



General Pediatrics Program Director's Guide to the ABP



Table of Contents

Preface

The Program Director's Seasons of the Year

ABP Schedule of Mailings and Important Events

ABP Staff Contact Information

Accreditation (ACGME-RC) Versus Certification and Maintenance of Certification (ABP)

- Accreditation
- Prerequisites for Initial Certification
- Assessing Competence
- The Program Director's Responsibilities for Evaluation
- Documentation and Feedback
- Responsibilities of the Residents
- Components of Maintenance of Certification

Standard Training for Certification in Pediatrics

- Verification of Training
- Role of the Program Director in Verification
- Tracking Resident Competence
- The In-training Examination (ITE)
- Use of ITE Results in Applications for Fellowship and Other Positions
- Required Duration of Training
- Candidates with Non-Accredited Pediatric Training
- Links to Relevant Policies
 - [Policy Regarding Individuals with Non-accredited Training](#)
 - [Suggested Training for Individuals Who Waive Accredited Training](#)

Nonstandard Training Pathways in Pediatric Residency Programs

- Rationale for Nonstandard Training Pathways
- Appropriate Candidates for Each of the Pathways
- Factors to Consider for Residents Who Qualify for Nonstandard Pathways
- Additional Considerations and Special Features about Nonstandard Pathways for Candidates and Program Directors
- Summary
- Links to Relevant Policies
 - [Special Alternative Pathway \(SAP\)](#)
 - [Integrated Research Pathway \(IRP\)](#)
 - [Accelerated Research Pathway \(ARP\)](#)
 - [Subspecialty Fast-tracking Pathway](#)
 - [Pediatrics-Child Neurology Pathway](#)
 - [Pediatrics-Neurodevelopmental Disabilities Pathway](#)
 - [Dual Subspecialty Certification Guidelines for Development of Training Proposals](#)

Combined Residency Programs

Guidelines and Requirements

Administrative Structure

Special Issues for Combined Programs

Combined Subspecialty Training

Links for Combined Training

[Medicine-Pediatrics](#)

[Pediatrics-Dermatology](#)

[Pediatrics-Emergency Medicine](#)

[Pediatrics-Medical Genetics](#)

[Pediatrics-Physical Medicine and Rehabilitation](#)

[Pediatrics-Psychiatry/Child and Adolescent Psychiatry](#)

[Guidelines for Combined Training in Adult and Pediatric Subspecialties](#)

Synopsis of Training Pathways to Achieve Eligibility for Certification in General Pediatrics and Pediatric Subspecialties

Frequently Asked Questions for General Pediatrics Program Directors

Credit, Waivers of Training, and Transfers

Evaluation of Training

Special Training Pathways

Residency Tracking

Application for Certification

In-training Examination

Relevant Forms and Documents

Tracking Roster

Resident In-training Evaluation Form for General Pediatrics (RT8)

Resident In-training Evaluation Form for Medicine-Pediatrics (RT8)

Resident Incomplete Training Information Form (RT11)

Resident Addition Information Form (RT10)

Resident Consent / Release of Information Form

Verification of Competence Form (RT12)

ABP Resources

[Booklet of Information](#)

[Pediatric Residents: Evaluating Your Clinical Competence in Pediatrics](#)

[Teaching and Assessing Professionalism: A Program Director's Guide](#)

[Annotated Bioethics Bibliography](#)

[Program Directors Newsletter](#)

[Resident Newsletter](#)

[Understanding MOC: for Residents and Fellows](#) (PowerPoint presentation)

PREFACE

Being a pediatric residency program director can be a set of paradoxes. At times it seems a lonely job, being in a position that sits somewhere in a Neverland between faculty and trainees and hospital administration. At times you crave loneliness. At times it feels like your life is dominated by rules and regulations – ACGME, JCAHO, ABP, NRMP, FSMB, state licensing boards, and others. In other circumstances you seek guidance and direction. At times you are a teacher, disciplinarian, counselor, advisor, protector, and mentor, but very often your role is simply reduced to being a pair of open ears.

Being a program director is a complex job – often confusing, always rewarding. The Program Directors Committee of the American Board of Pediatrics is well aware of these myriad roles and responsibilities. Our purpose in preparing this Program Director's Guide is to help you understand your interactions with the American Board of Pediatrics (ABP). We seek to have in one place all that you will need to know about the ABP to be an effective and satisfied program director. This manual is on-line so that it can be updated efficiently and so that it can be readily available and accessible. We have tried to include everything you will need from the ABP, including a timetable, a description of common and uncommon training pathways, frequently asked questions, sample forms, and documents. As you use it, we hope it will be helpful. If you find that things are missing, questions unanswered, or statements unclear, we hope that you will let us know. We will do our best to make it complete, accurate, and up-to-date.

I would like to thank the members of the Program Directors Committee for their work on this project. Writing and rewriting of chapters has always been done with the purpose of helping program directors foremost in mind. I wish to thank Ann Guillot in particular for shepherding the work as our Senior Editor. We thank Gail McGuinness, our continued leader as Executive Vice President of the ABP, who has our constant admiration and respect. Thanks also to Pam Moore, Lee Currin, Esther Foster, and other unnamed members of the ABP staff for their efforts.

Stephen Ludwig, MD
Chair, Program Directors Committee

2008 Program Directors Committee Members:

Carol L. Carraccio, MD
John G. Frohna, MD
Ann P. Guillot, MD
Julia A. McMillan, MD
Theodore C. Sectish, MD
Edwin L. Zalneraitis, MD

May 2009

THE PROGRAM DIRECTOR'S SEASONS OF THE YEAR

JUNE

- A. Plan resident orientation
- B. Include in orientation:
 - 1. Introduce concepts of board certification and the ABP
 - 2. Distribute Pediatric Residents: Evaluating Your Clinical Competence in Pediatrics booklet
 - 3. Discuss the program's evaluation system for core competencies
 - 4. Distribute and collect Consent for Release of Information form for tracking
 - 5. Introduce concepts of Professionalism (link to [Teaching and Assessing Professionalism: A Program Director's Guide](#))



JULY – AUGUST

- A. Initiate monthly rotation-based evaluations
- B. Initiate data collection for procedure log
- C. Initiate direct observation of basic history-taking and physical examination skills
- D. Review and comment on charting, record-keeping, and discharge summary skills
- E. Introduce Individualized Learning Plans (ILPs) and have each resident begin the development of his/her own ILP
- F. Administer In-training Examination (ITE) second week in July and return materials to the ABP immediately

SEPTEMBER – OCTOBER

- A. Meet with each trainee individually to assess progress to date
 - 1. Assess adjustment of PL-1s
 - 2. Discuss career considerations with PL-2s
 - 3. Guide PL-3s with specific career information
- B. Review In-training Examination results
- C. Review Individual Learning Plans and provide career counseling
- D. Respond to request from ABP for the Confirmation of Resident Evaluation and Training Information rosters
- E. Respond to request from ABP for the Annual Resident In-training Evaluation (RT8) forms for residents off-schedule (due to the ABP the last week of October)
- F. Download and review ERAS applications



NOVEMBER – DECEMBER

- A. Review deans' letters and ERAS applications
- B. Begin screening applicants for interviews
- C. Arrange and conduct interviews
- D. Discuss the program's evaluation methods with interviewees
- E. Post announcement of General Pediatrics Certifying Examination and registration details
- F. Receive File Copy of Confirmation of Resident Evaluation and Training Information rosters (file copy not returned to ABP)
- G. Distribute to all residents: Resident News and The American Board of Pediatrics Booklet of Information

JANUARY – FEBRUARY

- A. Complete interviews and submit match list for next year's residents via NRMP
- B. Receive data on incoming transfer residents from ABP
- C. Verify that PL-3s have registered for the certifying examination
- D. Receive report of previous year's certifying examination results from the ABP
- E. Respond to request from ABP for the Annual Resident In-Training Evaluation (RT8) Forms for residents off-schedule (due to the ABP the last week of January)



MARCH

- A. Obtain NRMP match list results
- B. Begin communication with new future interns

APRIL – MAY

- A. Complete the General Pediatrics In-training Examination (ITE) registration forms (due to ABP 3rd week of April)
- B. Schedule second meeting with each trainee to review specific evaluations and discuss the following:
 - 1. PL-1s – preparedness to move forward
 - 2. PL-2s – role as seniors
 - 3. PL-3s – retrospective on training program and closure with patients, families, etc.
- C. Petition ABP regarding special pathways candidates – Special Alternative Pathway and Integrated Research Pathway
- D. Receive the ABP Program Directors Newsletter
- E. Respond to request from ABP for the Annual Resident In-training Evaluation (RT8) forms for residents off-schedule (due to ABP last week of April)
- F. Receive pamphlets for residents and Consent for Release of Information from the ABP



JUNE (early)

- A. Complete the ABP's Verification of Clinical Competence Form (RT12) for senior residents (due to ABP in early June)
- B. Complete the ABP's Request for Resident Evaluations and Names of Chief Residents. Submit tracking information for all PL-1s and PL-2s; note those in special pathways (ie, Child Neurology, Neurodevelopmental Disabilities, Accelerated Research Pathway). (due to ABP in early June)
- C. Enter summation evaluations into resident files as required by ACGME

The American Board of Pediatrics (ABP) Schedule of Mailings and Important Events

Date	Mailing or Event
July (2 nd week)	General Pediatrics In-training Examination (ITE) Test materials due to ABP immediately following administration of the examination
September	Confirmation of Resident Evaluation and Training Information Rosters Due to ABP in October
October	General Pediatrics ITE Results
October (2 nd week)	ANNUAL RESIDENT IN-TRAINING EVALUATION (RT8) Forms for Residents Off-schedule Due to ABP the last week of October
December (1 st week)	Announcement of General Pediatrics Certifying Examination and Registration Details
January (1 st week)	Notice to Program Director regarding incoming Transfer Residents
December (1 st week)	Resident News and The American Board of Pediatrics Booklet of Information Not returned to ABP
December (2 nd week)	File Copy of Confirmation of Resident Evaluation and Training Information Rosters File copy not returned to ABP
January (1 st week)	ANNUAL RESIDENT IN-TRAINING EVALUATION (RT8) Forms for Residents Off-schedule Due to ABP the last week of January
February (1 st week)	General Pediatrics In-training Examination (ITE) Registration Forms Due to ABP 3 rd week of April
February (3 rd week)	Report of Certifying Examination Results Not returned to ABP
April (1 st week)	ANNUAL RESIDENT IN-TRAINING EVALUATION (RT8) Forms for Residents Off-schedule Due to ABP the last week of April
April or May	Pediatric Residents: Evaluating Your Clinical Competence in Pediatrics and CONSENT FOR RELEASE OF INFORMATION - to be distributed to new residents in June/July Not returned to ABP
May	Program Directors Newsletter Not returned to ABP
May	Request for Resident Evaluations and Names of Chief Residents Due to ABP in June/July
May	VERIFICATION OF CLINICAL COMPETENCE FORM (RT12) Due to ABP 1 st week of June

ABP STAFF Contact Information

For questions about specific areas, the following ABP staff may be contacted by e-mail or by calling 919-929-0461.

AREA

Manager, Credentialing and Examination Administration

Assistant Manager, Credentialing and Examination Administration

General Pediatrics Certifying Examination

Program Director Changes/Program Address Changes

General Pediatrics In-training Examination (ITE)

Special Alternative Pathway
Non-accredited Pathway

Residency Tracking and Evaluation

The ABP Web site allows access to policies and information pertinent to program directors

General e-mail address:

STAFF

Lee Currin
e-mail: lcurren@abpeds.org

Wendy Lea-Walker
e-mail: wlea-walker@abpeds.org

Monique Hinton
Prudy Miller
Angela Godwin
e-mail: gpcert@abpeds.org

Sheleria Cushman
e-mail: scushman@abpeds.org

Bobbi Dufek
e-mail: ite@abpeds.org

Lee Currin or Tammy Poole
e-mail: tpoole@abpeds.org

Esther Foster
e-mail: efoster@abpeds.org

<http://www.abp.org>

abp@abpeds.org

Accreditation (ACGME-RC) Versus Certification and Maintenance of Certification (ABP)

The Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Pediatrics (ABP) work together to verify the quality of training programs and the quality of physicians, respectively, with the ultimate goal of ensuring a high quality of care for patients. The ACGME accredits training programs that meet standards set by the Review Committee (RC) for Pediatrics. The ABP certifies individual residents for the practice of pediatrics through an initial certification examination at the completion of residency training and, thereafter through a process for the continuous review of qualifications to maintain certification throughout the lifetime of one's practice.

Accreditation

Around the cusp of the new millennium, the American Board of Medical Specialties (ABMS), of which ABP is a member, and the ACGME spearheaded a transformation in medical education by requiring that all graduates of accredited graduate medical education (GME) programs become competent in the following six broad and diverse domains: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Details of the elements of these competencies can be found in the "ACGME Program Requirements for Graduate Medical Education in Pediatrics," which includes the Common Program Requirements as well as those that are specialty specific (www.acgme.org under "Review Committees"). Resources for interpreting these requirements are twofold: 1) the Program Director's Guide to the Common Program Requirements (on the ACGME home page) and the Companion Document found at the end of the specific program requirements for pediatrics. Tools for assessing individual resident competence can be found on the ACGME Web site under "Outcomes."

Upon graduation from an ACGME accredited training program, an individual candidate is eligible to sit for the certifying examination given by the ABP provided the candidate meets the prerequisites noted below.

Prerequisites for Initial Certification

Residents seeking initial certification must: 1) complete an ACGME accredited training program in pediatrics and 2) receive an attestation from the program director of satisfactory performance documented on the Verification of Clinical Competence Form (RT-12). This form, developed by the ABP, is sent to program directors in the spring of each year for each resident expected to complete the training program by the end of the academic year.

The ABP shares the responsibility for verifying the competence of graduating residents with the program director. The responsibility that rests with the program director has significant impact on the future of the trainee. In order for a resident to sit for the certification examination, the program director must attest to the competence of the resident in each of the six ACGME domains. Unsatisfactory performance in any one area will require remediation before the resident can sit for boards. To help the program director with this responsibility the ABP has instituted a tracking process that requires the program director to attest to satisfactory, unsatisfactory, or marginal performance at the completion of each year of training. This annual review (Resident Evaluation Roster) is designed to identify continuing inadequacies early so as to prevent red flags from being raised for the first time during the final year of training. In a high-stakes evaluation such as this one, it is only fair that a comprehensive assessment process be used to inform this decision.

Assessing Competence

The evaluation of competence in the six broad and diverse ACGME competencies calls for multiple methods of assessment. Alignment between the desired skill and the task that is chosen to demonstrate the skill is critical,

as is alignment between the desired skill and the method of evaluation. For example, assessing ability to gather accurate information from a patient must go beyond knowledge to look at skills. The learner not only needs to know what questions to ask, but how to ask them. In order to assess these skills, the evaluator must directly observe the residents performing a history. A resource for assessment tools to evaluate competence can be found on the ACGME Web site (www.acgme.org under “Outcomes”). In addition, the Review Committee (RC) for Pediatrics has outlined some specific methods for assessing resident performance in the Companion Document attached to the end of the Requirements for Pediatric Residency Training.

Equally important in assessing competence, particularly in professionalism and interpersonal and communication skills, is the need for multiple evaluators. A critical component of the assessment of professional behavior and communications skills is how they are perceived by allied health professionals, colleagues, and most importantly by patients and families, highlighting the need for multiple evaluators. The use of multiple evaluators raises the issue of self-assessment. Although there is much controversy in the literature about the accuracy of one’s ability to self-assess, there is agreement that reflection is key to professional development. This is where the program director or mentor can play the pivotal role of guiding the resident through a process of reflection that includes self-assessment informed by the evaluations of others. The goal of guided reflection should be to identify areas for improvement and develop strategies to achieve them, with the ultimate intent of improving quality of care to patients.

The ability to effectively evaluate residents is a learned skill and must be taught through faculty development. The ACGME has some modules that one can access to review the process of evaluation with faculty (www.acgme.org under “Outcomes”). The Academic Pediatric Association (APA) has a faculty development tutorial system, a series of ready-to-use modules that can be found on their Web site (www.amb.peds.org under “Education,” “Educational Guidelines” and “Tutorial”). The Association of Pediatric Program Directors (APPD) also provides a number of workshops at its fall and spring meetings to address faculty development as well as other topics important to program directors www.appd.org. The Web site also provides a number of other resources for teaching and evaluation of resident performance. It is important to extend the faculty development to senior residents who will be acting in a supervisory capacity and thus be responsible for providing feedback and assessing their junior colleagues.

The Program Director’s Responsibilities for Evaluation

Because the written certifying examination cannot assess all of the competencies required of a pediatrician, the ABP requests that program directors evaluate and document the resident’s achievement of competence in the six domains required of all graduate medical trainees by the ACGME: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Because of the program director’s unique relationship with residents, the ABP believes that program directors are critical to the overall certification process.

The program director should also monitor the total environment of the program to ensure that such factors as internal politics, personality conflicts, isolated negative critical incidents, and other circumstances do not damage a resident’s reputation or result in misleading or erroneous evaluations. The program director must be able to moderate these conflicts and devise equitable solutions.

The program director may find it helpful to appoint a committee whose primary responsibility is to monitor the evaluation of residents. Its membership should consist of key faculty, who have major teaching and supervisory responsibilities for residents, as well as the chief resident(s). The charge to the committee should be twofold: 1) to identify early in training those residents who do not meet standards for competence, verify and document these observations, discuss these deficiencies with the residents, design a plan for remediation and management, and monitor progress and 2) to review the semiannual evaluations required by the RC for Pediatrics and arrive

at consensus decisions regarding a resident's ability to progress to the next level of training. In cases where remediation is needed prior to advancement there should be a written action plan that includes strategies for improvement and a mechanism for follow-up.

Documentation and Feedback

It is important that all residents receive feedback at regular intervals; however, it is especially important to monitor residents with specific problems, including impairment, and those potentially unsuitable for certification. Residents who have not achieved the required competencies should not be continued in the program indefinitely, especially when repeated remedial measures have failed to bring about improvement in performance.

The ACGME requires that all pediatric training programs maintain written documentation of resident performance and requires documentation of the semiannual feedback to each resident regarding his/her performance and progress in the program. The ABP has always supported the concept of careful written documentation of the performance and progress of residents. Since July 1993, the ABP has required that all residents be evaluated annually by their programs as a formal part of the certification process. In order for residents to be admitted to the certifying examination, they must receive a satisfactory evaluation from the program director in each of the six ACGME competencies at the completion of training.

Maintaining adequate records of feedback and evaluation provides the principal basis for institutional judgments concerning resident appeals of adverse ratings and actions. Residents' records should be kept as long as the institution feels necessary, and to the extent possible the confidentiality of resident evaluations should be ensured. To protect these files from discoverability, it is recommended that you access the peer review statutes for your state and work with the primary sponsoring institution to create a process for designating resident files as peer review documents. The summary evaluation, completed at the end of training, should never be discarded. The ACGME requires that a summation record of the resident's performance be permanently maintained by the institution.

Responsibilities of the Residents

The biggest challenge to achieving a competency-based system of learning and assessment is changing the culture of medical education to one in which learners own their learning and assessment. If we expect residents to maintain their certification during practice, it is incumbent upon us as program directors to empower them with their learning and assessment during training so that they acquire the needed skills and habits of practice to do so. The new ACGME Learning Portfolio is predicated on the philosophy that it is learner owned and learner driven. In this system the learner takes responsibility for documenting learning experiences and requesting evaluations from faculty and other colleagues.

Components of Maintenance of Certification

Importantly, Maintenance of Certification (MOC) is also mapped to the same six ACGME competences. This allows us to begin with the end in mind, ie, driving Graduate Medical Education by the competencies expected of the practicing physician, and in turn driving undergraduate medical education by the competencies expected in GME programs. In fact, presenting the ACGME competencies to residents, in the context of MOC, helps them to understand that achieving the required competencies of GME will prepare them with the knowledge and skills necessary to maintain their certification in real-world practice. The ABP has developed a customized PowerPoint presentation, with speaker notes, that provides an overview of MOC. The presentation [Understanding MOC: for Residents and Fellows](#) addresses specific questions and concerns that are unique to residents and fellows.

Please follow the link to MOC on the ABP Web site for further details about MOC.

Standard Training for Certification in Pediatrics

Verification of Training

Candidates for certification in pediatrics by the standard pathway must satisfactorily complete three years of training in a pediatric training program accredited by the Accreditation Council on Graduate Medical Education (ACGME) on advice of the Pediatric Review Committee, or by the Royal College of Physicians and Surgeons of Canada (RCPSC). Program directors must verify 33 months of clinical training, with no more than three months in an experience that is not within an accredited pediatric program. The American Board of Pediatrics (ABP) requires program directors to verify completion of this period of training and to evaluate the acceptability of the applicant as a practitioner of pediatrics. In addition to providing tracking information annually during applicant training, the program director verifies the dates of training and satisfactory performance in all areas of general competence at the conclusion of training.

Role of the Program Director in Verification

The American Board of Pediatrics (ABP) believes that program directors and faculty play significant roles in the certification process and are the keys to a responsible system of determining which applicants should be admitted to the certifying examination. The program director is able to provide a meaningful overview of the applicant's professional competence, especially in skills such as patient care, medical knowledge, interpersonal skills and communication, professionalism, practice-based learning and improvement, and systems-based practice. The program director's role in certification should be taken very seriously because, other than the possession of a valid and unrestricted state medical license, the program director's verification is the only way that the ABP can judge the applicant's qualification to take the certifying examination. By verifying the applicant's qualification as a candidate for the certifying examination, the program director confirms that the applicant has successfully completed a training curriculum compliant with the Program Requirements for Residency Education in Pediatrics found on the ACGME Web site at www.acgme.org.

Tracking Resident Competence

Tracking and evaluating resident progress is required annually as the resident progresses through the curriculum. The program director is required to indicate on the annual tracking form whether the overall clinical competence of the resident is satisfactory, marginal, or unsatisfactory and whether the resident's professionalism is satisfactory or unsatisfactory. Program directors also specify the number of months of credit awarded for the year under evaluation.

A marginal rating for overall clinical performance in the first or second year implies that additional time is required to determine if the performance is satisfactory or unsatisfactory. If two marginal evaluations are recorded, a year of training must be repeated, as is the case for a year of unsatisfactory overall clinical performance. A marginal evaluation may not be given for the third or final year of training. If an unsatisfactory evaluation of professionalism is indicated, the applicant must repeat a year of training, or alternatively a period of observation will be required at the discretion of the ABP. The tracking system also identifies residents who move from one program to another within pediatrics and confirms that the program director recognizes residents who need remediation. Applicants who wish to appeal evaluations or final recommendations must proceed through the institutional due process for their training program. The ABP is not in a position to review the facts and circumstances of an individual resident's performance.

The In-training Examination (ITE)

The ITE is offered as a service to program directors and residents as one means of assessing achievement of educational goals. The ACGME requires assessment of medical knowledge, and the ITE provides an ideal opportunity for a standardized annual assessment of medical knowledge for each resident. With regard to the results of the ITE:

- Residents may determine strengths and weaknesses and progress in their pediatric knowledge.
- Program directors may assess strengths and weaknesses of program teaching in terms of pediatric medical knowledge.
- The ITE should not be used as a reliable means to assess strength or weakness for individual content areas (eg, pediatric pulmonary) as the number of questions in each area is not sufficient for this purpose.
- The examination should not be used as the sole means of determining if a resident has satisfactorily completed a year of training.
- The results of the test give the resident and the program director an indication as to whether the resident is likely to be successful on the General Pediatrics Certifying Examination.

Residents should have an ongoing plan of study to expand and maintain their medical knowledge, and the ITE can be used as a way to judge the effectiveness of that effort and to make adjustments in the study plan as needed. It is recommended that the program philosophy on participation in the ITE, and the proposed use of this examination and its results, be explained to the residents registered for testing prior to the ITE. A resident's result for the test may be compared with the scores of all residents at the same level of training. The results may also be compared with that of residents from previous years with the same score for whom the success rate in passing the certifying examination is known. The program director and resident may use these comparisons to help determine the likelihood of success on the certifying examination as they consider the study plan for the resident.

Keep in mind the following with regard to the ITE:

- The ITE must be limited to pediatric residents in your program.
- Examinations given to non-pediatric residents or pediatric fellows will not be scored.
- Residents who are absent at the time of the ITE may not take the examination at another time or at an alternate site that year.
- All residents enrolled in combined training programs, such as Medicine-Pediatrics, Pediatrics-Psychiatry-Child Psychiatry, Pediatrics-PM&R, Pediatrics-Emergency Medicine, Pediatrics- Medical Genetics, and Pediatrics-Dermatology should be encouraged to take the ITE regardless of their training year or whether they are assigned to the pediatric service on the date of the examination.

Use of ITE Results in Applications for Fellowship and Other Positions

The use of the results of the ITE in the application process for fellowship or consideration for practice enrollment is controversial. The ABP will not release the results of the ITE directly to fellowship programs or practices. The ABP recommends that the program director not release the report of resident performance on the ITE without permission of the resident. The practice of requiring the applicant to provide the information for a fellowship program or practice is not endorsed by the ABP, as the use of the results of the ITE in assessing fellowship applicants or practice candidates has not been determined to be a valid use of the results of the examination.

Required Duration of Training

Thirty-three months of training are required for eligibility to take the certifying examination. Thus, in a program taken over 36 months, three months are allowed for vacation, sick leave, parental leave, etc. Absences longer than three months during three years of residency training should be made up by additional periods of training. If the program director feels that a resident is well qualified and has met all training requirements, a petition may be submitted requesting an exemption to the policy to allow one to two additional months of leave. Credit for accredited non-pediatric residency training completed before a resident began pediatric training may be granted by the ABP under certain circumstances. Requests for credit must be made before the resident begins general pediatrics training in order to properly plan the remainder of the resident's educational experiences.

Candidates with Non-Accredited Pediatric Training

Non-accredited pediatric training is that occurring in a program not accredited by the ACGME or the RCPSC. The ABP has established a policy ([Policy Regarding Individuals with Non-accredited Training](#)) regarding individuals who wish to be certified by the ABP but who have not had training in a program accredited by the ACGME or the RCPSC and who wish to be considered for reduced required training in an accredited program. Waiver of training must be requested and approved in advance of the start of training. The applicant must provide documentation of the successful completion of at least three years of general pediatric residency training that includes the actual beginning and ending dates of the training and is signed by the residency program director for the non-accredited training program. The individual must also provide a copy of his/her medical school diploma and Educational Commission for Foreign Medical Graduates (ECFMG) certificate. Upon review and confirmation of this information by the ABP, the individual may have one year of accredited training waived. A full year at the PL-3 level, plus another full year of training, must be completed. The director of the residency program into which the individual enters will decide at what level the individual may begin residency and whether the year of waived training will be accepted by the program. The training must be completed in general pediatrics; subspecialty training may not be substituted. The ABP suggests a broad tapestry of general pediatrics experiences with increasing supervisory responsibilities ([Suggested Training for Individuals Who Waive Accredited Training](#)).

Nonstandard Training Pathways in Pediatric Residency Programs

This section of the General Pediatrics Program Director's Guide to the ABP is intended to provide guidance for program directors about nonstandard pathways and combined programs leading to certification in general pediatrics, pediatric subspecialties, and closely related specialty fields. Several questions related to these nonstandard pathways will be addressed:

1. Why were nonstandard training pathways designed?
2. Who are appropriate candidates for each of the pathways?
3. How should residents who qualify for these pathways choose among them?
4. What additional considerations and special features about these nonstandard pathways for candidates and program directors should be emphasized?

Rationale for Nonstandard Training Pathways

Nonstandard pathways were designed to provide flexibility in training to accommodate individual career goals of exceptional candidates, especially those headed into academic careers as physician-scientists. Although training may be abbreviated and specific requirements altered, the curricular components that constitute the training must be taken from those experiences that have been approved by the ACGME Review Committee for Pediatrics. The first nonstandard pathway, the Special Alternative Pathway (SAP), was designed in 1980 and provides a path that reduces the total length of time spent in pediatric residency and fellowship from six to five years.

Two pathways, the Integrated Research Pathway (IRP) and the Accelerated Research Pathway (ARP), were created to appeal to those individuals with a research focus who wanted more time devoted to research during their training. These pathways do not reduce the overall length of training time but provide additional time devoted to research. The IRP allows 11 months of research to be integrated into three years of pediatrics residency training prior to entering a three-year fellowship in a pediatric subspecialty. The ARP allows a pediatric resident to enter fellowship after two years of general pediatrics residency with an additional year in fellowship devoted to research time.

The Subspecialty Fast-tracking Pathway provides the option for those candidates with a proven record of accomplishment in research prior to or during residency to apply for a one-year waiver of training time during fellowship (scholarship requirement), thus reducing the overall time in training in residency and fellowship from six to five years.

Two pathways available in conjunction with the American Board of Psychiatry and Neurology (ABPN) are the Pediatrics-Child Neurology Pathway and the Pediatrics-Neurodevelopmental Disabilities Pathway, which were designed to offer candidates a two-year general pediatrics residency with specific training requirements followed by three years of training in neurology or four years of training in neurodevelopmental disabilities. By following these pathways, candidates may become certified in general pediatrics and the subspecialty field in five years for child neurology and in six years for neurodevelopmental disabilities. Additional information regarding requirements for certification in child neurology or neurodevelopmental disabilities can be obtained from the ABPN Web site at www.abpn.com.

The ABP offers the option for Dual Subspecialty Certification to individuals with unique career interests who desire to complete dual subspecialty training. Dual subspecialty certification is accomplished in four to five years, less than the usual time for training in each fellowship training program (six years), by integrating core clinical material, allowing mastery of common areas, as well as double-counting a year of scholarly activity or research. The criteria can be obtained from the Dual Subspecialty Certification Guidelines for Development of Training Proposals.

Appropriate Candidates for Each of the Pathways

Each of these nonstandard pathways requires that candidates be clearly superior in their clinical performance and will predictably pass the general pediatrics certifying examination. In general, these candidates aspire to careers as physician-scientists and possess combined MD/PhD degrees, have a significant research background, or are committed to a career with a significant research focus.

The SAP allows these candidates who have already committed the additional time in obtaining a PhD degree or in significant research endeavors the option of reducing their overall length of training in residency and fellowship by one year to a total time in training (residency and fellowship) of five years.

The IRP, which facilitates an integrated experience in research during a three-year residency, is suited to candidates with MD/PhD degrees who have already established their research focus. In order to make optimal use of their research time, these candidates should either have an ongoing relationship with an existing laboratory on the campus of the institution or have a research focus that is easily integrated into a laboratory closely affiliated with the residency and fellowship programs.

The ARP, which shortens the time spent in pediatric residency but increases the time in fellowship to allow more research time, appeals to those who aspire to a career as a physician-scientist and are entering a pediatric fellowship in which the American Board of Pediatrics offers a Certificate of Special Qualifications. These candidates do not need to have completed a PhD degree program but must demonstrate their commitment to a career as a physician-scientist. The additional time in fellowship provides the candidate with flexibility and the opportunity for a more intensive research experience even in those fellowships that have more required clinical time.

The Subspecialty Fast-tracking Pathway, which must be prospectively approved by the associated ABP Subboard, allows superior candidates with established research accomplishment prior to three years of pediatrics residency the option to shorten their fellowships by one year based on waiving the scholarship requirement during fellowship.

The Pediatrics-Child Neurology Pathway or the Pediatrics-Neurodevelopmental Disabilities Pathway allows individuals who have made a commitment to train in child neurology or neurodevelopmental disabilities an opportunity to shorten their overall length of residency training in pediatrics to two years.

Factors to Consider for Residents Who Qualify for Nonstandard Pathways

The main factors from the perspective of a potential pathway candidate are:

1. Time in training
2. Research focus and the pace of discovery in the research field
3. Balance of clinical and research time within the subspecialty field

Clearly, candidates who have already devoted additional time to obtaining an advanced degree may feel the urgency to accelerate their overall time in training. For them, the Special Alternative Pathway offers this advantage. This advantage, however, must be weighed against the loss of the experiences in the senior year of general pediatrics training. Certain research fields are advancing so rapidly that investigators in these fields would be at risk for failure to keep pace with discoveries in the field unless they continued to participate in research during residency. These individuals are perfect candidates for the Integrated Research Pathway. Pediatrics fellowships vary greatly in the amount of time devoted to clinical training within the three-year fellowship. Candidates who are bound for a career in research and are seeking fellowship in those fields with a higher proportion of clinical time during fellowship may consider the Accelerated Research Pathway, which provides an additional year of training in fellowship to pursue research. Candidates with an established record of accomplishment in research, consistent with their fellowship and career goals, may consider the Subspecialty Fast-tracking Pathway, which shortens fellowship by one year.

Individuals who have unique career goals that overlap two subspecialty fields may pursue Dual Subspecialty Certification where dual subspecialty training allows integration of experiences.

Those individuals who enter the Pediatrics-Child Neurology Pathway must complete two years of specified pediatrics training and three years of integrated training in adult and child neurology. Other options exist to attain certification in child neurology, but to become board-certified in general pediatrics, candidates must spend at least two years in specified pediatrics training. Similarly, candidates who desire certification in neurodevelopmental disabilities and general pediatrics must complete two years of specified pediatrics training prior to entering four years of training in neurodevelopmental disabilities.

Additional Considerations and Special Features about Nonstandard Pathways for Candidates and Program Directors

There are considerations about these nonstandard pathways that need to be emphasized.

The need for pre-approval by the ABP varies among the pathways. The SAP, IRP, Subspecialty Fast-tracking Pathway, and Dual Subspecialty Certification require pre-approvals from the ABP or ABP Subboards. The ARP does not require pre-approval, but candidates must be listed as such on the training roster during the PL-1 year.

The opportunity to sit for the general pediatrics certifying examination also varies. In the SAP, candidates must wait until the fifth year of training before they are eligible to take the certifying examination. In the IRP, candidates may sit for the certifying examination after three years on the IRP and one additional year of clinical training. In the ARP, candidates may sit for the certifying examination after completing all six years of training. Because of the time that separates pediatrics residency and the general pediatrics certifying examination, candidates should be clearly superior in their knowledge and clinical performance. Only the SAP requires eligibility on the basis of a screening examination (ITE) in the PL-2 year. However, program directors must consider knowledge and test-taking performance of candidates in the selection and approval processes for any of the nonstandard pathways to ensure the likelihood of passing the general pediatrics certifying examination.

Summary

The vast majority of candidates for subspecialty training will follow the standard pathway: three years of general pediatrics residency training followed by three years of fellowship. Nonstandard pathways provide candidates with a variety of options leading to certification in general pediatrics and the pediatric subspecialties. This flexibility allows exceptional candidates opportunities to individualize their career path. The ABP has been committed to these nonstandard pathways to encourage the development of academic subspecialists and pediatric physician-scientists.

Combined Residency Programs

Combined residency programs are developed through the collaborative efforts of two or more specialty boards and provide complementary residency training, generally by allowing a reduction in the time that would be required if training for each specialty were completed separately. As the number of these training programs increases, pediatric residency directors are likely to participate in the administration of these programs. This section is designed to help program directors understand and manage combined programs.

Guidelines and Requirements

Most combined training programs have not been accredited by the Accreditation Council for Graduate Medical Education (ACGME). The one exception is combined Internal Medicine-Pediatrics (Med-Peds) programs, which have been accredited since 2006. For all other combined programs, although the combined training program is not itself accredited, each specialty program is separately accredited by ACGME through its respective specialty review committee.

Training guidelines for combined residency programs have been developed by the respective Boards. The educational plan for combined training is approved by the specialty board of each of the specialties to ensure that individuals completing combined training are eligible for board certification in each of the component specialties. These guidelines are available on the ABP Web site. The curriculum components that comprise the combined training must be taken from those experiences that have been approved by the Residency Review Committees in each of the specialties. Medicine-pediatrics programs are accredited by the ACGME; all other combined programs must be approved by their respective boards.

Administrative Structure

There is quite a bit of variability in administrative structures for combined programs. Although most med-peds programs are directed by a dually trained physician, other combined programs are often co-directed by faculty members in each department. Program directors need to be familiar with the program guidelines/requirements that may have an impact on how these co-directors interact.

It is important to spend time addressing issues related to time and money, both as a new combined program is developed and as the program develops over time. For example, how will administrative time for the program be shared by the departments? How will costs be shared for the combined program (eg, incremental costs for combined residents, recruitment costs, etc)?

Depending on the structure of the combined program, different issues may arise. For example, if a program has a single, dually trained director, s/he will have primary responsibility for mentoring the combined residents and directing the program. But what role will s/he have in the categorical programs? What is the most effective reporting relationship? In a jointly directed program, what is the role of each categorical director? Similar issues arise if there is a single chief resident or program coordinator for the combined program. How would these positions interact with the chief residents or program coordinators for the categorical programs? How would these combined positions be funded? In a shared administrative model, who has responsibility for the combined residents and who is responsible for ensuring that all necessary tasks are completed? As with any joint effort, communication is key to having an effective combined program.

Special Issues for Combined Programs

Two additional issues related to the management of combined programs deserve further discussion. First, program directors need to consider the transitions between specialties. Residents will often rotate between disciplines every three to six months. Program directors need to pay attention to switch dates, call schedules, and duty hours around these times of transition. It may be beneficial to have a “switch meeting” for the combined residents to discuss differences in expectations and structures between the departments. Monitoring resident stress during transitions, even those that occur in later years, is important.

Second, combined residents want to be full members of each department but also have unique needs. Program directors should find ways to integrate combined residents into the department. Whenever possible, combined residents should be included in residency committees. They should be treated as equally and fairly as possible compared with the categorical residents. Balancing call and service assignments is especially important in combined programs. Having similar expectations (eg, conference attendance, participation in scholarly activities, etc) for combined and categorical residents will also help foster the integration of combined residents within the categorical programs.

At the same time, combined residents have some important differences from the categorical residents. Early on, they will have less experience with each discipline. As such, their knowledge base may be less than the categorical residents and this may be reflected in the in-service examinations. Over time, the combined residents benefit from the synergies in the combined program, yet they still are preparing for multiple Board examinations. Program directors should discuss examination preparation and available resources during semi-annual meetings. Finally, because combined residents are straddling more than one department at a time, program directors should support combined residents’ attendance at key events (eg, orientation, retreats, class meetings, important social functions) in the other department(s).

Combined Subspecialty Training

The ABP and American Board of Internal Medicine (ABIM) have a process whereby individuals who have completed a combined Med-Peds program may complete subspecialty training in both pediatrics and internal medicine. The total time spent in this training pathway will be eight to nine years. At the conclusion of this time, individuals are eligible to take certification examinations in both subspecialties. Although these programs are often combined on an ad-hoc basis for interested graduates of med-peds programs, a number of institutions offer combined subspecialty training on a regular basis.

The ABP and ABIM 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 for full training in both subspecialties. The one-year reduction in total training time is possible by double-counting a year of scholarly activity that is applicable to and supervised by both the internal medicine and pediatric subspecialty directors. Boards approve individuals and not programs. The Guidelines for Combined Training in Adult and Pediatric Subspecialties outlines the requirements.

Synopsis of Training Pathways to Achieve Eligibility for Certification in General Pediatrics and Pediatric Subspecialties

Requirements	Standard Training	Med-Peds	Other Combined Residencies	Peds-Neuro	Peds-Neurodev-Disabilities	Non-Accredited	Special Alternative	Integrated Research	Accelerated Research	Subspecialty Fast-tracking	Dual Subspecialty	Combined (Med-Peds) Subspecialty
General Pediatrics Residency Training (years)	3	4	5	2	2	2	2	3	2	3	3	4
Subspecialty Fellowship Training (years)	3						3	2-3	4	2	4-5	4-5
ABP Pre-approval of candidates	No	No	No	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes
Years of Training for Eligibility to Take GP Certifying Examination	3	4	4-5	5	5	2	Variable	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						3 Years of Non-Accred Training	Superior PL-1 Performance and PL-2 ITE Screening Exam	PhD or Equivalent Research Experience		Research Accomplishment Prior to Fellowship		Med-Peds Residency
Scholarly "Work Product" Required	Yes						Yes	Yes	Yes	No	Yes	Yes

Note: Special Features of these Pathways are Indicated on the Following Page

Special Features

Medicine-Pediatrics: Training must be in programs accredited by ACGME; specific required rotations in medicine and pediatrics.

Other Combined Residencies: Includes pediatrics-dermatology; pediatrics-emergency medicine; pediatrics-medical genetics; pediatrics-physical medicine and rehabilitation; and pediatrics-psychiatry-child and adolescent psychiatry. Programs, not individuals, must be pre-approved by ABP and related specialty board. Specific training requirements must be met.

Pediatrics-Neurology: Specific training requirements for the 2 years of general pediatrics training. ABP notified through tracking roster at the end of PL-1 year. American Board of Psychiatry & Neurology (ABPN) determines eligibility for child neurology certificate.

Pediatrics-Neurodevelopmental Disabilities: Specific training requirements for the 2 years of general pediatrics training. ABP notified through tracking roster at the end of PL-1 year. ABPN determines eligibility for neurodevelopmental disabilities certificate.

Non-Accredited: Individuals who have completed a minimum of 3 years of general pediatrics training abroad may be eligible to waive 1 year of accredited general pediatrics residency training.

Special Alternative: Apply by end of PL-1 year. The PL-2 ITE serves as a screening examination. Special curriculum in PL-2 year and first year of fellowship. Requires 3 years of fellowship.

Integrated Research: Apply before or early in PL-1 year. Specific training requirements for the 3 years of residency training. Supervisory committee required. Up to 11 months of research allowed during residency. May be eligible for subspecialty fast-tracking on basis of 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: Scholarly activity during fellowship is waived. Those who have completed combined residency programs or qualified for non-accredited training pathway are eligible.

Dual Subspecialty: Integrated 4- to 5-year program involving two pediatric subspecialties. Requires pre-approval by the two subboards. Those certified in one subspecialty who met the scholarly activity requirement may complete another subspecialty in 2 years.

Combined (Med-Peds) Subspecialty: Allows 1-year reduction in total training time in an adult and pediatrics subspecialty by double-counting 1 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

Frequently Asked Questions for General Pediatrics Program Directors

Credit, Waivers of Training, and Transfers:

Q: *Does the ABP allow credit for previous training completed in another specialty?*

A: The ABP does allow credit for previous training under certain circumstances. The ABP must review and approve all requests for credit, and such requests MUST be made before training starts. Credit cannot be granted at the PL-2 or PL-3 levels.

Q: *Does the ABP allow waivers of training for residents? Must all 33 months of clinical time be completed before an individual may take the certifying examination?*

A: The ABP allows one to two months of training to be waived in a few situations, usually if there is an illness or parental leave during training. All requests for waivers must be reviewed by the ABP and should come toward the end of residency, when the program director can fully assess the resident's competency.

Q: *Does the ABP allow waivers of training if the resident in question is in a combined (Med-Peds) program or another special training pathway that abbreviates training in general pediatrics?*

A: One month of absence is allowed each year for vacation or other leave. Waivers of additional training are not allowed.

Q: *May a resident receive credit or a waiver in the PL-3 year to commence fellowship, make up time for a delayed start date of training, or for leaves in excess of 3 months?*

A: Waivers of training for convenience are not granted. A resident may forgo vacation time to shorten training during the PL-3 year. Training dates must be altered and approval sought from the ABP.

Q: *Under what circumstances may someone who has done general pediatrics training in another country become eligible for the ABP certifying examination?*

A: Please see the Policy for Non-accredited Training. Please note that ACGME accredited subspecialty training in this country is not credited towards the candidate's general pediatrics training.

Q: *Graduates of international medical schools who have received pediatric training in another country occasionally complete subspecialty fellowship training in the U.S. before applying for residency training. Is it acceptable to waive any or all of the residency training for such individuals?*

A: These individuals are subject to the Policy Regarding Individuals with Non-accredited Training. If requirements are met, a waiver of one year of general pediatrics residency may be requested.

Q: *What steps need to take place if a resident transfers into my program?*

A: Before accepting a resident who is transferring from another program, the ACGME requires that you obtain written or electronic verification of the transferring resident's previous educational experiences and a summative competency-based performance evaluation. Then, a completed Resident Addition Form must be submitted to the ABP. When the ABP becomes aware of the transfer, the ABP will provide information regarding summary evaluations and credit received.

Q: *Are there restrictions regarding transfers into combined training?*

A: There are certain restrictions regarding the transfers into combined training, since training in general pediatrics is truncated and the requirements for combined training are carefully structured. Program directors should be familiar with guidelines and prospectively contact both Boards to inquire about transfer policies. For Med-Peds, consult the ACGME requirements for transfer policies.

Q: *What should happen when a resident contacts a new program regarding a transfer?*

A: The program director refers the resident back to the original program director so that he or she is fully informed and can complete the necessary steps regarding the transfer.

Evaluation of Training:

Q: *May a resident receive any amount of credit for a period of training when an unsatisfactory evaluation is given?*

A: No, if the unsatisfactory evaluation is for clinical performance. If the unsatisfactory evaluation is for professionalism, the program may elect to recommend a period of observation and grant partial or full credit for the period of training.

Q: *May a resident receive two marginal evaluations during a three-year residency program and still receive full credit?*

A: No. If a resident receives a marginal evaluation in clinical performance upon completion of a training year, no credit for a second consecutive marginal year will be granted by the ABP. Likewise, a final year of training must be fully satisfactory for both clinical and professional performance.

Q: *If a combined resident receives a marginal evaluation for the non-pediatric training completed during the year, but receives a satisfactory evaluation for the pediatric training completed during the same training period, what is the evaluation for that training level?*

A: The ABP will record a marginal evaluation for that period of training.

Q: *What happens if a resident receives a final evaluation of unsatisfactory in professionalism at the PL-3 level?*

A: The ABP will ask the program director to recommend a repeat of the PL-3 year of training or a period of observation. The ABP will communicate directly with the resident by letter (with copy to program director) outlining the requirements for the period of observation and what is required for certification. If observation is recommended, the program director must endorse a plan for remediation developed by the resident and communicate with the designated observer. Full disclosure of the professionalism issues is required.

Special Training Pathways:

Q: *What special pathways exist for trainees who wish to pursue non-traditional training?*

A: The ABP Web site lists requirements for all special pathways. These include the Special Alternative Pathway (SAP), the Integrated Research Pathway (IRP), the Accelerated Research Pathway (ARP), and combined training. Also available are the Pediatrics-Child Neurology and Pediatrics-Neurodevelopmental Disabilities training pathways.

Q: *What steps do I take to assist residents entering special pathways?*

A: Carefully review the requirements with the resident. Failure to follow the deadlines for information to be submitted to the ABP will result in the individual's denial to enter the pathway. In the case of the Integrated Research Pathway (IRP) and the Special Alternative Pathway (SAP), the program director applies to the ABP on behalf of the resident. The ABP will notify the program director of its decision.

Q: *Which pathways require pre-approval by the ABP?*

A: The ABP must receive completed petitions for the Integrated Research Pathway (IRP) by the ninth month of residency. Special Alternative Pathway (SAP) petitions must be received by the end of the PL-1 year. Although pre-approval is not required, the ABP must receive notification on the tracking roster of those entering the Accelerated Research Pathway (ARP), Pediatrics-Neurology Pathway or the Pediatrics-Neurodevelopmental Disabilities Pathway at the end of the PL-1 year.

Q: *Which pathways require ACGME approval?*

A: None. Since these pathways are approved for individuals and not the programs, they are not under the purview of the ACGME.

Q: *Does the ABP allow shared or part-time training?*

A: The ABP does allow shared and part-time training, but all clinical training requirements must be met, including continuity clinic. The resident must assume full responsibility for patients comparable to that assumed by other residents in the program. Comparable documentation and evaluations are also necessary.

Residency Tracking:

Q: *One of my resident's names is missing from the confirmation roster. Why?*

A: This individual may not have taken the In-training Examination or perhaps the resident is completing training off-cycle from the usual academic year and is not being evaluated with residents who complete training from May 1 through September 30.

Q: *When are off-cycle residents evaluated?*

A: The Annual Resident In-Training Evaluation Form (RT8) is sent to program directors in the months of October, January, and April for off-cycle residents. The RT8 form will be sent to the program director at the appropriate time at the completion of the off-cycle resident's academic year.

Q: *How do I obtain the information gathered through tracking for a particular resident?*

A: A request on the program's letterhead and signed by the program director must be submitted to the ABP. A summary of the information will be sent to the program director.

Q: *Why do the categorical program directors of internal medicine and general pediatrics need to sign the RT8 forms for medicine-pediatrics residents when there is a designated combined program director?*

A: The ACGME requires shared accountability among the categorical and combined med-peds program directors in order to ensure integration of the combined residents into the core residencies. Having all directors sign the RT8 form helps ensure this level of accountability.

Application for Certification:

Q: *May applicants submit an application for the certifying examination before a license is issued?*

A: Yes. An applicant may submit an application pending licensure but cannot take the certifying examination unless he/she possesses a valid (current), unrestricted medical license.

Q: *When must the final year of training be completed for eligibility to take a certifying examination?*

A: An applicant must satisfactorily complete the standard length of training before the first day of the month in which the examination is administered.

Q: *Are CME credits provided for initial certification?*

A: No, the ABP does not provide or require CME credits for initial certification.

Q: *When are Program Director Reports sent to programs after the General Pediatrics Certifying Examination?*

A: Reports are mailed approximately one month after the release of results to examinees, usually mid to late February.

Q: *Are fees reduced for residents who are in combined residencies and are taking another certifying examination?*

A: The logistics for credentialing applicants in combined residencies require the same processes for categorical pediatrics. In fairness to all candidates, the fees are the same.

Q: *Must a resident meet all deadlines for application? Are there any extenuating circumstances for which the ABP allows a deviation from its deadlines?*

A: Submission of all material required for the application, or for such things as changes in site selection, must be by the published deadlines. The ABP carefully considers the time provided to submit applications and other required material and provides the widest possible window to meet its deadlines and ensure adherence to its procedures for quality assurance. Extenuating circumstances are not considered.

Q: *How may a candidate apply for Special Testing Accommodations for the certifying examination?*

A: The ABP follows the requirements of the Americans with Disabilities Act (ADA) law. Information is available on the ABP Web site.

Q: *How does the ABP determine and modify the cost of the certification examination?*

A: The cost of the general pediatrics certification examination covers its development and administration. This includes meetings of the question writers, the development of test items, the work of the medical editors, the credentialing of applicants for the examination, and psychometric analysis of the results. There are examination site costs including room rentals and honoraria to proctors.

The subspecialty examinations do not generate sufficient revenues to cover their expenses due to the small number of candidates taking those examinations, so there is some cost sharing in order to prevent the subspecialty fees from becoming cost prohibitive.

The ABP's general pediatrics certification fee is the third lowest among the 24 ABMS Medical Boards. Only the American Board of Family Medicine and the American Board of Internal Medicine have lower fees and they each examine far more candidates each year generating significant economies of scale. The ABP strives to keep fees growing at or below annual increases in the Consumer Price Index. Beginning in 2009, the fee includes entry to the Maintenance of Certification (MOC) program, which begins as soon as an individual is certified. This program enhances the value of certification both to the public, which is the primary audience, and to the diplomates of the ABP.

In-training Examination:

Q: *How many ITE examination books should I order?*

A: Order the number needed for the residents in your program. You may want to order a few extra to allow for residents added late in the training year or changes in resident schedules.

Q: *May I order additional ITE examination books?*

A: Additions to your initial order may be made before the deadline date; however, additional books cannot be ordered after the deadline.

Q: *I need one more exam book and we have just received our ITE shipment. May I use one of the emergency five-pack books?*

A: The emergency five-pack is only to be opened and used in case of a defective book. The emergency books do not include answer sheets.

Q: *May a resident completing a rotation at another program take the ITE at that institution?*

A: No, residents completing rotations at other accredited general pediatrics training programs at the time of the examination may not take the examination at other institutions.

Q: *Do all residents have to sit for the ITE on the official examination day?*

A: If it is not logistically possible to administer the examination to all trainees on that date, the examination may be given to some or all of the residents either the day before or the day after the planned examination date.

Q: *May a resident have test accommodations for the administration of the ITE?*

A: The ABP does not grant test accommodations for the administration of the ITE. An individual's program director may arrange such accommodations but should take care to note that the predictive data of the individual's results may not be valid, as that individual may receive different (or no) accommodations for the administration of the certifying examination.

Q: *When will ITE results be released?*

A: Results will be mailed to the Program Director of each program approximately three months after the examination. Individual resident score reports will be included.

Q: *Are the scores on the ITE predictive of performance on the certifying examination?*

A: Please note the bar graphs and data tables provided with the ITE results. These will show the likelihood of passing the certifying examination on the first attempt, based on the ITE score and the individual's training level. Please note also that the number of questions in each topic category for an individual examinee is too small for valid prediction of performance within any one subject category.

Relevant Forms

The American Board of Pediatrics
 111 Silver Cedar Court - Chapel Hill - North Carolina - 27514 - Phone: (919) 929-0461 - Fax: (919) 918-7114
 RESIDENT EVALUATION ROSTER
 20XX-20XX

Program Code Overprinted Here

Program Name Overprinted Here

General Pediatrics

Name of Resident	ID Number	ID Type (SSN/SIN)	*Performance		*Leaving or Terminated	*Shared or Part-time Residency	*Start Date if other than July 1 (MM/DD/YYYY)
			Marginal or Unsatisfactory Clinical	Professional			
PL-1							

Please sign and return this form to the American Board of Pediatrics postmarked no later than **June 5, 20XX**.
 The evaluation of performance must include an assessment of two areas, clinical competence and professionalism.

SAMPLE GENERAL PEDIATRICS RESIDENT EVALUATION ROSTER

*Complete the Annual Resident In-training Evaluation Form (RT 8) for each resident who falls into these categories. Note that clinical competence and professionalism are to be evaluated separately. Professional performance cannot be rated as marginal.

 Program Director's Name Overprinted

 Date

 Phone Number

 Fax Number

 E-Mail Address

The American Board of Pediatrics
 111 Silver Cedar Court - Chapel Hill - North Carolina - 27514 - Phone: (919) 929-0461 - Fax: (919) 918-7114
RESIDENT EVALUATION ROSTER
 20XX - 20XX

Program Code Overprinted Here

Program Name Overprinted Here

Pediatrics/Emergency Med

Name of Resident	ID Number	ID Type (SSN/SIN)	*Performance Marginal or Unsatisfactory Clinical Professional	*Leaving or Terminated	*Shared or Part-time Residency	*Start Date if other than July 1 (MM/DD/YYYY)
PL-1						
PL-2						
PL-3						
PL-4						

Please sign and return this form to the American Board of Pediatrics postmarked no later than **June 5, 20XX**.
 The evaluation of performance must include an assessment of two areas, clinical competence and professionalism.

**SAMPLE OF BLANK COMBINED ROSTER FOR
 ADDING RESIDENTS NOT OVERPRINTED ON
 THE COMBINED TRAINING ROSTER**

 Program Director's Name Overprinted

 Date

*Complete the Annual Resident In-training Evaluation Form (RT 8) for each resident who falls into these categories.
 Note that clinical competence and professionalism are to be evaluated separately. Professional performance cannot be rated as marginal.

ANNUAL RESIDENT IN-TRAINING EVALUATION (RT8)

Please use this form if the resident has completed one year of training (12 months, one of which may be used for vacation or leave) and (a) is leaving or being terminated; (b) if his/her performance is unsatisfactory or marginal; (c) if he/she is part-time or shared; or (d) if he/she started training on a date other than July 1.

Name of Resident _____

Government ID Number _____

Name of Training Program _____

Name of Program Director _____

ABP Program Code _____

Year of training being evaluated: _____
(eg, PL-1, PL-2)

Duration: _____ to _____
Mo/Day/Yr Mo/Day/Yr

Note: Clinical competence and professionalism are to be evaluated separately.

Current Training: (Mark one)

- Categorical Pediatrics
- Peds/PM&R
- Peds/EM
- Peds/Psych/Child Psych
- Peds/Medical Genetics
- Peds/Derm
- Other (explain on reverse side)

Evaluations were:

A. Clinical Competence
(Mark one.)

- Satisfactory
- Marginal*
- Unsatisfactory**

B. Professionalism
(Mark one.)

- Satisfactory
- Unsatisfactory
 - Repeat Year of Training
 - Period of Observation

Status in the Program (Please check one of the following.)

1. The resident receives credit for successfully completing _____ months of training and is either leaving voluntarily or will not be reappointed to this program. (number)
2. The resident is part-time or shares a position and receives credit for completing _____ months of training successfully and is remaining in the program. (number)
3. The resident started training on a date other than July 1 and has completed _____ months of training successfully. (number)
4. *The resident has some unresolved problems and receives credit for _____ months of training. (number)

- He/she will continue training in the program.
- He/she is leaving the program

5. **The resident's clinical competence during this year was unsatisfactory and he/she receives no credit for this year.
 - He/she will continue training in the program.
 - He/she is leaving the program

6. ***The resident's professional performance during this year was unsatisfactory. If a period of observation is recommended rather than a repeat year of training, please explain on the reverse side of this form.
 - He/she will continue training in the program.
 - He/she is leaving the program

7. Other. (Please explain on reverse side of this form.)

CONTINUE ON REVERSE SIDE

If the resident has left or is leaving your program voluntarily or has been terminated, please provide his/her mailing address (home or Hospital) and give his or her new activity.

Resident's new mailing address:

Resident's new activity or new training program (if applicable):

Other remarks:

If either evaluation is marginal or unsatisfactory, the resident's signature is requested.

I have reviewed this form.

Signature – Resident

Date

Signature – Program Director

Signature – Department Chair (if not the Program Director)

Date

**Combined Medicine-Pediatrics
ANNUAL RESIDENT IN-TRAINING EVALUATION (RT8)**

Name of Resident

Government ID Number

Name of Training Program

Name of Combined Program Director or Designated Administrative Director

ABP Program Code

Year of training being evaluated: _____
(R-1, R-2, R-3)

Duration: _____ to _____
Mo/Day/Yr Mo/Day/Yr

Note: Clinical competence and professionalism are to be evaluated separately.

<p><u>Pediatrics</u> Evaluations were:</p> <p>A. Clinical Competence (Mark one.)</p> <p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal* <input type="checkbox"/> Unsatisfactory**</p> <p>B. Professionalism (Mark one.)</p> <p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory*** <input type="checkbox"/> Repeat Year of Training <input type="checkbox"/> Period of Observation</p> <p>The resident receives credit for _____ months of pediatrics training during this period. <i>number</i></p>	<p><u>Internal Medicine</u> Evaluations were:</p> <p>A. Clinical Competence (Mark one.)</p> <p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal* <input type="checkbox"/> Unsatisfactory**</p> <p>B. Professionalism (Mark one.)</p> <p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory*** <input type="checkbox"/> Repeat Year of Training <input type="checkbox"/> Period of Observation</p> <p>The resident receives credit for _____ months of internal medicine training during this period. <i>number</i></p>
--	--

Status in the Program (Please check any of the following that are applicable.)

1. The resident's clinical competence is satisfactory and he/she continues training in this program.
2. The resident's clinical competence is satisfactory and he/she is either leaving voluntarily or will not be reappointed to this program.
3. The resident is part-time or shares a position and is remaining in the program.
4. The resident started training on a date other than July 1.
- *5. The resident's clinical competence is marginal (ie, has some unresolved problems).
 - The resident will continue training in this program.
 - The resident is no longer training in this program.
- **6. The resident's clinical competence during this year was unsatisfactory; he/she receives no credit for this year.
 - The resident will continue training in this program.
 - The resident is leaving this program.
- ***7. The resident's professional performance during this year was unsatisfactory. If a period of observation is recommended rather than a repeat year of training, please explain on the reverse side of this form.
 - The resident will continue training in the program.
 - The resident is leaving this program.

8. Other. (Please explain on reverse side of this form.)

CONTINUE ON REVERSE SIDE

If the resident has left or is leaving your program voluntarily or has been terminated, please provide his/her mailing address (home or hospital) and give his or her new activity.

Resident's new mailing address:

Resident's new activity or new training program (if applicable):

Other remarks:

If either evaluation is marginal or unsatisfactory, the resident's signature is requested.

I have reviewed this form.

*Signature – Combined Medicine-Pediatrics Program Director
or Designated Administrative Director* *Date*

Signature – Resident

Signature – Categorical Pediatrics Program Director *Date*

Date

Signature – Categorical Internal Medicine Program Director *Date*

RESIDENT INCOMPLETE TRAINING INFORMATION (RT11)

Please complete if a resident leaves your program before completing 11 months of training during a training year.

Name of Resident

Government ID Number

Name of Training Program

Name of Program Director

ABP Program Code

Year of training: _____
(PL-1, PL-2, R-1, R-2, R-3)

Duration: _____ to _____
Mo/Day/Yr Mo/Day/Yr

The resident receives credit for _____ months of training during this period.
(number)

Note: Clinical competence and professionalism are to be evaluated separately.

Current Training: (Mark one)

For the above period his/her work was:

A. Clinical Competence
(Mark one.)

B. Professionalism
(Mark one.)

- Satisfactory
- Marginal*
- Unsatisfactory*

- Satisfactory
- Unsatisfactory*
- Repeat Year of Training
- Period of Observation

- Categorical Pediatrics
- Med-Peds
- Peds/PM&R
- Peds/EM
- Peds/ Psych/Child Psych
- Peds/Medical Genetics
- Peds/Derm
- Other (explain below)

Name of New Training Program

Name of New Program Director

Location of New Program

*Other Remarks (Use reverse side if necessary.)

I have reviewed this form.

Signature – Program Director

Signature – Resident

Signature – Department Chair (if not the Program Director)

Date

Date

The American Board of Pediatrics
111 Silver Cedar Court • Chapel Hill, NC 27514-1513 • Phone (919) 929-0461 • FAX (919) 918-7114

RESIDENT ADDITION INFORMATION

Please complete if a resident joins your program at a time other than June or July.

Name of Resident

Government ID Number

Mark the correct box: Gender: Male Female

Medical School Graduate: AMG IMG

Name of Training Program

Name of Program Director

ABP Program Code

Year of Training: _____ Start Date: _____ Anticipated end date of this training year: _____
(PL-1, PL-2, R-1, R-2, R-3) *Mo/Day/Yr* *Mo/Day/Yr*

Training area: Categorical Pediatrics Med-Peds Peds/PM&R Peds/EM Peds/Derm
 Peds/Psych/Child Psych Peds/Medical Genetics Other (explain on reverse side)

Explanation of why resident was added at a time other than the beginning of a new training year (off cycle):

Name of Previous Training Program or Previous Activity: _____

Name of Previous Program Director: _____

Location of Previous Program: _____

Other Remarks (eg, visa problems, credit for international pediatric training, credit for other specialty training, shared or part-time, maternity or other leave): *Use reverse side if necessary.*

Signature - Program Director

Date



111 Silver Cedar Court, Chapel Hill, NC 27514-1513
Phone: (919) 929-0461 Fax: (919) 918-7114

CONSENT FOR RELEASE OF INFORMATION TO THE AMERICAN BOARD OF PEDIATRICS

Resident's Name: _____ Date: _____

Program Name: _____

The American Board of Pediatrics (ABP) requires that each resident who seeks ABP certification must be evaluated annually by his/her program director as part of the certifying process. A resident must have a satisfactory evaluation for each year of training in order to be admitted to the ABP certifying examination.

Yes No I understand that in order for me to be admitted to the ABP Certifying Examination, the program directors or their designees must submit to the ABP the results of my annual evaluation.

Yes No I hereby give my consent to program directors or their designees to send annual evaluation information to the ABP to be used for certification purposes.

Signature of Resident: _____ Date: _____

Please do not return this form to the ABP office.

It is to be kept in the resident's file at the training program.

THE AMERICAN BOARD OF PEDIATRICS
111 Silver Cedar Court* Chapel Hill, NC 27514-1513 * (919) 929-0461

VERIFICATION OF CLINICAL COMPETENCE FORM - RT 12

 Name of Physician ID #

 Training Program Program Code

 Training Program Director

1. Training (Absences in excess of 1 month/year of training (eg, vacation, sick leave, parental leave) must be made up. The ABP must approve any variation in this requirement.)

Prog Code	From	To	Type	Level	Area	# Months Credit	Clinical Eval	Prof Eval
-----------	------	----	------	-------	------	-----------------	---------------	-----------

Date

Please verify the training listed for the above-named physician by initialing here: _____
 Program Director's Initials

2. Basis of Evaluations

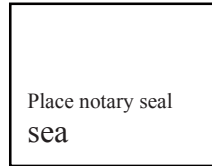
The following assessment is based on (check all that apply):

- my own observation
- faculty evaluations
- evaluation committee reports
- other, specify _____

3. Attestation

I certify that the evaluations on the reverse side of this form are an accurate reflection of this physician's competence as a pediatrician upon completion of residency training.

 Signature of Program Director (sign in ink)



 Signature of Notary Public (Sign in ink)

 Date My Commission Expires

Or, Signature of two witnesses:

4. Evaluation of Clinical Competence The components of clinical competence have been identified below. Indicate whether this physician has or has not satisfactorily achieved competence in each area.

A physician who receives an unsatisfactory evaluation in any of the competencies will be disapproved for the certifying examination.

Patient Care

Gathers essential and accurate information. Performs a complete history Unsatisfactory Satisfactory

and physical examination. Orders appropriate diagnostic studies. Unsatisfactory Satisfactory

Makes informed diagnostic and treatment decisions. Analyzes and synthesizes information. Knows limits of knowledge and expertise. Unsatisfactory Satisfactory

Develops and carries out patient care management plans. Prescribes and performs procedures competently. Effectively counsels patients and families and allays fears and provides comfort. Unsatisfactory Satisfactory

Medical Knowledge

Knows, critically evaluates, and uses current medical information and scientific evidence for patient care. Unsatisfactory Satisfactory

Interpersonal Skills and Communication

Demonstrates interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates. Unsatisfactory Satisfactory

Professionalism

Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity. Unsatisfactory Satisfactory

Practice-Based Learning and Improvement

Investigates and evaluates patient care practices, appraises and assimilates scientific evidence, and uses these to improve patient management. Unsatisfactory Satisfactory

Demonstrates a willingness to learn from errors.

Systems-Based Practice

Practices quality health care that is cost-effective and advocates for patients within the health care system. Unsatisfactory Satisfactory