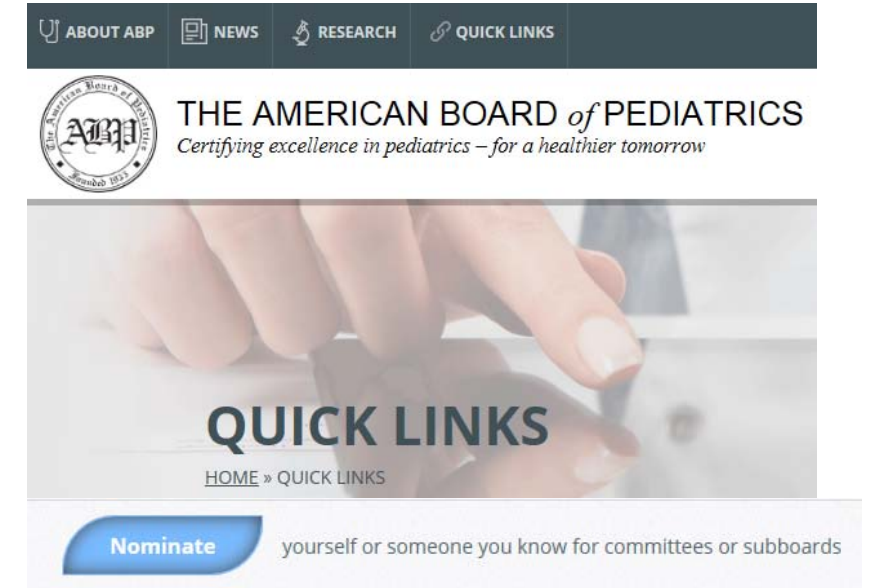
- Waiver must be requested by PD, not resident or fellow
- Usual requests are for family leave or significant illness
- Waiver never granted for convenience (off cycle, late start date due to Visa issues)
- All core ACGME requirements must be completed, waiver is for elective or flexible time
- Residents in combined training or abbreviated special pathways may not take more than 1 month leave yearly. No waiver allowed.





Nominating Tool: GP Committees and Subboards

- **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](#)



ABP Web Site

www.abp.org

- Eligibility and training requirements for general pediatrics and all subspecialties, PD information, ABP policies, etc.
- 2016–2017 Workforce Data available for viewing and downloading from ABP Web site
- Resources for Program Directors
 - **www.abp.org**
 - Click the Program Directors button

