

The AMERICAN BOARD *of* PEDIATRICS



Training Requirements for Subspecialty Certification

The American Board of Pediatrics

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The American Board of Pediatrics (ABP) has completed an extensive review of the duration, design, and content of fellowship training, with wide-ranging input from individuals and organizations with an interest in graduate medical education in the subspecialties of pediatrics. The upcoming changes in subspecialty training requirements that have been approved by the ABP and outlined in this document are designed to recognize the diverse roles that subspecialists play, to allow greater flexibility in the design of fellowship training, and to place greater emphasis on the evaluation of fellow training at the local level.

The ABP endorses the goal of fellowship training remaining the development of future academic pediatricians and will continue to require scholarly activity during fellowship training but will modify the requirement for meaningful accomplishment in research to accommodate a wider variety of academic scholarly activities.

The new training requirements as outlined will apply to fellows beginning subspecialty training July 1, 2004, and thereafter. Those fellows who complete training by June 30, 2004, must meet the requirement for meaningful accomplishment in research, which was in place at the time they entered training.

The ABP will allow two options for those fellows who are currently in training or who have interrupted training (ie, those who began training prior to July 1, 2004, and who will not have completed training by June 30, 2004). These options are:

- A. Fulfill the requirement for meaningful accomplishment in research, which was in place at the time training began. Approval of the research submission will be made by the ABP. (See General Criteria for Certification in the Pediatric Subspecialties, July 2003)
- B. Meet the new training requirements as outlined in this document, provided there is a Scholarship Oversight Committee in place for a minimum of 24 months to oversee scholarly activity and judge whether it meets the requirements of the ABP.

Questions regarding the new subspecialty training requirements may be directed to Dr. Gail McGuinness, Senior Vice President of the American Board of Pediatrics (gmcguinness@abpeds.org).

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American Board of Pediatrics: Changes in Training Requirements for Subspecialty Certification

Summary of Subspecialty Training Requirements for Fellows Beginning Training July 1, 2004

What follows are the changes approved by the American Board of Pediatrics (ABP) for its training requirements leading to subspecialty certification. These training requirements are based on the perceived best interests of the health and well-being of children. The goal of fellowship training will continue to be the development of future academic pediatricians, recognizing the diverse roles they now play. Additional background is provided on page 8. It should also be recognized that fellowship training programs must continue to incorporate into their curriculum mastery of each of the six general competencies identified by the Accreditation Council for Graduate Medical Education (ACGME) (medical knowledge, patient care, professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice). These requirements will apply to fellows beginning their training July 1, 2004, and thereafter.

Requirements:

1. Standard Fellowship Training Pathway
 - A. The requirement for meaningful accomplishment in research is broadened to accommodate a wider variety of scholarly activities.
 - B. A clinical-only (focused clinical third-tier) pathway has not been approved. All fellows must demonstrate evidence of scholarly activity.
 - C. The prerequisite for fellowship training leading to Board certification remains three years of general pediatrics training in a program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC).
 - D. The duration of fellowship training in the standard fellowship pathway remains three years.

2. Scholarly Activities During Fellowship Training

- A. Core Curriculum

All programs must include a core curriculum in scholarly activities. This curriculum should provide skills that lead to an in-depth understanding of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical or research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and the achievement of proficiency in teaching. The curriculum should lead to an understanding of the principles of adult learning and provide skills to participate effectively in curriculum development, delivery of information, provision of feedback to learners, and assessment of educational outcomes. Graduates should be effective in teaching both individuals and groups of learners in clinical settings, classrooms, lectures, and seminars, and also by electronic and print modalities.

The specialty subboards will develop additional content specifications for subspecialty examinations based on the competencies related to the core curriculum in scholarly activities.

B. Scholarly Activities

In addition to the core curriculum described, each program is expected to engage fellows in specific areas of scholarly activity to allow acquisition of skills in the critical analysis of the work of others; to assimilate new knowledge, concepts, and techniques related to the field of one's practice; to formulate clear and testable questions from a body of information/data so as to be prepared to become effective subspecialists and to advance research in pediatrics; to translate ideas into written and oral forms as teachers; to serve as consultants for colleagues in other medical or scientific specialties; and to develop as leaders in their fields.

All fellows will be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy. Fellows must gather and analyze data, derive and defend conclusions, place conclusions in the context of what is known or not known about a specific area of inquiry, and present their work in oral and written form to their Scholarship Oversight Committee (see below) and elsewhere.

The Scholarship Oversight Committee in conjunction with the trainee, the mentor, and the program director will determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activities. In addition to biomedical research, examples of acceptable activities might include a critical meta-analysis of the literature, a systematic review of clinical practice with the scope and rigor of a Cochrane review, a critical analysis of public policy relevant to the subspecialty, or a curriculum development project with an assessment component. These activities require active participation by the fellow and must be mentored. The mentor(s) will be responsible for providing the ongoing feedback essential to the trainee's development.

C. Work Product of Scholarly Activity

Involvement in scholarly activities must result in the generation of a specific written "work product," which may include:

- A peer-reviewed publication in which a fellow played a substantial role
- An in-depth manuscript describing a completed project
- A thesis or dissertation written in connection with the pursuit of an advanced degree
- An extramural grant application that has either been accepted or favorably reviewed
- A progress report for projects of exceptional complexity, such as a multi-year clinical trial

D. Scholarship Oversight Committee

Review of scholarly activity will occur at the local level. Each fellow must have a Scholarship Oversight Committee. The Scholarship Oversight Committee should consist of three or more individuals, at least one of whom is based outside the subspecialty discipline; the fellowship program director may serve as a trainee's mentor and participate in the activities of the oversight committee, but should not be a standing member. This committee will:

- Determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activity
- Determine a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project
- Evaluate the fellow's progress as related to scholarly activity
- Meet with the fellow early in the training period and regularly thereafter
- Require the fellow to present/defend the project related to his/her scholarly activity
- Advise the program director on the fellow's progress and assess whether the fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities

E. External Oversight

A program's ability to provide a satisfactory scholarly experience for all trainees will be evaluated periodically, as described below.

- The Pediatric Residency Review Committee (RRC) of the ACGME will be asked to review the training program's structure as it relates to the scholarly activity requirements.
- External periodic peer review of the quality of the training environment related to scholarly activity, in addition to that undertaken by the RRC, is highly recommended.

F. Responsibilities of the Training Program Director

In addition to meeting the requirements of the ACGME related to the six general competencies, the responsibilities of the training program director shall include the creation of a core curriculum in scholarly activities, the identification of a mentor, the creation of the Scholarship Oversight Committee responsible for overseeing and assessing the progress of each trainee, and the verification to the ABP of the successful completion of training.

G. Requirement for Application for the Certifying Examination

Upon application for subspecialty certification, the ABP will require:

- Verification from the training program director that the clinical and scholarly skills requirements have been met
- Submission by the fellow to the ABP of a comprehensive document describing the scholarly activity that includes a description of the fellow's role in each aspect of the activity and how the scholarly activity relates to the trainee's own career development plan
- Submission by the fellow to the ABP of the actual "work product" of the scholarly activity as described above
- Signature of the fellow, program director, and members of the Scholarship Oversight Committee on the submitted documents described above

3. The current Integrated Research Pathway, Special Alternative Pathway, Subspecialty Fast-tracking Pathway, and the Dual and Combined Subspecialty Training Pathways will continue. Descriptions of these pathways may be found beginning on page 11.
4. A new pathway, the Accelerated Research Pathway (ARP), will be offered. Elements of the ARP include:
 - A. Two core years of general pediatrics training containing 20 months of specified experiences, to include four months of supervisory experience in both inpatient and outpatient settings:
 - General pediatric inpatient rotations (five months)
 - Emergency room/acute outpatient care (four months)
 - Full-term nursery (one month)
 - Developmental and behavioral pediatrics (one month)
 - Adolescent medicine (one month)
 - NICU (three months)
 - PICU (one month)
 - Subspecialties (four months, consisting of one month each in four different core subspecialties required by the RRC)
 - B. Two years of general pediatrics training, followed by four years of subspecialty training, so that the total required duration of training is six years
 - C. General and subspecialty training need not be taken at the same institution.
 - D. Candidates in the ARP are eligible to take the General Pediatrics Certifying Examination after 11 months of clinical subspecialty training.
 - E. Candidates in the ARP are eligible to take the subspecialty certifying examination after the completion of six years of training (two years of general pediatrics and four years of subspecialty training).
 - F. The ARP may first be offered to individuals entering the general pediatric residency training July 1, 2004.
 - G. All general pediatrics and subspecialty training programs are not expected to offer ARP. The decision to offer ARP is to be made by training programs interested in this pathway.

11/10/03

Background

In February 2001, the Subspecialties Committee of the American Board of Pediatrics (ABP) began a series of discussions dealing with how subspecialty fellows are trained and the eligibility requirements for ABP subspecialty certification. The current eligibility requirements of the ABP are consistent with the principles expressed in the Federation of Pediatric Organizations (FOPO) Statement on Fellowship Training. The statement was first published in 1990 and was modestly revised in 1996; it has been adopted by all member organizations of the FOPO. The views expressed in the statement have formed the template for the design of fellowship training and for the criteria used by the ABP for determining eligibility for subspecialty certification.

The 1996 FOPO Statement on Fellowship Training clearly notes that the Federation supports the concept that “the principal goal of fellowship training should be the development of future academic pediatricians and that the graduates of pediatric fellowship training programs should be proficient in clinical care, direct and consultative; teaching; and a selected area of research, whether collaborative or direct, to add to the body of knowledge in a specific area of the fellow’s interest.” Furthermore, the statement indicates that those entering fellowship training should be selected “on the basis of their level of commitment to the attainment of adequate research training and to a career in academic pediatrics as ‘physician-scientists.’” Based on this approach to training, the ABP has required each subspecialty applicant to provide evidence of a meaningful accomplishment in research. This has been in one of several forms: a first-authored, hypothesis-driven research paper accepted for publication; a PhD degree in a field of science; a thesis accepted as partial fulfillment of the requirements for a postgraduate degree; a first-authored, hypothesis-driven research paper that has been submitted but not yet accepted for publication to be reviewed by a subboard of the ABP; or a detailed research progress report, again to be reviewed by the appropriate subboard. A Credentials Committee of each subspecialty subboard has assessed the quality of submitted materials intended to satisfy the requirement for “meaningful accomplishment in research.”

The Subspecialties Committee included in its discussions individuals from a wide variety of backgrounds, including from the various subspecialties of pediatrics, from private and academic general pediatric practice, and from many of the pediatric societies. Input from varied sources was solicited at frequent intervals and numerous comments were received over a two-year period. Public comment was also actively sought. The progress of the Subspecialties Committee’s work was aired in numerous forums and in written communications, including bulletins, newsletters, and editorials.

Specific Considerations of the ABP Subspecialties Committee

In discussing the current subspecialty training requirements, the Subspecialties Committee expressed concern that the FOPO Statement on Fellowship Training failed to recognize the diverse roles played by subspecialists in both the academic and community settings, particularly the component that indicated that applicants for fellowship training should be selected on the basis of their level of commitment to the attainment of adequate research training and to a career in academic pediatrics as physician-scientists. The Subspecialties Committee did, however, reaffirm that the principal goal of fellowship training should be the development of future academic pediatricians.

The committee concluded that the singular method of training designed to produce “physician-scientists” and the process by which such training was measured (the meaningful accomplishment in research) did not allow sufficient flexibility to comprehensively meet the needs of the patients being served, the trainees, the training programs, and the settings in which trainees might ultimately practice. For this reason, the committee felt it important to recommend that a greater variety of options be made available to trainees for the non-clinical portion of their fellowship experience. The committee recommended that the requirement for a meaningful accomplishment in research be modified to accommodate a wider spectrum of scholarly activities (see specific recommendations) that recognizes the diverse roles now played by subspecialists practicing in academic settings.

The committee also recognized the need to define a more comprehensive core curriculum of scholarly activities required of all fellows. A recommendation has been made to the Board of Directors of the ABP that subspecialty certifying examinations include a more expanded content that assesses knowledge of such skills.

The rationale for including a requirement for participation in scholarly activity flows from the belief that the principal goal of fellowship training should be the development of future academic pediatricians. The aim is for the trainee to acquire skills in the analysis of the work of others and to judge and assimilate new knowledge and concepts in the field of one's practice. The skills acquired will allow one to formulate clear and testable hypotheses utilizing a body of information/data to advance research in pediatrics. It is expected that trainees will translate ideas into written and oral forms. The training also will allow individuals to function as teachers and to serve as consultants to colleagues in other medical or scientific specialties. The intent is to develop a greater cadre of trainees who become leaders in their field.

In reviewing the meaningful accomplishment in research requirement, the Subspecialties Committee concluded that the ABP and its various subspecialty credentialing committees were not in an ideal position to evaluate the quality of the scholarly experiences to be required of all fellows. The committee determined that such an evaluation is better undertaken at the training program level, with specific guidance and support for how this should be carried out provided by the ABP and by others. It was believed that the one change that would lead to the production of a more highly skilled academic workforce would be a significant enhancement in the quality of the training environment, particularly with respect to mentoring and oversight of scholarly activity. To that end, the ABP has decided to require that all training programs establish a Scholarship Oversight Committee (a thesis-like committee) that will be responsible for overseeing and assessing the scholarly activity training of each fellow. The oversight committee will evaluate the progress of the fellow and advise the program director on this progress. The proposed composition and function of the Scholarship Oversight Committee is noted in the specific recommendations.

In describing the type of scholarly activity to be required of all fellows, the Subspecialties Committee concluded that fellows would be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis requiring critical thinking. The scholarly activity must include active participation by the fellow, be mentored, and result in the generation of a specific "work product." The spectrum of scholarly activities acceptable to the ABP will be broad, as will the resulting "work product" of that activity. The Scholarship Oversight Committee for each trainee will determine what is acceptable in terms of the specific scholarly activity proposed by the trainee and his/her mentor, the evaluation methods used to assess progress, and what constitutes a satisfactory "work product." Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy.

Examples of such activities and their work products include peer-reviewed publications in which the fellow plays a substantial role in the research that generated the document, critical meta-analyses of the literature, systematic reviews of clinical practice with the scope and rigor of a Cochrane review, critical analyses of public policy relevant to the subspecialty, theses written in connection with pursuit of an advanced degree, curricular development projects with clear educational goals and objectives and follow-up assessment, extramural grant applications accepted or favorably reviewed, and progress reports for exceptionally complex projects.

In order to evaluate a training program's ability to carry out the new requirements, the Residency Review Committee of the ACGME will be asked to periodically review the structure of the fellowship training programs to determine if the required elements are in place. The ABP strongly recommends additional periodic external peer review of those aspects of the training environment that are related to scholarly activity.

In examining the current standard fellowship training pathway, the Subspecialties Committee considered whether the length of standard training should be shortened. The committee concluded that a fellowship training period of fewer than three years for most trainees is not consistent with the preparation required of individuals who will be assuming future positions as academic pediatricians. It also concluded that the prerequisite for fellowship training leading to Board certification should remain three years of general pediatric training in a program accredited by the

ACGME. The committee strongly believed that duration of training had only a modest influence on decisions to enter subspecialty training, and that workforce issues should not be addressed by manipulations in the length of either preliminary training in general pediatrics prior to fellowship or in fellowship training itself. Exceptions to this requirement can be addressed in specific circumstances utilizing existing or new pathways (eg, Special Alternative Pathway, Accelerated Research Pathway, Subspecialty Fast-tracking Pathway).

In reviewing the existing subspecialty training pathways that have been previously approved by the ABP, the Subspecialties Committee concluded that the Special Alternative Pathway, the Integrated Research Pathway, the Subspecialty Fast-tracking Pathway, and the Combined and Dual Subspecialty Training Pathways should continue. These pathways have unique characteristics offering flexibility to individuals in special circumstances and provide more options than exist within the standard fellowship training pathway. The committee also believed that a new pathway should be created that would allow a small number of select individuals with a research career as their goal to enter a pathway in which the fellowship training would begin following two years of general pediatrics residency. In this pathway, the fellowship experience would be four years in duration (one year longer than the standard fellowship), with the additional year of subspecialty training being in a research area. This new pathway is called the “Accelerated Research Pathway.” The details of this pathway may be found in the Requirements and on pages 18 and 19.

In discussing optional pathways for fellowship training, the question was raised whether a “third-tier,” clinical-only, fellowship training pathway should be established. “Third-tier” training refers to advanced clinical training beyond that normally embodied within subspecialty fellowship training (eg, cardiac electrophysiology). The Subspecialties Committee concluded that additional clinical training in lieu of a scholarly activity experience was not consistent with the principal goal of fellowship training being preparation for a career in academic pediatrics. This pathway will not be offered.

Implementation

Individuals applying for subspecialty examination and certification will, as in the past, be required to complete an ACGME-accredited fellowship training program. Verification of successful completion of training, including the assessment of clinical competence, remains the responsibility of the program director. Applicants will be required to submit to the ABP a comprehensive document describing the nature of the scholarly activity performed and how this relates to the trainee’s career development plan. This document must include a description of the fellow’s role in each aspect of the scholarly activity. The fellow will also submit to the ABP the “work product” of the scholarly activity as described above. These two documents must be signed by the fellow, program director, and members of the Scholarship Oversight Committee. The ABP will not evaluate these submitted materials as part of the credentialing for examination. Satisfactory completion of the scholarly activity requirement will be verified by the fellowship program director. The ABP will, however, periodically review these materials as part of an ongoing assessment of the impact of the changes in the redesign of fellowship training.

The new training requirements, as outlined, will apply to fellows beginning subspecialty training July 1, 2004, and thereafter. Those fellows who complete training by June 30, 2004, must meet the requirement for meaningful accomplishment in research, which was in place at the time they entered training.

The ABP will allow two options for those fellows who are currently in training or who have interrupted training (ie, those who began training prior to July 1, 2004, and who will not have completed training by June 30, 2004). These options are:

- A. Fulfill the requirement for meaningful accomplishment in research, which was in place at the time training began. Approval of the research submission will be made by the ABP. (See General Criteria for Certification in the Pediatric Subspecialties, July 2003)
- B. Meet the new training requirements as outlined in this document, provided there is a Scholarship Oversight Committee in place for a minimum of 24 months to oversee scholarly activity and judge whether it meets the requirements of the ABP.

Training Pathways to Achieve Eligibility for Certification in Pediatric Subspecialties

Requirements	Standard Training	Special Alternative	Integrated Research	Accelerated Research	Subspecialty Fast-tracking	Dual Subspecialty	Combined Subspecialty
General Pediatric Residency Training (years)	3	2	3	2	3	3	4
Subspecialty Fellowship Training (years)	3	3	2-3	4	2	4-5	4-5
ABP Pre-approval	No	Yes	Yes	No	Yes	Yes	Yes
Years of Training for Eligibility to take GP Certifying Examination	3	4-5	Variable	Variable	3	3	4
Years of Training for Eligibility to take Subspecialty Certifying Examination	6	5	5-6	6	5	7-8	8-9
Prerequisites		Superior PL-1 performance Screening Examination	PhD or equivalent research experience		Research accomplishment prior to fellowship		Med/Peds residency
Scholarly "Work Product" Required	Yes	Yes	Yes	Yes	No	Yes	Yes
Special Features		See below	See below	See below	See below	See below	See below

Special Alternative: Apply by end of PL-1 year. A screening examination must be passed. Special curriculum in PL-2 year and first year of fellowship.

Integrated Research: Apply before or early PL-1 year. Specific training requirements for the three years of residency training. Supervisory committee required. Up to 11 months of research allowed during residency. One year of fellowship may be waived for research accomplishment.

Accelerated Research: Specific curriculum in PL-1 and PL-2 years. ABP notified through tracking roster at the end of PL-1 year. Designed for trainees committed to academic career as physician scientists.

Subspecialty Fast-tracking: Requirement for a product of scholarly activity during fellowship is waived.

Dual Subspecialty: Integrated four- to five-year program involving two pediatric subspecialties. Requires pre-approval by the two subboards.

Combined Subspecialty: Allows one year reduction in total training time in an adult and pediatrics subspecialty by double counting one year of research. Requires approval by the American Board of Internal Medicine and the ABP.

Additional information may be found on the ABP Web site: www.abp.org.

Special Alternative Pathway (SAP)

General Information

For a resident to be considered for the Special Alternative Pathway (SAP), an application from the department chair/program director **must** be received no later than the start of the PL-2 year (usually July 1). The application must be accompanied by a letter from the department chair/program director indicating that the candidate has superior overall competence and explaining why he/she is nominating the resident. There must also be a letter from the subspecialty program director outlining the clinical and research training.

A prospective candidate **should** take the In-training Examination (ITE) as a PL-1 because the score has predictive value regarding the candidate's ability to pass the certifying examination in general pediatrics and provides additional data to the Credentials Committee.

The candidate may or may not take the ITE as a PL-2 depending on the wishes of the department chair/program director, but the candidate **must** take a half-day screening examination that will be given in mid-August (before the results of the PL-2 ITE are known). The application materials and the score in the screening examination will then be reviewed by the Credentials Committee with three possible outcomes:

1. If the score in the screening examination predicts that the candidate has a substantial risk of failing the certifying examination after only two years of core pediatric training, the candidate will be disapproved for the SAP. That score is ≤ 350 .
2. If the score in the screening examination indicates that the candidate may not pass the certifying examination without a third year of core training, a letter of caution will be sent to the program director with a copy to the candidate indicating the Credentials Committee's concern. The letter would suggest that the candidate and the program director reconsider the decision for the SAP.
3. If the score in the screening examination strongly suggests that the candidate will pass the certifying examination, the program director and the candidate will be informed that the candidate is accepted into the SAP if the application is otherwise acceptable. That score is ≥ 460 .

In addition to consideration of the score in the screening examination, the Credentials Committee **must** approve the application for the SAP.

Training Requirements

The curriculum for the PL-2 year and the "clinical year" of the subspecialty training must include the following:

1. There must be at least one month of inpatient supervising experience in the PL-2 year.
2. No electives in the chosen subspecialty can be taken in the PL-2 year.
3. The candidate must have at least two months of ambulatory supervisory experience and 2 months of emergency department experience during the PL-2 year. The ambulatory supervisory months may be completed in the emergency room.

4. Continuity clinic must continue for at least one year during subspecialty training if the resident remains at the same institution. If the candidate moves to another institution, the candidate must have general pediatric outpatient experiences similar to a continuity clinic one-half day per week for at least one year during the subspecialty training.
5. The subspecialty clinical experience must include both the supervision of other residents and the provision of consultation services. During this period, the subspecialty resident must have in-hospital night and weekend call similar in amount to PL-3 residents. If the subspecialty clinical training does not require in-hospital night and weekend call, the subspecialty resident must have these experiences as a regular PL-3 resident. The duration should be the same as for other PL-3 residents.

The pediatric subspecialty training must be of at least three years' duration even if the ABP does not issue a certificate in the subspecialty.

Attendance at general pediatric teaching conferences, such as grand rounds, is strongly encouraged.

A Special Alternative Pathway trainee may take the certifying examination in general pediatrics in the fifth year of training provided that he/she has successfully completed the required two years of general pediatric residency and at least 12 months of clinical rotations in the pediatric subspecialty.

Revised: 12/03

Integrated Research Pathway (IRP)

Objectives

The objectives of the Integrated Research Pathway (IRP) are:

- to attract committed young physician-scientists to pediatrics;
- to provide mechanisms to sustain research interest, skills, knowledge, and productivity during core pediatric training;
- to offer a means for fostering transition to a physician-scientist career;
- to ensure that trainees accomplish the requisite training and acquire the skills to function as competent pediatricians in the independent care of children.

General Requirements

Individuals may apply for this pathway either before entering an accredited pediatric residency program or during the first nine months of the PL-1 year. This pathway is open to individuals with MD/PhD degrees or others who can demonstrate equivalent evidence of research experience and commitment.

Training in pediatrics must be completed in an accredited general pediatrics residency program. It is anticipated that in most instances the research component will be completed in the same academic health center. The curricular components that constitute the pediatric residency training must be taken from those experiences that have been approved by the Residency Review Committee for Pediatrics as part of the requirements for pediatric residency training.

Except for the following provisions, the IRP must conform to the program requirements for accreditation of a general pediatrics residency.

1. The Resident

A resident may enter the IRP only at the PL-1 level. Approval for this pathway must be obtained from the ABP either before beginning residency training or during the first nine months of the PL-1 year. A resident may not transfer into this program beyond the PL-1 year or from another categorical program. Applications from program directors that provide an outline of proposed training will be reviewed; programs will not be approved.

2. Supervision of the Resident

A supervisory/review committee must be established by the residency program and the research mentors to ensure that each trainee is meeting the requirements of training and is successfully completing each experience to be continued in the pathway. The general pediatrics program director must provide careful evaluation of clinical training to determine whether the resident is attaining the knowledge and experience necessary to provide independent care of children. A research mentor must oversee the research experiences to ensure that the trainee is accomplishing pathway goals. The committee should meet at least every six months to evaluate and advise the resident. Meetings and evaluations must be documented.

3. Core Curricular Requirements

There must be 24 months of training in pediatrics and up to 12 months of research training opportunities. One month of leave is allowed in each year of training. Leave in excess of three months, whether for vacation, sickness, parental, or other, must be made up. The curricular components that compose the mandatory 22 months of core clinical pediatric residency include:

- A. **Inpatient Experience**
A minimum of five months of general pediatric inpatient care must be completed.
The resident's responsibility should be that of the primary caregiver, with at least two months in a supervisory role during the latter part of training.
- B. **Intensive Care Experience**
Four months of intensive care experience are required, consisting of three months of NICU and one month of PICU.
- C. **Normal Newborn Nursery**
At least one month must be spent in the care of the normal newborn infant.
- D. **Developmental-Behavioral Pediatrics**
At least one month of a structured, focused experience in developmental-behavioral pediatrics must be provided. The experience must be supervised by faculty with training and/or experience in the developmental-behavioral aspects of pediatrics.
- E. **Subspecialty Experience**
There must be time to allow the resident to broaden his/her pediatric experience in the pediatric subspecialties. There must be a minimum of four months of required pediatric subspecialty experiences listed in the Program Requirements for Residency Education in Pediatrics. The rotations may be either inpatient or outpatient, or a combination thereof.
- F. **Adolescent Medicine**
There must be a minimum of one month of adolescent medicine experience.
- G. **Ambulatory Service**
In keeping with the commitment of pediatrics to primary and comprehensive care, 50% of the pediatric experience must be in ambulatory pediatrics. This may include all assignments in continuity clinic, acute illness and emergency department, and community-based experiences, as well as the ambulatory portion of the normal newborn, subspecialty, developmental-behavioral, and adolescent experiences.

Three months of acute illness experience is required, including at least a one-month block rotation in an emergency department that serves as the receiving point for EMS transport and ambulance traffic and is the access point for seriously injured and acutely ill pediatric patients in the service area. Training in minor surgery and orthopedics should be included in this rotation. Assignment to an acute care center or walk-in clinic to which patients are triaged from the emergency department will not fulfill this requirement.

Continuity clinic is required throughout the three years of the IRP. The resident must be responsible for the continuity of care for a group of pediatric patients in the same manner as categorical pediatric residents. The continuity experience should be a minimum of one-half day per week, during which time the resident is relieved from other duties.

H. Supervisory Experience

The resident in this pathway must have graduated patient care responsibility throughout the three years. It is essential that the resident have senior supervisory responsibility for at least four months that includes inpatient and outpatient experiences.

Clinical and Research Assignments

During the PL-1 year, a minimum of 10 months of clinical pediatric residency training is required. Residents in this pathway must have the opportunity to establish general pediatric skills along with the cohort of categorical pediatric residents. It is incumbent that the pediatric program director assess the progress of the resident in this pathway at nine months of the PL-1 year to determine whether the resident has developed the requisite experience and skills to continue in light of the truncated clinical training.

During the remaining training there may be as much as 11 months of research experience, of which a minimum of five months must be in the PL-3 year. During the research experience not more than 20% of time may be spent in clinical activities, including continuity clinic.

Evaluation

Periodic evaluation with feedback of the educational progress of the resident should occur as outlined in the Program Requirements for Pediatrics. Included in this evaluation must be resident's knowledge, skills, attitudes, and interpersonal relationships. Similarly, the research mentor(s) must evaluate the resident's experiences and progress in their areas of supervision. These evaluations should be regularly discussed with the resident and must be kept on file and available for review. Final evaluation should include the approval of a summary progress report of the trainee's research experience by the program director or mentor. Evaluations of the pathway and faculty are required of the resident.

Eligibility for Certification

To meet the eligibility requirements for certification in general pediatrics, the resident must satisfactorily complete the 36 months of the IRP. The pediatric program director must verify that the resident has completed the prescribed training and verify clinical competence. An additional 12 months of pediatric clinical experience must be successfully completed to be eligible for the certifying examination in general pediatrics. This experience must be in an accredited specialty residency or subspecialty fellowship approved by the ABP. The program director of the additional clinical experience will be asked to verify clinical competence and training. The certifying examination may not be taken until all training requirements (ie, the three-year IRP and the additional one year of clinical training) have been completed.

Interface with Research in Subspecialty Training

Some residents who have made early commitments to subspecialty training may benefit from an integrated research experience spanning core and subspecialty training. In these cases, subspecialty program directors should join the trainee's supervisory committee. The ABP will consider proposals to credit the trainee's IRP experiences in fulfillment of subspecialty residency research requirements or, for those beginning subspecialty training July 1, 2004, and thereafter, the requirements for scholarly activity. Thus, it may be possible for selected IRP trainees to reduce the duration of total training from six to five years.

Approved: 9/00

Revised: 12/03

Accelerated Research Pathway (ARP)

General Information

The Accelerated Research Pathway (ARP) is designed to accommodate and encourage candidates who are committed to an academic career as physician-scientists with a strong research emphasis in a pediatric subspecialty. This pathway is not intended to be the only route to accomplish such a goal but provides flexibility and additional time for research training during the subspecialty fellowship without lengthening training beyond six years. Candidates entering the ARP may begin subspecialty training after completion of two years of general comprehensive pediatric training. A structured curriculum and close observation of the progress of the trainee during the core general pediatrics training is essential. The length of subspecialty fellowship will be a minimum of four years. The availability of this pathway in any particular program will be at the discretion of the general pediatrics program director/subspecialty fellowship program director. Although it may be advantageous for both general pediatrics and subspecialty training to occur in the same institution, this is not a requirement of the pathway. If training occurs in the same institution, it is advisable for the general pediatrics program director and the subspecialty program director to work in concert to monitor the progress of the trainee.

1. There will be no specific eligibility criteria, with the exception that candidates must be committed to an academic career with a strong research emphasis in a pediatric subspecialty.
2. Candidates for this pathway should be identified early, preferably prior to the start of the PL-1 year but no later than nine months into the PL-1 year. This is necessary so that the second year of training can be adapted in such a way that specified curricular requirements in general pediatrics will be met.
3. The program director and candidate will not be required to seek prospective approval by the ABP, but must notify the ABP by means of the tracking roster in May of the PL-1 year.
4. There will be no mandatory screening examination.
5. Whether a trainee may remain in the pathway will depend on the assessment of the general pediatrics program director, who will be required to verify competence at the end of two years of core training. The program director must be able to attest that trainee performance has been satisfactory and that the curricular requirements have been met. The ABP suggests that the program director utilize the In-training Examination results at the beginning of the PL-2 year as a measure of medical knowledge competence. A score at or above the mean of general pediatrics trainees nationwide would provide objective evidence of acquisition of knowledge commensurate with length of training.

Training Requirements

1. General Pediatrics Curricular Requirements

The curriculum for the PL-1 and PL-2 years of general pediatrics training should include a broad exposure to the specialty and must include 22 months of clinical experiences, 20 months of which are specified. The additional two months of training will be at the discretion of the general pediatrics program director but should not include electives in the intended subspecialty. The 20 months specified experiences will consist of the following:

General pediatric inpatient rotations (five months)
Emergency room/acute outpatient care (four months)
Term nursery (one month)
Developmental-behavioral pediatrics (one month)
Adolescent medicine (one month)
NICU (three months)
PICU (one month)
Subspecialties (four months) - consisting of one month each in four different core subspecialties required by the RRC

The 20 months of specified experiences must include four months of supervisory experience in both the inpatient and outpatient setting, as well as continuity clinic of one-half day per week. Except for the provisions specified above, the training must conform to the program requirements for accreditation of general pediatrics residencies.

2. Subspecialty Fellowship Requirements

Subspecialty training must be at least four years in duration and in a discipline for which the ABP offers a Certificate of Special Qualifications (CSQ). The duration of clinical training will be dependent on the pediatric subspecialty. It is understood that a minimum of one year of clinical training is required. Some subspecialties of pediatrics may require more than one year of clinical training for a fellow to be able to attain the clinical competencies necessary to practice the subspecialty. All subspecialty trainees will be expected to participate in a core curriculum in scholarly activity skills (eg, study design, statistics, principles of evidence-based medicine, manuscript preparation, biomedical ethics, educational techniques). Trainees will be required to meet the same standards for scholarly achievement as defined for those in the standard three-year subspecialty fellowship training programs.

Eligibility for Certification

To meet the eligibility requirements for certification in general pediatrics, the trainee must satisfactorily complete two years of core general pediatrics training (22 clinical months) and an additional year (11 months of clinical experience) in the subspecialty fellowship. Verification of clinical competence and training will be required from both the general pediatrics program director and the subspecialty training program director.

Eligibility to take the subspecialty certifying examination will require completion of six years of total training (two years of general pediatrics and four years of subspecialty training). The subspecialty program director will be required to verify training dates, as well as clinical and research competence.

Approved: 6/03

Effective date: 7/04

Subspecialty Fast-tracking

A subspecialty fellow who is believed to have demonstrated meaningful accomplishment in research, either before or during residency, may have a part of the training requirement waived. Evidence of such accomplishment might include a PhD degree or sustained research achievement culminating in the first-authored publication of a research paper in a peer-reviewed journal. The subspecialty program director may ask the Subboard to waive the research requirement or, for those beginning subspecialty training July 1, 2004, and thereafter, the requirement for scholarly activity and to reduce the time of subspecialty training by as much as one year. This petition must be made either before the beginning of training or during the first year of training. A candidate for this pathway must have completed three core years of pediatrics in an accredited program in the United States or Canada. An individual who enters subspecialty training via the Special Alternative Pathway would not be eligible for subspecialty fast-tracking. Furthermore, a subspecialty fellow who receives a waiver by the Subboard must complete at least two years of training in the subspecialty with at least one year of broad-based clinical training.

Revised 12/03

Dual Subspecialty Certification Guidelines for Development of Training Proposals

In the rapidly changing milieu of medicine today, it is clear that there are necessities and distinct advantages for some physicians to obtain dual subspecialty certification. Upon the recommendation of the subboard chairs, an ad hoc committee was formed to discuss and formulate guidelines for dual training. The recommendations of that committee were amended by the subboard chairs.

The following guidelines were developed to assist program directors and fellowship candidates in generating training proposals that would allow dual certification in pediatric subspecialties in as little as four years of fellowship training. These are generic guidelines. The Credentials Committees of both pediatric subspecialties need to approve the training proposals prospectively. Dual subspecialty training in four years may not be feasible in some pediatric subspecialties.

Dual Training Requirements

Both fellowship programs must be in the same institution; separation would not allow the integration necessary.

Both programs must be accredited, unless the subspecialty does not yet have an accreditation process, by the Residency Review Committee of the Accreditation Council for Graduate Medical Education.

The requests for dual subcertification must be prospective, before beginning dual training. Candidates who are in the first three to six months of training in one of the subspecialties may petition the subboards for waiver of this policy. A candidate who is beyond the first year of training may not apply because integration of the two specialty training programs would not then be possible.

The application for dual training must be approved by both subboards.

The dual subspecialty training proposal must include a proposed program training outline signed by both fellowship training directors or division chiefs and submitted to the subboards for approval.

Clinical Training

1. Duration

The duration of clinical training will be dependent on the pediatric subspecialties. Consideration must be given to, among other areas, the body of knowledge, technical skills, and importance of longitudinal assessment in each subspecialty area. The Credentials Committees of both pediatric subboards must approve the training proposal, which includes the training outline indicating the clinical training experiences.

2. Integration

Dual certification pathways must provide integration of training and core material to be able to compress mastery of common areas. The integration of core material must be demonstrated by the training programs involved in the dual pathway. The degree of integration must be approved by the Credentials Committees of both subboards. Consideration should be given to block assignments as well as outpatient clinic assignments during the training period. Night and weekend call experiences should be interspersed throughout the four years in each subspecialty and should not count toward meeting the clinical time requirement.

Research/Scholarly Activity

Meaningful accomplishment in research or, for those beginning subspecialty training July 1, 2004, and thereafter, scholarly activity will remain a requirement for candidates in the dual certification pathway. The research or scholarly activity need not be related to both areas of training, although that would be the most appropriate scenario. If meaningful research had been demonstrated prior to entry into this pathway (eg, possession of a PhD), approval of both subboards would be needed to acknowledge satisfaction of the requirement. Fulfillment of this requirement would not, however, allow additional shortening of the four-year program.

Candidates who apply for the dual certification pathway must have their research or scholarly activity project discussed with and approved by both training program directors. The applicant and program directors must supply a written description of the proposed project before or by the end of the first year of dual training to the Credentials Committees of the subboards involved.

Special Situations

The dual certification pathway would not be open to applicants via the Special Alternative Pathway.

This program would not be open to internal medicine/pediatrics graduates who desire dual subcertification in both pediatrics and internal medicine.

An individual who has already completed three years of training and been certified in one subspecialty, has met the requirement for meaningful accomplishment in research or scholarly activity, and now wishes to become certified in another subspecialty must complete two years of training in that subspecialty.

Participating Specialties

Candidates and program directors in any of the subspecialties may apply for the dual pathway, but it will be up to the subboards of those specialties to decide whether the combination is feasible. Primary considerations will be the clinical training requirements for both subspecialties and whether a four-year block will allow successful completion of all requirements.

Approved: 2/9/97

Revised: 12/03

Guidelines for Combined Training in Adult and Pediatric Subspecialties

The American Board of Internal Medicine (ABIM) and the American Board of Pediatrics (ABP) have agreed that individuals who are graduates of combined training programs in internal medicine and general pediatrics may complete training in a subspecialty of each board in one year less than would be required of full training in both subspecialties. The one-year reduction in total training time is possible by double counting a year of research that is applicable to and supervised by both the internal medicine and pediatric subspecialty directors.

Although the clinical training requirements in pediatric subspecialties are not specifically delineated, it is understood that a minimum of one year of clinical training is required. Some subspecialties of pediatrics (including cardiology and gastroenterology) require more than one year of clinical training for a fellow to be able to attain the clinical competencies necessary to practice that subspecialty. At least 12 months of clinical training is required for the internal medicine subspecialties, except for adult gastroenterology that requires 18 months, and adult cardiovascular disease that requires 24 months. Individuals in combined subspecialty training would be expected to meet the same clinical training requirements as those in standard internal medicine or pediatric subspecialty programs.

For most subspecialties (eg, pulmonology, hematology-oncology, rheumatology), a proposal for combined training must include delineation of how longitudinal (continuity clinic) experience will be accomplished in both the pediatric and adult medicine subspecialty.

To meet the requirements for application for a subspecialty certifying examination in pediatrics, an individual must first be certified in general pediatrics. In addition to successfully completing the required training, the program directors of both subspecialty programs must verify that the individual completed the necessary training and that he/she is recommended to take the certifying examination. The individual would also be required to provide to the ABP evidence of meeting the meaningful accomplishment in research, required of all pediatric subspecialty candidates.

A proposal for combined subspecialty training of an individual, which includes an outline of training in each specialty, should be submitted to each board for review. The proposal should be prospective, submitted either before training begins or in the first three to six months of fellowship training. The boards will not approve programs for combined training; rather, the boards will only consider training proposals for individuals in combined subspecialty training.



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