

ABP Updates



**APPD Annual Meeting
October 11, 2018**

Philadelphia, PA

Suzanne K. Woods, MD

Executive Vice President

Credentialing and Initial Certification



Objectives

- Website Updates
- Global Health PD Guide
- ITE updates
- Initial Certification Exam – timing and content outline
- Professionalism Issues, ABP Guide
- NIH StARR program
- Hospital Medicine
- Workforce Information
- EPAs
- Online tracking/Program Portal



ABP Mission Statement



ABP Mission, Values, Vision and Guiding Principles

MISSION

The American Board of Pediatrics (ABP) certifies general pediatricians and pediatric subspecialists based on standards of excellence that lead to high quality health care during infancy, childhood, adolescence, and the transition into adulthood.

The ABP certification provides assurance to the public that a general pediatrician or pediatric subspecialist has successfully completed accredited training and fulfills the continuous evaluation requirements that encompass the six core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ABP's quest for excellence is evidenced in its rigorous evaluation process and in new initiatives undertaken that not only continually improve the standards of its certification but also advance the science, education, study, and practice of pediatrics.

VALUES

- Accountability to the public
- Fairness and excellent service
- Communication and transparency
- Continuous quality improvement

VISION

The "North Star" for the ABP is and will remain the improvement of health outcomes for children, adolescents, and young adults (hereafter, "children").

GUIDING PRINCIPLES

- The ABP is primarily accountable to the children and families that we serve.
- The ABP is also accountable to the public, including insurers, consumer groups, payers, and credentialers.
- To promote professional self-regulation and empower pediatricians to continually improve child health outcomes, the ABP has a responsibility to diplomates to utilize assessments that are fair, valid, reliable, and contribute to their lifelong professional development.
- The ABP acknowledges the importance of the varied professional roles that pediatricians play in improving the health care of children and strives to align assessments with professional activities.
- The ABP sets standards for key elements of accredited training based on health needs of populations served, recognizing the value added by the interdependence of the relationship between certification and accreditation.



UPDATES COMING!







ABP Home Page

www.abp.org

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Certifying excellence in pediatrics – for a healthier tomorrow

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Building Strong Careers from Residency to Retirement

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[FEEDBACK](#)

ATTENTION: THE ABP PORTFOLIO WILL BE UNAVAILABLE DAILY FROM 4:30 - 5 AM ET FOR MAINTENANCE.

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ABP Website – PD page

The screenshot shows the ABP website for Program Directors. The browser address bar displays <https://www.abp.org/content/program-directors>. The page features a large banner with the text "FOR PROGRAM DIRECTORS" and a sub-link "HOME » FOR PROGRAM DIRECTORS". Below the banner, there are two main sections. On the left, a box titled "Access the Program Portal" contains the text "Manage your program, order General Pediatrics In-Training Exams, view reports, access important information and more." and a prominent "VISIT PORTAL" button with a clipboard icon. A red arrow points to this button. Below this box is the "Information for Program Directors" section, which includes a list of links: "For All Program Directors", "For General Pediatrics Program Directors", "For Subspecialty Program Directors", "External Resources", and "News and Updates". At the bottom of this section is a link to the "Printer-friendly version". On the right side of the page, there is a vertical menu titled "FOR PROGRAM DIRECTORS" with links to "MOC FOR YOUR RESIDENTS", "SUBSPECIALTY CLINICAL TRAINING & CERTIFICATION INITIATIVE", "PROGRAM DIRECTORS LISTING", "MEMO TO PROGRAM DIRECTORS", "DOCUMENT ARCHIVE", and "GLOBAL HEALTH: PROGRAM DIRECTOR'S GUIDE TO PEDIATRIC RESIDENCY EDUCATION". A "FEEDBACK" button is located at the bottom right of the page.



ABP Website – PD page

For Program Directors | The American Board of Pediatrics


https://www.abp.org/content/program-directors

Apps Login | ADP Workforce Solutions BoardEffect - American Board of Pediatrics acgme - Google Search The American Board of Pediatrics Families - Cardinal Glennon Children's Hospital ACGME Home Mail - suzanne.wood@abp.org New Tab Microsoft Office Home SunTrust Online Bank SunTrust Online Bank My Account | Brave Browser

FOR PROGRAM DIRECTORS

HOME » FOR PROGRAM DIRECTORS

Access the Program Portal
Manage your program, order General Pediatrics In-Training Exams, view reports, access important information and more.

 **VISIT PORTAL**

Information for Program Directors

Looking for general information for Program Directors? Get started below:

▼ For All Program Directors

- [Booklet of Information](#)
- [Teaching, Promoting and Assessing Professionalism Across the Continuum: A Medical Educator's Guide](#)
- [Residents and Fellows Evaluation and Tracking](#)
- [A Guide to Evaluating Your Clinical Competence](#)
- [Assessment in Graduate Medical Education: A Primer for Pediatric Program Directors](#)
- [Understanding MOC](#)
- [Program Director's Listing](#)
- [Workforce Book](#)
- [Program Directors' Newsletter](#)

FOR PROGRAM DIRECTORS

MOC FOR YOUR RESIDENTS

SUBSPECIALTY CLINICAL TRAINING & CERTIFICATION INITIATIVE

PROGRAM DIRECTORS LISTING

MEMO TO PROGRAM DIRECTORS

DOCUMENT ARCHIVE

GLOBAL HEALTH: PROGRAM DIRECTOR'S GUIDE TO PEDIATRIC RESIDENCY EDUCATION

FEEDBACK



ITE Updates

- 2018 scores released – go to PD Portal
- New updated reports!
- Med Peds scores go to the MP Portal
- Effective 2019 exam no chief residents can participate in the ITE
- Exam must be administered to **your** trainees at **your** institution proctored by **your** program



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www.abp.org

To: General Pediatrics Training Program Directors

From: The American Board of Pediatrics

Date: September 2018

RE: 2018 General Pediatrics In-Training Examination Program Director Report

The following report contains information about the performance of individual trainees and training programs that participated in the 2018 General Pediatrics (GP) In-Training Examination (ITE) of the American Board of Pediatrics from July 10-17, 2018. This report consists of the following tables and graphics:

1. Overall Performance Summary by Residency Year
2. Resident Roster
3. Performance Summary by Universal Tasks and Content Domains
4. Item Performance Summary
5. National Score Distributions by Residency Year
6. Relationship between ITE Performance and Certifying Examination Pass Rates

Each trainee's score report can be downloaded from your program portal. Please distribute the Individual Performance Reports to your trainees. Trainee's scores can also be downloaded in a CSV format from the portal.

The purpose of the ITE is to **provide self-assessment information** to both the training program and the individual trainees within the program. The ITE also provides each trainee with a rough estimate of how he or she might perform on the certifying examination. Programs should not use the ITE as the sole means of determining if a trainee has satisfactorily completed a year of training. Also, the ABP **strongly discourages program directors and trainees from providing ITE test results as part of the fellowship application process.** Using the exam for purposes other than self-assessment is strongly discouraged, as the examination was not developed to support these other types of score inferences.

Please note that the information in this report should be considered confidential. Sharing this report or any of the information in this report with others, including other training program personnel, should only be done in compliance with the ABP's privacy policy: www.abp.org/content/privacy-policy.

If you have any further questions regarding the GP ITE results, please contact the ABP via email at scoring@abped.org or call 919-929-0461 ext. 777.

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Program Director Report

2018 General Pediatrics In-Training Examination

Program Report

September 2018

Program Name:

Program ID#:

Overall Performance Summary by Residency Year

Residency Year	Your Program					All Programs				
	N	Percent Correct Score (%)		Scaled Score		N	Percent Correct Score (%)		Scaled Score	
		Mean	SD	Mean	SD		Mean	SD	Mean	SD
1	26	60	6	151	17	3275	59	7	147	19
2	24	69	6	177	18	3234	66	7	166	19
3	21	73	5	187	16	3034	69	6	175	19
4-5*	4	73	2	188	6	259	70	7	179	20

* 4th and 5th-year Residents have been combined in this table due to the small number of 5th-year Residents.

Resident Roster

ABP ID#	Residency Year	Name	Percent Correct Score (%)	Scaled Score	Associated Pass Rate (%)*
715046	1		57	142	91
714747	1		62	156	98
715809	1		60	150	93
715280	1		53	133	82
716017	1		57	142	91
715791	1		55	137	85
714754	1		67	168	99
715520	1		61	152	96
714204	1		60	150	93
713061	1		61	152	96
716312	1		71	180	99
716408	1		57	142	91
715274	1		53	132	82
714760	1		65	163	98



2018 General Pediatrics In-Training Examination

Performance Summary by Universal Tasks and Content Domains

Program Name:

Program ID#:

The tables below provide mean percent correct scores in each universal task category and each content domain for trainees in your program and trainees in all accredited programs. 4th and 5th-year trainees have been excluded from this table. The Universal Task and Content Domain scores are provided for descriptive purposes only. The small number of questions within each category and content domain limits the generalizability of universal task and content domain scores. In other words, caution should be exercised when making inferences about the task-specific or domain-specific knowledge level of trainees, because these categories are comprised of relatively small numbers of questions that likely do not cover the full body of knowledge within that category.

Universal Task	Your Program			All Programs		
	Year 1 (n=26)	Year 2 (n=24)	Year 3 (n=21)	Year 1 (n=3275)	Year 2 (n=3234)	Year 3 (n=3034)
1 Basic Science and Pathophysiology (20%)	59	69	72	57	64	67
2 Epidemiology and Risk Assessment (10%)	60	70	70	57	65	69
3 Diagnosis (35%)	63	71	75	62	68	71
4 Management and Treatment (35%)	64	70	74	59	66	68

Content Domain	Your Program			All Programs		
	Year 1 (n=26)	Year 2 (n=24)	Year 3 (n=21)	Year 1 (n=3275)	Year 2 (n=3234)	Year 3 (n=3034)
1 Preventive Pediatrics/Well-Child Care (8%)	61	69	72	59	65	67
2 Fetal and Neonatal Care (5%)	75	78	84	72	78	81
3 Adolescent Care (5%)	48	61	60	46	56	60
4 Genetics, Dysmorphology, and Metabolic Disorders (3%)	70	80	82	68	74	77
5 Mental and behavioral health (5%)	49	64	61	46	55	60
6 Child Abuse and Neglect (4%)	66	74	76	61	70	71
7 Emergency and Critical Care (4%)	48	58	69	46	56	61
8 Infectious Diseases (7%)	73	79	82	72	77	79
9 Oncology (2%)	53	70	73	45	58	63



2018 General Pediatrics In-Training Examination

Item Performance Summary

Program Name:
Program ID#:

Listed below is a summary of how your trainees performed on each question (i.e., item) that appeared on the In-Training Exam (ITE). More specifically, the table below indicates the proportion of your trainees who answered each corresponding question correctly, by residency year and across all trainees. 4th and 5th-year fellows have been excluded from this table. Shaded cells indicate that more than half of your trainees answered the question incorrectly. While this list is provided to assist you in identifying strengths and weaknesses within your training program, inferences should be made with caution due to small sample sizes.

To help you interpret this section of the report, it is important to understand that each exam question has been classified according to both the content domain/subdomain and the universal task to which it is most closely aligned. The “Content Domain” and “Universal Task” columns in the table below indicate the classification of each test question that appeared on the ITE. To get the full listing of content domains/subdomains and universal tasks, along with more information about how questions are written and classified, please go to the General Pediatrics Content Outline published at the ABP website: www.abp.org/content/general-pediatrics-content-outline.

Content Domain	Universal Task	Proportion of Trainees Answering Correctly			
		Year 1 (n=26)	Year 2 (n=24)	Year 3 (n=21)	Total (n=71)
1. Preventive Pediatrics/Well-Child Care (8%)					
A. Normal growth and development 1. Physical	Diagnosis	0.19	0.04	0.24	0.15
A. Normal growth and development 1. Physical	Management and Treatment	0.96	0.96	0.95	0.96
A. Normal growth and development 4. Language	Epidemiology and Risk Assessment	0.00	0.04	0.05	0.03
A. Normal growth and development 5. Gross motor	Basic Science and Pathophysiology	0.54	0.83	0.71	0.69
B. Nutrition 1. Newborn and infant feeding	Basic Science and Pathophysiology	0.38	0.71	0.90	0.65
B. Nutrition 2. Age-specific nutritional needs	Management and Treatment	0.85	0.88	0.90	0.87
B. Nutrition 3. Patient population-specific nutritional needs	Diagnosis	0.65	0.79	0.90	0.77
B. Nutrition 4. Condition-specific nutritional needs	Diagnosis	0.58	0.88	0.95	0.79
D. Screening and disease prevention 1. Age-appropriate medical screenings	Management and Treatment	0.85	0.75	0.90	0.83
E. Anticipatory guidance 1. Safety and injury prevention	Basic Science and Pathophysiology	0.23	0.25	0.38	0.28
E. Anticipatory guidance 1. Safety and injury prevention	Management and Treatment	0.27	0.29	0.48	0.34
E. Anticipatory guidance 2. Common behavioral issues e. Temperament	Diagnosis	0.35	0.63	0.62	0.52
2. Fetal and Neonatal Care (5%)					
A. Fetal care 1. Prenatal screenings	Basic Science and Pathophysiology	0.65	0.92	0.81	0.79
A. Fetal care 2. Prenatally diagnosed fetal conditions	Diagnosis	0.65	1.00	1.00	0.87
B. Neonatal care 1. Stabilization and transition	Management and Treatment	1.00	1.00	1.00	1.00

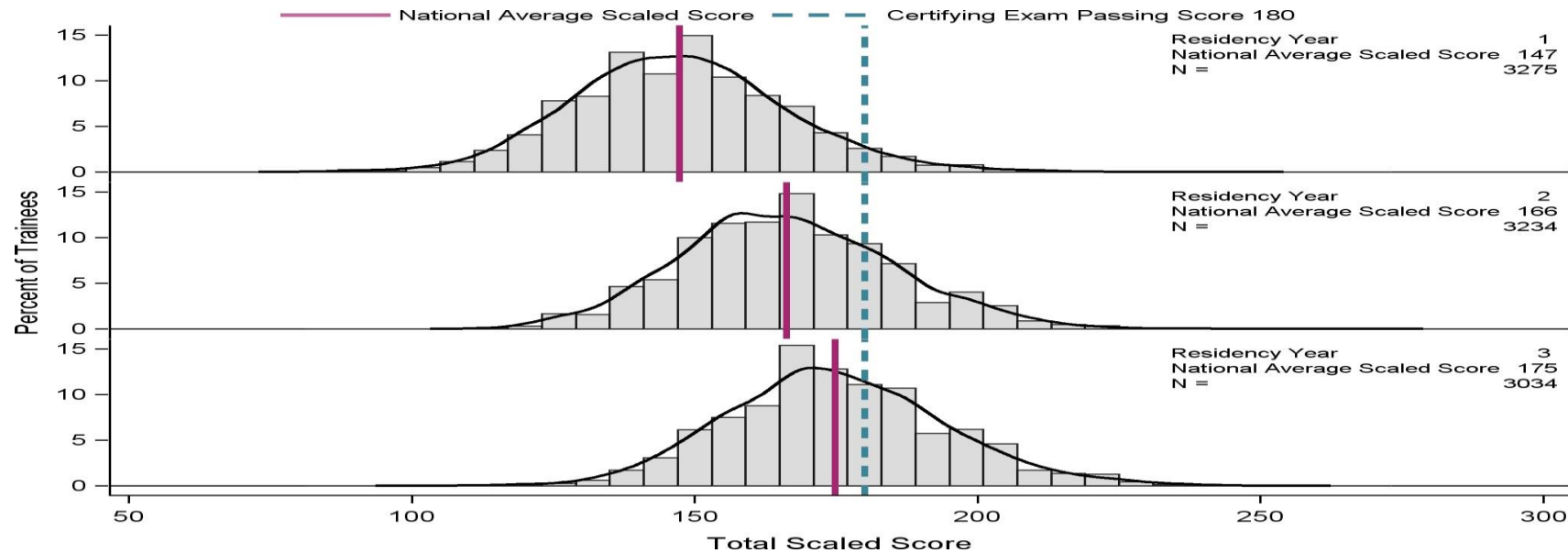


2018 General Pediatrics In-Training Examination

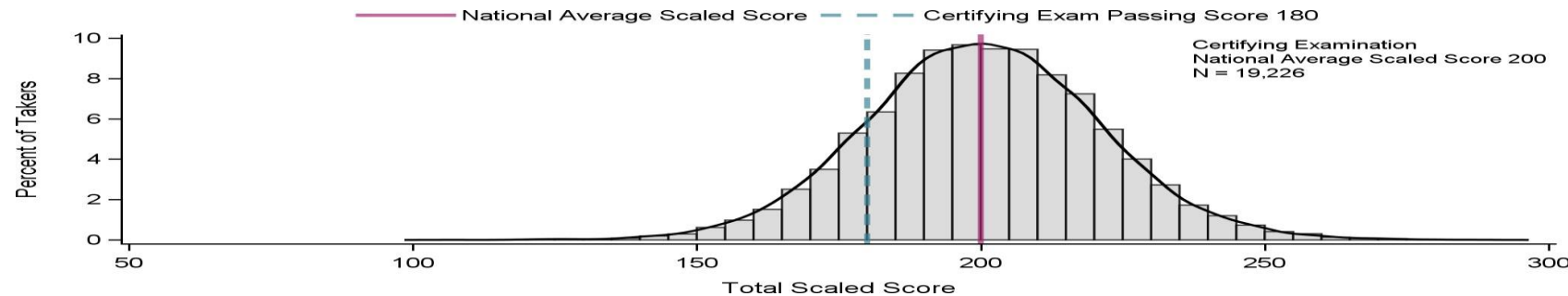
Categorical Pediatrics National Score Distributions

The graphics below provides the score distribution of categorical residents in each residency year on the ITE. For comparison purposes, the report provides the score distribution of first-time takers of the General Pediatrics certifying examination over the last five administrations. When examined from top to bottom, the graphics show the progression of trainee performance from their first residency year through the first attempt at the certifying examination.

National In-training Examination Score Distribution by Residency Year



2013-2017 General Pediatric Certifying Examination First-Time Taker



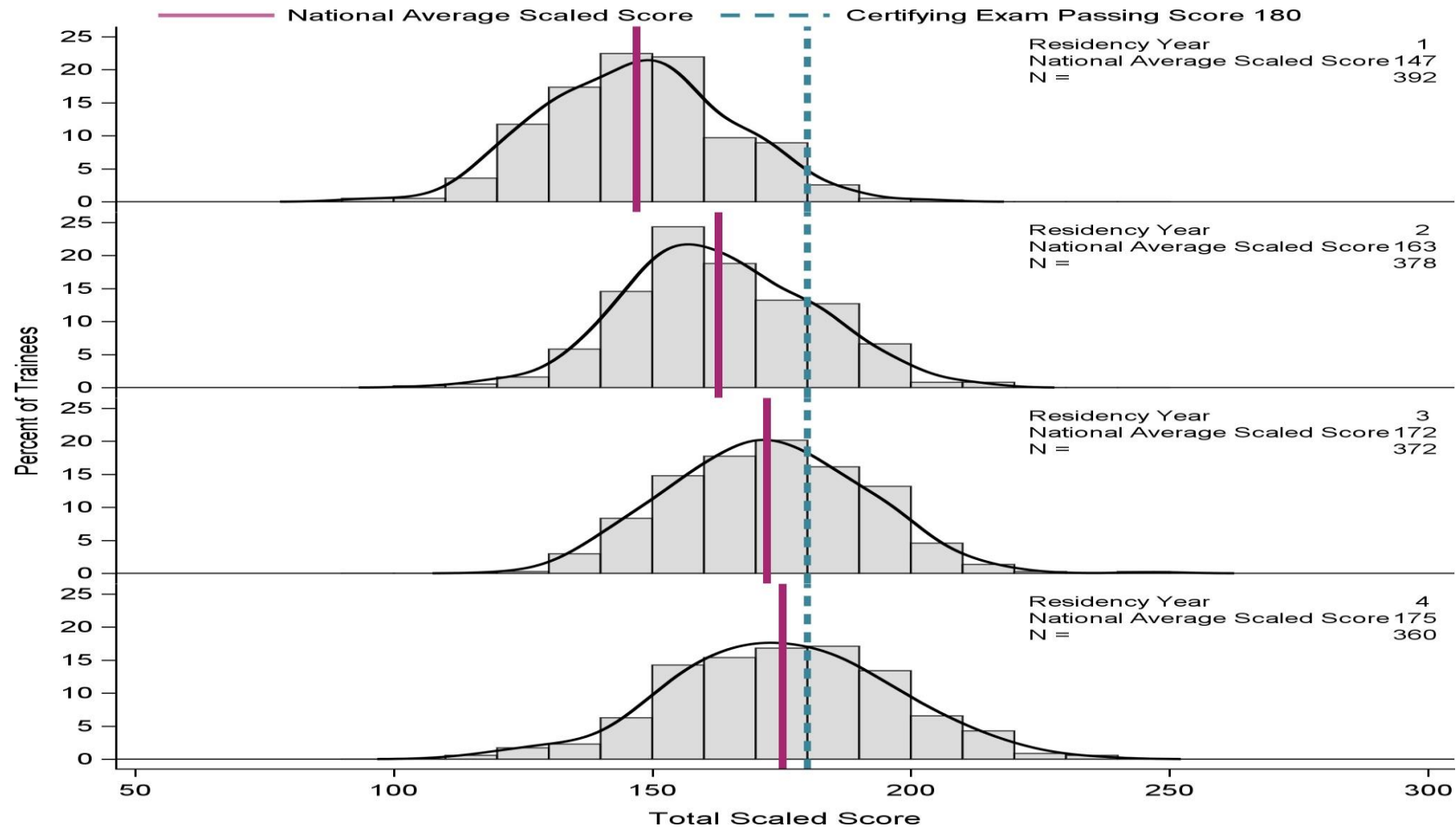


2018 General Pediatrics In-Training Examination

Medicine Pediatrics National Score Distributions

The graphics below provides the score distribution of Medicine Pediatrics residents in each residency year on the ITE. For comparison purposes, the report provides the score distribution of first-time takers of the General Pediatrics certifying examination over the last five administrations. When examined from top to bottom, the graphics show the progression of trainee performance from their first residency year through the first attempt at the certifying examination.

National In-training Examination Score Distribution by Residency Year





Previous vs New Content Outline – GP

	Previous Content Outline	New Content Outline
Pages of Content	77	9
Content Domains	36	25
Universal Tasks	-	4

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



Initial Certifying Exam

- Process
 - PD part
 - Submit **completed** final evaluation
 - Trainee part
 - Submit complete application
 - Pay fee
 - Submit license
 - Request accommodations if needed in a **timely** fashion, with appropriate documentation



Initial Certifying Exam

New ACGME requirement

Timing of the Exam

- Evaluations returned in June – July – later....
 “monumental struggle”
- License – huge issue



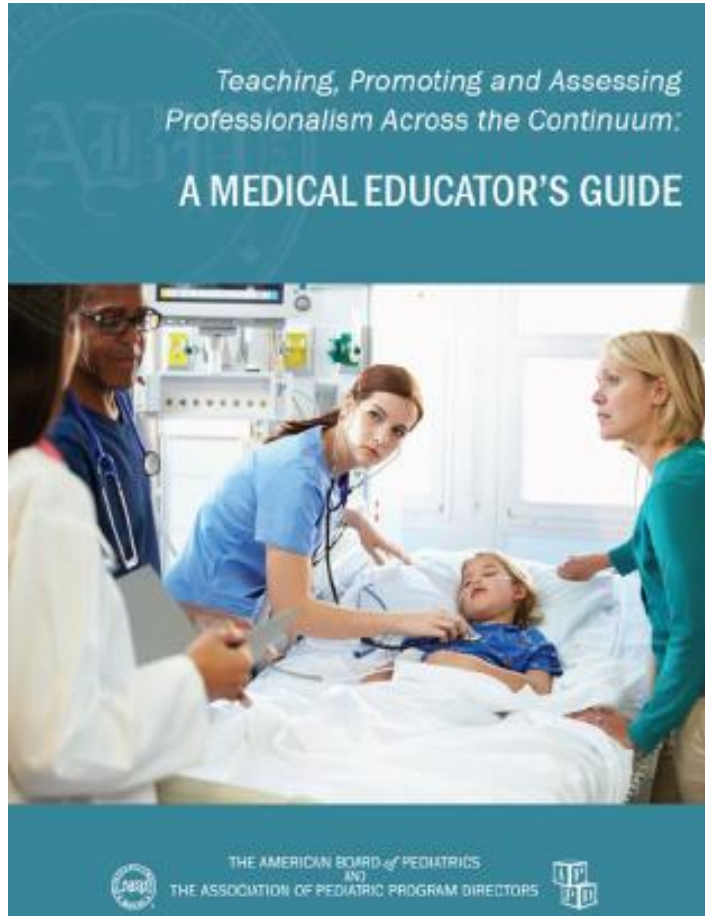
Hospital Medicine

- 2 yr. plan with Scholarship
- EPAs have been developed
- ACGME - write the requirements
- Practice pathway exams: 2019, 2021, 2023
- Details on website
- Applications start in Feb 2019





ABP Professionalism Guide



Check it out!

Please complete the feedback card.

<https://www.abp.org/professionalism-guide>



NIH StARR program

❖ ABP is committed to providing flexibility for residents who wish to pursue research during training

- Integrated Research Pathway
- Accelerated Research Pathway

❖ Stimulating Access to Research in Residency

- **Goal:** help provide a continuum of research opportunities throughout clinical training.
- **Needed:** letter of support from the appropriate ABMS Board
- Proposal structure must lead to board eligibility of participants
- ABP letters of support – 18 institutions, 23 proposals





Age and the Workforce

Projecting the future pediatric workforce requires consideration of those entering the workforce following training as well as those who may potentially be exiting. Below are the number of ever-certified pediatricians who are 70 years or younger and their average and median ages.



General Pediatrics

Certified: 70,748
Average Age: 49
Median Age: 48



Adolescent Medicine

Certified: 610
Average Age: 54
Median Age: 56



Pediatric Cardiology

Certified: 2,587
Average Age: 50
Median Age: 48



Child Abuse Pediatrics

Certified: 349
Average Age: 51
Median Age: 50



Pediatric Critical Care Medicine

Certified: 2,603
Average Age: 50
Median Age: 48



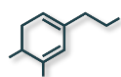
Developmental-Behavioral Pediatrics

Certified: 761
Average Age: 54
Median Age: 55



Pediatric Emergency Medicine

Certified: 2,458
Average Age: 50
Median Age: 49



Pediatric Endocrinology

Certified: 1,589
Average Age: 49
Median Age: 47



Pediatric Gastroenterology

Certified: 1,725
Average Age: 49
Median Age: 46



Pediatric Hematology-Oncology

Certified: 2,699
Average Age: 50
Median Age: 49



Pediatric Infectious Diseases

Certified: 1,488
Average Age: 51
Median Age: 51



Neonatal-Perinatal Medicine

Certified: 5,287
Average Age: 54
Median Age: 55



Pediatric Nephrology

Certified: 711
Average Age: 52
Median Age: 51



Pediatric Pulmonology

Certified: 1,181
Average Age: 52
Median Age: 52



Pediatric Rheumatology

Certified: 423
Average Age: 5
Median Age: 4
7

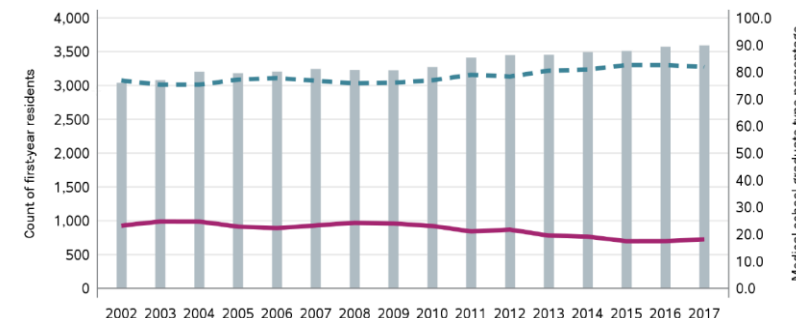
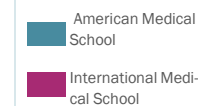
Pediatric Workforce Data



Residents Increasing

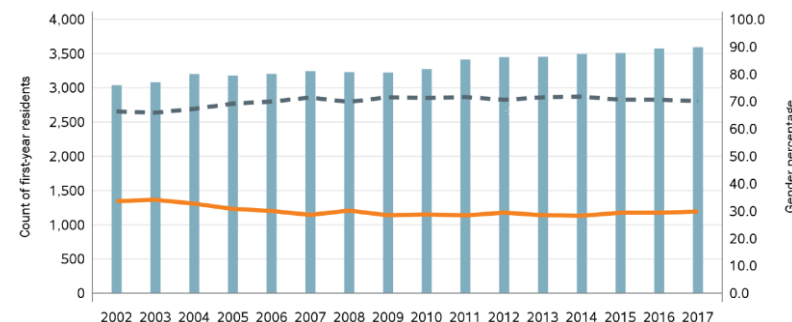
Over the last 15 years, the number of 1st year pediatric residents has increase from 3,039 to 3,595, a 18.3% percent increase.

First-Year Residents by Medical School Graduate Type



Program Growth Varies by Type

Over the last 15 years, the average annual growth rate for Categorical programs was 1.2%. For Med-Peds programs in the same time period, the average annual growth rate was -0.45%.



First-Year Residents by Gender



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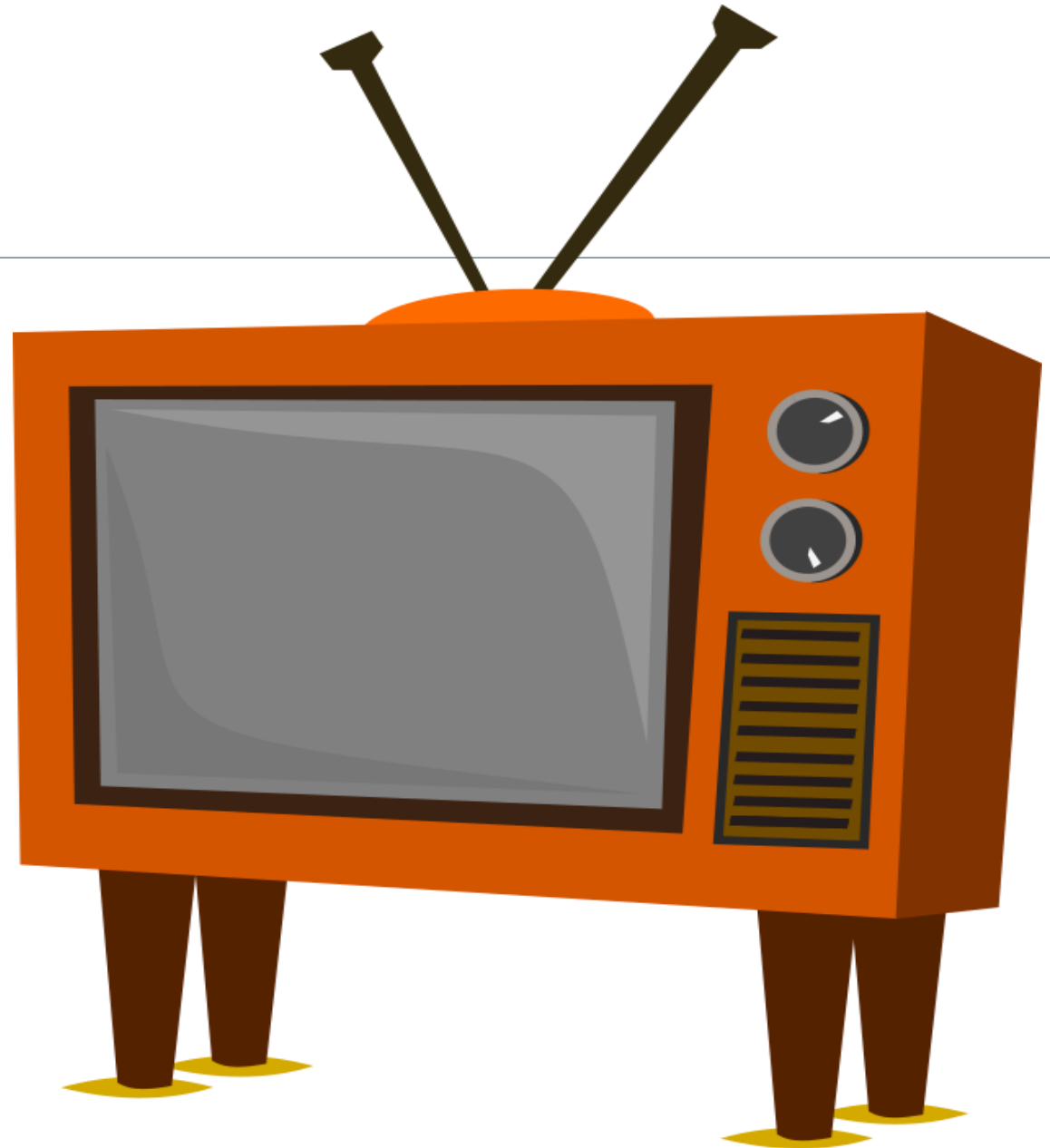
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EPA's

E-Books sent

STAY
TUNED for
more...





QI Opportunity

- 13 videos ~ 3.5 minutes each
- 25 questions - faculty can earn Part 2
- Series of animated videos → the mechanics of doing a QI project → can complete a small QI project template → part 4 credit for faculty
- Residents can earn part 4
- “The Journey of Improvement: Basics of QI”

How to Access ABP-Developed and ABP-Approved Self-Assessments

- Log in to your [ABP Portfolio](#).
- Click on “MOC Dashboard.”
- Click on the green “Find Self-Assessment Activities (Part 2)” button.
- Under Refine Results, type “knowledge self-assessment” or “decision skills” for one of those two assessments and then tap or click on the magnifying glass icon.
Search for a subspecialty-specific activity or topic assessment by leaving the search bar empty and choosing an “Interest Area.”





Online Tracking – PD Portal





Contact ABP

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Initial Cert Exams: gpcert@abpeds.org

MOC: moc@abpeds.org

restrack@abpeds.org

919 929-0461

