



ABP Corporate Policy

Guidelines for Establishing a New Subspecialty

In considering the establishment of a new subspecialty, five guiding principles must be met:

1. Children will be better served by the establishment of the new subspecialty.
2. The subspecialist will not supplant the role of the general pediatrician in providing continuity of care.
3. The roles of the new subspecialists would be:
 - To teach the discipline to medical students, residents, trainees in the subspecialty, and other health professionals
 - To provide consultation in the subspecialty to general pediatricians and others.
 - To provide complex (usually tertiary) care and to perform procedures which are special to the subspecialty.
 - To create new knowledge in the field through research.
4. There must be evidence that the new subspecialty has a unique body of knowledge and a scientific basis. The application must include a clear statement regarding the impact of the new subspecialty on related disciplines. There must be a sufficient number of current and potential subspecialists to justify the certification process.
5. Proficiency in procedural skills does not justify additional certification.

The individuals/organization(s) who petition for a new subspecialty must be in compliance with the Bylaws of the American Board of Medical Specialties. This will include the following information:

1. Name of the proposed special field of certification.
2. Purpose of the proposed new or modified type of certification.
3. Documentation of the professional and scientific status of the special field.
 - The existence of a body of scientific medical knowledge underlying the area which is in large part distinct from, or more detailed than, that of other areas in which certification is offered.
 - The existence of a group of physicians concentrating their practice in the proposed area, the number of such physicians, the annual rate of increase in their number for the past decade, and their geographical distribution at present.
 - The existing national societies, the principle interest of which is in the proposed area, with an indication of the distribution of academic degrees held by their members and of the association of the membership with the specialists of medicine.
 - Numerical and geographic identification of medical school and hospital departments, divisions, or other units in which a principal educational effort is devoted to the area proposed for special certification.
4. The number and names of institutions providing residency and other acceptable educational programs in the specialty, the total number of positions available, and the number of trainees completing training annually.
5. The duration and curriculum of existing programs.
6. The number and type of additional educational programs that can be developed.
7. The cost of the required special training.
8. Outline of the qualifications required of applicants for certification, including:
 - Possession of an appropriate medical degree or its equivalent.
 - General certification by an approved primary specialty board.
 - Completion of specified education and training or experience in the special field.



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9. Outline of proposed scope of the evaluation for candidates and a description of the method of evaluation.
10. A statement projecting the needs for and the effect of the new certification on the existing patterns of specialty practice including but not limited to:
 - The effects of the new certification on existing practice including quality of care and the advantages to the public.
 - The effects of new certification on immediate and long-term costs and their relationship to the probable benefits.

In addition to the information required by ABMS, the ABP will require that the following issues be explicitly addressed in the application.

1. A plan for Maintenance of Certification in the new subspecialty.
2. A statement as to whether it is recommended that an underlying certificate in general pediatrics or another subspecialty be maintained and the reasons for doing so (under most circumstances, a third-tier certificate will likely require maintenance of the underlying subspecialty certificate, but this will be reviewed and decided on a case by case basis).

There are other issues that must be considered including the following:

1. The cost of examination preparation relative to the size of the pool.
2. The advantages/disadvantages of developing the certification process conjointly with other Boards with similar subspecialty interests.
3. If an examination/certification in the subspecialty is offered by another Board, could an ABP diplomate take that examination and be certified by that Board? If so, would the Board consider having ABP diplomates as members of the Test Development Committee.

The principles enunciated above would apply for third tier subcertification.

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