Med-Peds 50 Years: Looking Back

Dale A. Newton, MD, FAAP

Allen Friedland, MD, FACP, FAAP
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- We are not historians!!
- Very thankful for the input from many colleagues as this information was gathered.
Med-Peds 50 Years: Looking Back
Our First 30 Years

Dale A. Newton, MD, FAAP
Professor Emeritus
Brody School of Medicine
East Carolina University
Greenville, NC
Objectives:
1. Discuss the early development of Med-Peds as a career opportunity.
2. Highlight some of the barriers that were present in early years.
Our Rich History Timeline

- **Early Context**
- 1930s
- 1970s
- 1983
- 1991
- 1997

- American Board of Internal Medicine
- American Board of Medical Specialties
Context

Pre-Flexner:
- Solo physician that did it all: surgeon, pediatrician, internist, and OB-Gyn....
- "Quackery"
- Training by apprenticeship
- No educational standards

Flexner Report (1910):
- Pre-med requirements, focus on science
- Medical school
  - Curriculum
  - Research
  - Attached to universities
- Allopathic medicine
Results of Flexner?

• Standardized medical school training
• 1931: 83% of physicians were General Practitioners (GPs)
• Decreased quickly
  – 1950: 66% GPs
  – 1970: 33% GPs
  – 1990: 33% Generalists!
Our Rich History Timeline

- 1930s
- 1970s
- 1983
- 1991
- 1997

Early Context

1933
1936

American Board of Medicine
American Board of Medical Specialties

1933
Age of Specialization

• 1917: American Board of Ophthalmology
• 1924: American Board of Otolaryngology
• 1930: 15 Boards
• 1933: ABP
• 1936: ABIM
• 1933: Advisory Board of Medical Specialties (ABMS)
• 1940: 19 Boards
• GP: decreased status, income, loss of hospital privileges, fewer procedures
1940s and 50s

• WW II: recognition that US medicine wasn’t “best” in world.

• Response?
  – AMA Section on General Practice formed.
  – American Academy of General Practice 1947
1950s

- Crisis in Health care:
  - Shortage of physicians (during the baby boom)
  - Lack of access, especially in rural and urban areas
  - High cost
  - Depersonalized care
  - Fragmented care
  - Quality of care by GPs?
1959

- Report of the AMA Study Group on General Practice
- Recommended development of *graduate* pilot programs to improve General Practice
- 165 were developed
- Two years:
  - Most were IM and Peds
  - Few with some surgery and Ob-Gyn
1966 – the Millis Report
(Folsom and Willard Reports)

- AMA Citizen’s Committee on Graduate Medical Education
- “It is time for decisive action to increase greatly the number of physicians who will devote their careers to the highly competent provision of comprehensive and continuing medical services.”
- **Family Practice** should be a specialty (#20)
- Required **3** years residency
- Board Certification
- Periodic re-certification
- No **automatic** “grandfathering” of GPs
- **1969**: 15 pilot FP programs formed
- **1970**: first FP certification exam
Fast Forward 10 Years to 1976

- 321 Family Practice programs
  - 4675 residents in training
- 11,000 certified FPs
- 119 US medical schools, 110 had departments or divisions of Family Practice
- Politics and TV!!
PUBLIC RELATIONS BONANZA!

Marcus Welby, MD
1969-1977, ABC
#1 rated show 1971
Our Rich History Timeline

- Early Context
- 1930s
- 1970s
- 1983
- 1991
- 1997

1967

1969

American Board of Internal Medicine
American Board of Medical Specialties
AAFP

50 years ago!!!
Existing Pathways Prior to Board Actions:

Prior to 1967, there were 3 abbreviated pathways for training leading to certification in pediatrics and internal medicine:

1. Straight Peds internship, 1 year Peds residency and 2 years of IM residency; or
2. Straight IM internship, 1 year IM residency and 2 years Peds residency; or
3. Internship other than straight Peds or straight IM, 2 years Peds residency and 2 years IM residency
ABP Statement (1967)

• “The ABP accepts the fact that a man could qualify for its certificate with only two years of core training in pediatrics plus additional training in adult care...this is really no change at all since we now let a man qualify with a rotating internship and two years of pediatrics.”
1967

• “How could the two boards improve the possibility of men becoming certified in both fields?”

  ABP-ABIM Joint meeting, June, 1967.

• 2 years before Family Practice programs
• 19 years before ABP approved another combined residency pathway
1967: Both Boards Approved

- ABP and ABIM approved dual board eligibility
- Response to plea for “personal physicians”
- Reason: “the recognition by both Boards of the importance of defining standards for the education and training of family practitioners.”
- Expectations:
  - Only would include “unusually good candidates”
  - Would become leaders in family medicine
  - Prediction of urban practice; FP in rural sites.
  - Small numbers
  - “do little to meet the overall need for physicians of first contact.”

Excerpts from ABP minutes, per Dr. Harold Meyer, 1986
UNC Leadership in Med-Peds Development

Ed Curnen, MD, Chair, Department of Pediatrics (Left) Charles “Chuck” Burnett, MD, Chair, Department of Medicine (Right), mid-1960s.
First Ever: Lawrence Cutchin, MD

- 1962: “Mixed” internship
- **1968**: Completed Med-Peds training
- 1968-69: IM Chief Res
- 1969-1987: Primary care doctor
- 1987-2006: President and CEO, Health Care Savings, Inc
- President, NCMS and NC Society of Internal Medicine
- Retired 2016: Clinical Professor, Pediatrics and Medicine, BSOM, ECU
Our Rich History Timeline

1967

Struggle for Identity

1973: R-4 consisted of 6 mo IM and 6 mo Peds
UNC Nomenclature and Program

- “Mixed” internship (1 year) – 1960s (8 + 4)
- “Rotating Four” (1972)
- “2 + 2” program (early 70s)
  - Changed to “Rotating”, “Flexible”
  - Rotating between services (subsequent years negotiated)
    - PGY-1: Intern - 6 mo IM, 6 mo Peds
    - PGY-2: JAR - IM or Peds
    - PGY-3: JAR - IM or Peds
    - PGY-4: SAR - 6 mo IM, 6 mo Peds
- 1977: formalized at 4 residents per year
- 1983: Medicine-Pediatric
University of Rochester Associated Hospitals

- Replaced by one year options: Med-Peds, Med-Surg, and Med-Ob-Gyn
- Latter two discontinued due to lack of interest and only the Med-Peds option continued.
- 1960s to mid-1970s: ad hoc program that allowed Med-Peds residents to negotiate each subsequent year with chairs.
- 1978: 3 completed training (Akowuah, Goodman, Zeiber)
- 1982: formal program with 2 per year
Rochester – *ad hoc*

- **1960s**
  - Most - just one year
  - Charles A. Keck, 1962-1965
  - Lawrence B. Nilsen, 1962-1964

- **1970s**
  - Gregory J. Riley, 1968-1972 (CR in IM)
  - David Satcher, 1970-1972 (Surgeon General)
  - Frank Geoffrey (Geoff) Marx, 1971-1975
  - Susan C. Ristow, 1971-1974
Department of Pediatrics, 1971, Strong Memorial Hospital
Pediatric Chairman, Dr. James Sayres behind Dr. Marx
Rochester
DOM House Staff
‘76-’77

UNIVERSITY OF ROCHESTER ASSOCIATED HOSPITALS
PROGRAM IN INTERNAL MEDICINE

1976 HOUSE STAFF 1977

CHIEF RESIDENTS

THIRD YEAR RESIDENTS

SECOND YEAR RESIDENTS

FIRST YEAR RESIDENTS - MEDICINE & PEDIATRICS

FIRST YEAR RESIDENTS - STRAIGHT MEDICINE

Gross, Karr, Langer, Staling, Sisk, Sorge, St, Truex, Haft

Brown, Bieber, Chamberlain, Potter, Siegel, Ludwig

Aliotta, Rosen, Strothman, Biss, Cing, Fine, Gortner, Grock

Second Year Residents

First Year Residents - Medicine & Pediatrics

First Year Residents - Straight Medicine
My Experience with Match

- **1973: (Combined allowed or encouraged)**
  - UNC (Chapel Hill)
  - University of Rochester
  - University of Alabama - Birmingham (UAB)
  - Yale University at Bridgeport

- **1973: Rotating 4 Internship (Combined not encouraged)**
  - University of Virginia
  - Medical Center of Vermont
The Boards in the 1970s

• American Board of Pediatrics
  – Letter from ABP
  – Subsequent Booklet (1976)

• American Board of Internal Medicine
  – Booklet of Information (1975)
  – Booklet of Information (1976)
  – Letter from ABIM re exam.
October 16, 1975

Louis E. Underwood, M.D.
University of North Carolina
Chapel Hill, North Carolina 27514

Dear Dr. Underwood:

The program described in your letter appears to me to satisfy the requirements of this Board for double certification in internal medicine and pediatrics. As long as there is two full years of pediatrics in approved programs and with graduated responsibility for patient care, there should be no difficulty in obtaining credit from this Board if the individual also has two years of training in internal medicine which is acceptable to the Board. Our Booklets of Information have not recently contained this option, but the agreement is still in force with the Board of Internal Medicine.

Sincerely yours,

F. Howell Wright, M.D.
Executive Secretary

FHW:mc
The American Board of Pediatrics, Inc.

Booklet of Information

JULY 1, 1976

Please discard all earlier booklets

July 1, 1976

Please address all communications to
American Board of Pediatrics, Inc.
Museum of Science and Industry
57th St. & South Lake Shore Drive
Chicago, Illinois 60637
Telephone: 312–643-6350
matically within this category are 1) all approved programs in pediatric allergy, pediatric cardiology, pediatric hematology-oncology, neonatal-perinatal medicine, and pediatric nephrology; 2) programs in pediatric neurology that are accepted by the American Board of Psychiatry and Neurology for certification with special competence in Child Neurology; and 3) an agreement with the American Board of Internal Medicine for certification by both boards. PL-4 credit for 2 years of approved training in internal medicine will be permitted.

The Residency Review Committee for Pediatrics will survey for categoric approval as PL-3s and PL-4s programs that are integrated with an approved PL-1 and PL-2 program and have the explicit endorsement of the director of that core program. Application for such categoric endorsement should be made to the Council on Medical Education, American Medical Association.
ABIM Booklet of Information

See Page 20

AMERICAN BOARD OF INTERNAL MEDICINE
POLICIES AND PROCEDURES

3930 Chestnut Street
Philadelphia, Pennsylvania 19104

(about)

July, 1975

July, 1975
REQUIREMENTS FOR EXAMINATION BY BOTH THE AMERICAN BOARD OF PEDIATRICS AND THE AMERICAN BOARD OF INTERNAL MEDICINE

In 1967 these two Boards agreed that candidates are eligible for examination and subsequent certification by both Boards if they complete one of the following programs involving a minimum of four years of approved house officer training:

1. Straight pediatric internship, one year of pediatric residency, and two years of residency in internal medicine; or

2. Straight medical internship, one year of residency in internal medicine, and two years of pediatric residency; or

3. Internship other than straight pediatric or straight medical, two years of pediatric residency, and two years of residency in internal medicine.

The times at which the candidate may take the examination of each Board will continue to be as described in the booklets of information published by the respective Boards. (For American Board of Internal Medicine, see sections on requirements for examinations above.) All candidates will undertake the Certifying Examination in Internal Medicine; those successful will receive the related certificate and will be eligible for an examination in a subspecialty area after completion of the stipulated training.

No mention of “split years”!!

4 years

1975,
p 20

ABIM

1975,
p 20

No mention of “split years”!!
ABIM Booklet of Information 1976

No mention of Combined Training

July 1976
ABIM Letter

-Exam 6/21-22/77
-"Awaiting documents proving 2 years of IM and 1+ years fellowship."
- Medicine Chair called him.
ABP File

NEWTON, Dale Alan - 3516 Sayward Dr., Durham, NC 27707
M.D.
App. filed 1/6/77 w/reg: 150, wr: 150, or:

Elig: 7/1/78

10/25/46 - UNIV OF NORTH CAROLINA, 1973 (N.C. Mem Hosp,
Chapel Hill, NC)
Passed '77
Passed New Orleans 11-30-79

Certificate No. 023813

Passed '77

Courtesy of Dr. Jim Stockman, ABP, Presentation to MPPDA, May 2, 2009
Number of Boarded Pediatricians

Courtesy of Dr. Jim Stockman, ABP, Presentation to MPPDA, May 2, 2009
First Med-Peds Physicians*

<table>
<thead>
<tr>
<th>Name</th>
<th>ABIM</th>
<th>ABP</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lawrence Cutchin (‘68)</td>
<td><strong>BC</strong></td>
<td>BE</td>
<td></td>
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<tr>
<td>2. George Hemingway (‘69)</td>
<td><strong>BC</strong></td>
<td>BE</td>
<td></td>
</tr>
<tr>
<td>3. F. Goeffrey Marx (‘75)</td>
<td><strong>BC</strong></td>
<td><strong>BC</strong></td>
<td></td>
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<tr>
<td>4. Donald Middleton (‘76)</td>
<td>BE</td>
<td>BE</td>
<td><strong>ABFP</strong></td>
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<tr>
<td>5. Dale Newton (‘77)</td>
<td><strong>BC</strong></td>
<td><strong>BC</strong></td>
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<td>Wm Blankenship (‘77)</td>
<td><strong>BC</strong></td>
<td><strong>BC</strong></td>
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**BC** = Board Certified; **BE** = Board Eligible

*That completed the 4 year program!
First Med-Ped Group

Tarboro Clinic PA, Tarboro, NC: Newton, Hemingway, Cutchin
Our Rich History Timeline


1967

American Board of Internal Medicine

American Board of Medical Specialties

50th Anniversary for Adults & Children
1980s: The Miracle of Med-Peds

- The Boards never advertised
- No journal articles
- No organizations promoted Med-Peds
- Purely word-of-mouth, mostly at Rochester and UNC
- Then in the 1980’s....
The Early 80s:

• 1980 – Nationally:
  – 5 programs (9 PGY-1 positions)
  – Accepted residents through “match” into Combined Programs
  – “Tracks” within categorical programs

• 1983: First listed in “Green Book” (11)
Evolution of Programs

• 1981: Integrated curriculum implemented at Rochester (Barbara Schuster) and UNC (Andy Greganti)

• Rapid growth # and size of Med-Peds programs.

• Lannon: ~ 21 programs 1981 (not listed)
  – University-based: UNC, Rochester, WVU

• Attrition rate: 75%
  – No expectation of doing dual training.
Followed by Rapid Growth

<table>
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<tr>
<th>Year</th>
<th># ABP exam</th>
<th># Trainees</th>
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<tbody>
<tr>
<td>1982</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>1983</td>
<td>11</td>
<td>66</td>
</tr>
<tr>
<td>1984</td>
<td>17</td>
<td>106</td>
</tr>
<tr>
<td>1985</td>
<td>37</td>
<td>139</td>
</tr>
<tr>
<td>1986</td>
<td>62</td>
<td>175</td>
</tr>
</tbody>
</table>

Harold Meyer, VP
ABP Presentation, 1986

Board scores exceeded categorical residents for ABP and ABIM.
By 1985 ~ 30 physicians completed Med-Peds at UNC and Rochester combined.
1980s

• Future Training of Pediatricians (84-85)
  — “A strong endorsement of the combined internal medicine/pediatric programs was made. Flexibility was encouraged, and it was suggested that a mechanism for accreditation be established by the Accreditation Council for Graduate Medical Education.”

Cleveland WW and Brownlee RC
Pediatrics 1987; 80:451-7
Continued Growth and Maturation

• 1986: ABP and APDIM Meeting

• No MP curriculum requirements, hence abuse:
  – Used to fill schedule holes since RRCs didn’t look at Med-Ped resident schedules
  – 2 years Peds then 2 years IM or vice versa (4 programs)
  – 23 IM and 10 Peds: no subspecialty rotations required; one required 11 IM subspecialties
  – No requirement for continuity clinic
  – Survey of 67 programs - required ICU months:
    • 30 > 4 months NICU
    • 2 = 4 months PICU
    • 8 > 4 months CCU
    • 5 > 4 months MICU
    • Only 14 required adolescent medicine (was requirement of Peds RRC)
Curriculum Guidelines

• (1986: first met as interest group)
• 11/30/1987: Carole Lannon (UNC PD) presented “suggested” curriculum at APDIM session of Med-Ped directors

• 1988: ABP (Tim Oliver) and ABIM (Joe Johnson):
  – Curriculum guidelines. Included issues of education, integration, continuity.
  – BE after 4 years!
State of Med-Peds - 1988

Survey of Med-Peds Program Directors (67 programs)

- N = 55
- 60% affiliated with IM
- 85% men
- 58% fellowship trained
- Mean time as PD: 2.6 years
- Mean entering program: 2.8
- Mean graduates: 4.2 (total ever)

Siegel DM, Parker RM, Gillman MW, Biro FM
MPPDA: Med-Peds Program Directors Association

First Med-Peds National Organization
MPPDA

- Formed in 1991: Lynn Manfred (President), Carol Lannon, Howard Schubiner, Norm Ferrari
- Most program directors - categorically trained.
- Met with APDIM and APPD in alternate years.
- Early years, annual presentations to categorical program directors to educate.
- Representatives to PCOC, AAP Education Committee, FOPO.
AAP

• 1995: Interest Group
• 1996: Provisional Section

ACP

• 1995: Interest Group

Steering Committee for Application: Drs. John Chamberlain, Brian Kan, Carole Lannon, Suzanne Lavoie, Howard Schubiner, Scott Velders, Suzanne Wilson (resident)
Programs in the early 90s

• RRC accreditation visits were to review Med-Peds with visits to categorical parent programs.

• Program guidelines

• Annual reviews provided to the ABP and ABIM
Letters from Boards Approving Program
Continued Growth

• 1994: 994 trainees in Med-Peds programs
  – 11.2% of all Pediatric residents
• 1996 (29 years of Med-Peds)
  – 1,700 had completed training
  – 421 positions (PGY-1) available in 99 programs

And Challenges:

• Insurance companies list as either IM or Peds
• Hospitals insisted on full work load as both IM and Peds
• Still had to explain Med-Peds
Our Rich History Timeline

- Early Context
- 1930s
- 1970s
- 1983
- 1991
- 1997 AF Finishes Residency

Logos:
- American Board of Internal Medicine
- American Board of Medical Specialties
- American College of Physicians
- Association of Program Directors in Internal Medicine
- ACGME
- THE MATCH
- Association for Residents in Pediatrics

Year Milestones:
- 1997: AF Finishes Residency
- 2013: 50th Anniversary of THE MATCH
Thanks to:

- John Chamberlain, Rochester, NY
- Barbara Schuster, Athens, GA
- Gail McGuinness, Chapel Hill, NC
- Carol Lannon, Cincinnati, Ohio
- Robert Lancey, Columbia, MO
- Lawrence Cutchin, Tarboro, NC
- Allen Friedland, Newark, DE
- Gary Onady, Dayton, Ohio
- F. Goeff Marx, Klamath Falls, OR
- Lynn Manfred, Charleston, SC
- Brett Robbins, Rochester, NY
- Jean Boedecker and Betty Aman, Rochester, NY