Update from the ABP

1. General Pediatrics Exam Content Outline
2. Pediatric Hospital Medicine
3. MOCA-Peds
4. Questions from APPD Membership: Maternity Leave; MOC Part 4 Credit for Residency Program Leadership
General Pediatrics Exam Content Outline

- Content Outline serves as blueprint for initial certification, MOC and In-training exams
- Outline identifies for all stakeholders the knowledge areas being measured by these exams
- Updated in 2016 and now posted on ABP website: [https://www.abp.org/content/general-pediatrics-content-outline](https://www.abp.org/content/general-pediatrics-content-outline)
- All exams administered after Sept 1, 2017 will adhere to the new blueprint
General Pediatrics Practice Analysis

Practice Analysis
The systematic study of a role or profession.
Used by certifying organizations to establish content outlines for exams.
**Goal**: To ensure exam is relevant to practice.

Practice Analysis for General Pediatrics

**Phase 1 – Draft Content Outline.** Identified critical tasks performed by general pediatricians and the knowledge required to perform those tasks.

**Phase 2 – Validation Survey.** Validated the panel’s work through a large-scale survey of all board certified general pediatricians (N ≈ 70,000).

**Phase 3 – Weighted Content Outline.** Used survey results to make final revisions to the outline and establish exam weights.
New Structure of Content Outline

<table>
<thead>
<tr>
<th>Content Domains</th>
<th>Universal Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preventive Pediatrics/Well Child Care</td>
<td>2. Epidemiology and Risk Assessment</td>
</tr>
<tr>
<td>2. Fetal and Neonatal Care</td>
<td>3. Diagnosis</td>
</tr>
<tr>
<td>3. Adolescent Care</td>
<td>4. Management and Treatment</td>
</tr>
<tr>
<td>4. Genetics, Dysmorphology, and Metabolic Disorders</td>
<td></td>
</tr>
<tr>
<td>...</td>
<td></td>
</tr>
<tr>
<td>25. Research Methods, Patient Safety, and Quality Improvement</td>
<td></td>
</tr>
</tbody>
</table>
## General Pediatrics Content Domains

1. Preventive Pediatrics/Well Child Care
2. Fetal and Neonatal Care
3. Adolescent Care
4. Genetics, Dysmorphology, and Metabolic Disorders
5. Mental and Behavioral Health
6. Child Abuse and Neglect
7. Emergency and Critical Care

....

25. Research Methods, Patient Safety, and Quality Improvement
Universal Tasks

Reflect the primary ways in which pediatric knowledge can be applied in clinical practice

<table>
<thead>
<tr>
<th>Universal Task</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Basic Science and Pathophysiology</td>
<td>Understanding best practices, clinical guidelines, and foundational pediatric knowledge, including normal and abnormal function of the body and mind in an age-specific development context</td>
</tr>
<tr>
<td>2. Epidemiology and Risk Assessment</td>
<td>Recognizing patterns of health and disease and understanding the variables that influence those patterns</td>
</tr>
<tr>
<td>3. Diagnosis</td>
<td>Using available information (eg, patient history, physical exam) to formulate differential diagnoses, choose appropriate tests, and interpret test results to reach a likely diagnosis</td>
</tr>
<tr>
<td>4. Management and Treatment</td>
<td>Formulating a comprehensive management and/or treatment plan, including reevaluation and long-term follow-up, taking into account multiple options for care</td>
</tr>
</tbody>
</table>
The tables below indicate exam weights (ie, the percentage of test questions that fall within each content domain and each universal task) for all three General Pediatrics examinations (initial certification, maintenance of certification, and in-training).

<table>
<thead>
<tr>
<th>Content Domain</th>
<th>Exam Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preventive Pediatrics/Well Child Care</td>
<td>8%</td>
</tr>
<tr>
<td>2. Fetal and Neonatal Care</td>
<td>5%</td>
</tr>
<tr>
<td>3. Adolescent Care</td>
<td>5%</td>
</tr>
<tr>
<td>...</td>
<td></td>
</tr>
<tr>
<td>25. Research Methods, Patient Safety, and Quality Improvement</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Universal Task</th>
<th>Exam Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Basic Science and Pathophysiology</td>
<td>20%</td>
</tr>
<tr>
<td>2. Epidemiology and Risk Assessment</td>
<td>10%</td>
</tr>
<tr>
<td>3. Diagnosis</td>
<td>35%</td>
</tr>
<tr>
<td>4. Management and Treatment</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Detailed Content Outline

Domain 1: Preventive Pediatrics/Well-Child Care (8%)

A. Normal growth and development
   1. Physical
   2. Social
   3. Emotional
   4. Language
   5. Gross motor
   6. Fine motor

B. Nutrition
   1. Newborn and infant feeding
   2. Age-specific nutritional needs
   3. Patient population-specific nutritional needs (eg, vegetarian, vegan)
   4. Condition-specific nutritional needs (eg, food allergies, hypertension)
   5. Obesity

C. Immunizations
   1. Current recommendations
   2. Special circumstances (eg, contraindication, lapse immunization)

D. Screening and disease prevention
   1. Age-appropriate medical screenings
   2. Age-appropriate mental health screenings
   3. Psychosocial screenings

E. Anticipatory guidance
   1. Safety and injury prevention
   2. Common behavioral issues
      a. Eating
      b. Sleeping
      c. Toileting
      d. Aggression/acting out
      e. Temperament
      f. Adjustment to life transitions
New vs. Previous Content Outline

<table>
<thead>
<tr>
<th></th>
<th>Current Content Outline</th>
<th>New Content Outline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pages of Content</td>
<td>77</td>
<td>9</td>
</tr>
<tr>
<td>Content Domains</td>
<td>36</td>
<td>25</td>
</tr>
<tr>
<td>Universal Tasks</td>
<td>-</td>
<td>4</td>
</tr>
</tbody>
</table>

Key differences:
- Addition of “Universal Tasks” into new outline
- Reorganized content domains
  - Consolidation (e.g., Mental and Behavioral Health)
  - Redistribution (e.g., Pharmacology domain → Task 4: “Management and treatment”)
- Reweighted content domains (e.g., increased emphasis on mental health)
- New outline is less granular/more robust to changes in practice
Pediatric Hospital Medicine (PHM)

- Petition for subspecialty certification in PHM approved by ABP & ABMS
- Two years of training with scholarly activity required
- Application to ACGME to accredit fellowship programs
- Manuscript published in Pediatrics (Mar 2017) outlining ABP process, current training and practice of PHM, and rationale for decision
- Subboard appointed
- First exam: Fall 2019
Pediatric Hospital Medicine – Eligibility Criteria

**Practice:** Temporary period (first three exams 2019, 2021, 2023)

- Most recent 4 years of full-time practice consisting of 50% time in professional activities (clinical care, teaching, research, administration) in care of hospitalized children.

- Half of that time must be devoted to direct patient care of children (ie: 25% of full time practice).

- For Med-Peds practitioners, non-patient care professional time related to adults may qualify, but time devoted to direct patient care for children must be 25%.
Pediatric Hospital Medicine – Eligibility Criteria

Training:
• 2 years of fellowship (non-accredited) associated with ACGME accredited pediatrics residency program
• ABP will determine and publish dates after which fellows must enter accredited training to be eligible for certification

Training and Practice:
• Less than 2 years of fellowship requires an additional 2 years of practice that meets requirements as outlined

FINALIZED ELIGIBILITY CRITERIA WILL BE DISSEMINATED BY ABP AND POSTED ON WEBSITE – SUMMER 2017
Shorter, more frequent physician assessment called **MOCA-Peds** (Maintenance of Certification Assessment for Pediatrics)

Test Questions to be delivered by computer and mobile device

- 20 multiple-choice questions quarterly based on 40 learning objectives from 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 - 2017

- 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

Eligibility for Pilot:
- Diplomates who have MOC Part 3 Exam in general pediatrics due in 2017
- Must be actively meeting MOC requirements

If pilot is successful
- MOC-Peds will replace 10 year secure exam and align with diplomate’s 5 year MOC cycle
MOCA-Peds Overview

- 40 learning objectives available prior to each year
- 2 questions per learning objective per year
- Some customization (inpatient, outpatient, or combined)
- Flexibility to answer within quarter; one-at-a-time or in batches
General Rules

- Will align with 5-year MOC cycle
- Questions only in Years 1-4 of 5-year cycle
- Drop the worst 4 quarters each 5-year cycle
- Final summative score/decision at end of Year 4
- Year 5 – remediation year so one does not lose certification
Five-year MOC Cycle (once adopted - not pilot)

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 questions</td>
<td>80 questions</td>
<td>80 questions</td>
<td>80 questions</td>
<td>Re-entry exam (if needed)</td>
</tr>
</tbody>
</table>

Because you can drop 4 quarters, TECHNICALLY you can drop all of year 4 and participate only Years 1-3.

Am I meeting the performance standard at the end of Year 4?

- Yes: You do not have to participate in MOCA-Peds until your next MOC 5-year cycle.
- No: Part 2 credit is required.
Part 3 Options (once MOCA-Peds adopted)

<table>
<thead>
<tr>
<th>MOCA-Peds</th>
<th>Proctored Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Default with enrollment</td>
<td>• Every 5-years at proctored site</td>
</tr>
<tr>
<td>• No additional fees</td>
<td>• Additional fee to cover cost of seat fee and processing</td>
</tr>
<tr>
<td>• Earn Part 2 points</td>
<td>• No Part 2 credit</td>
</tr>
</tbody>
</table>

The American Board of Pediatrics
Maintaining Multiple Certificates

Regardless of the number of certification held, diplomates will need to answer the same number of questions for a given discipline/area to maintain the certification for that area.
Pilot Status

*** Successfully launched January 2017 ***
Mobile app to be released April 2017

• 5081 enrolled
• 27% are subspecialists
• Oldest participant – age 75

Self-categorization
- Outpatient: 62.5%
- Inpatient: 17.2%
- Combined: 20.3%
Incorporation of Guidelines

• Beginning in 2018
• Available at beginning of year with learning objectives
• Learning objectives/questions will also cover guidelines
• Greater face validity - relevancy, currency
• Access not an issue
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.
Maternity, Parental and Other Leave

- 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.
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
Improvement in Research Processes
Educational Research

Expanded rationale for credit: If we improve learning and/or assessment we provide better care to patients

Subspecialty EPA Study example:
- The goals of the effort are to enroll $\geq$ 30% of training programs in each subspecialty and for programs that agree to participate, have data submitted within 3 weeks of the CCC meeting.

General Pediatrics Study example:
- Within 36 months of the initiation of data collection, we will assess $\geq$80% of all pediatrics residents in the training programs that enroll in our research study using supervision rating scales to determine level of entrustment for each of the 17 general pediatrics EPAs.
Questions to complete:

1. Describe the quality (educational) gap
2. What is the cause of the gap?
3. Identify the specific aim
4. What intervention did you make?
5. Identify the specific measures used
6. Did you collect baseline data? (Yes)
7. What were the results of the project?
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 QIPA 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
Nominating Tool: GP Committees and Subboards

- **New online tool** can be found at [www.abpeds.org](http://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.

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