General Pediatrics

Program Director's Guidebook

to the ABP

THE AMERICAN BOARD *of* PEDIATRICS

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PREFACE

Being a program director is a complex job – at times confusing, but very rewarding. The Education and Training Committee of the American Board of Pediatrics is well aware of these myriad roles and responsibilities. This Program Director's Guide was originally created in 2008 and that effort was led by Ann Guillot MD, senior editor and Stephen Ludwig MD, committee chair. The goal of this updated version is to help you understand your interactions with the American Board of Pediatrics (ABP) and aid you in being an effective and well informed program director. We hope this is a helpful resource.

Thank you to the members of the Education and Training Committee for their work on this revised manual. We thank Gail McGuinness, our continued leader as Executive Vice President of the ABP, who has our constant admiration and respect. Thanks also to Lee Currin and Kimberly Durham, and other unnamed members of the ABP staff for their efforts.

2015–16 Education and Training Committee

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ABP SCHEDULE OF COMMUNICATIONS AND IMPORTANT EVENTS

DATE	COMMUNICATION OR EVENT
July	• General Pediatrics In-Training Examination (ITE)
September	• Confirmation of Resident Evaluation and Training Information Rosters. Due to ABP in October
October	• General Pediatrics ITE results • ANNUAL RESIDENT IN-TRAINING EVALUATION (RT8) Forms for off-schedule Residents. Due to ABP the last week of October
December	• File Copy of Confirmation of Resident Evaluation and Training Information Rosters sent to PDs. File copy does not need to be returned to ABP.
January	• Announcement of General Pediatrics Certifying Examination and Registration Details • Notice to PD regarding incoming transfer residents
February	• General Pediatrics In-Training Examination (ITE) Registration for next academic year. Registration closes 3rd week of April • Report of certifying exam results
March	• Integrated Research Pathway submission deadline
April	• Registration for ITE closed • Deadline for Certifying Examination Applications • 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 – to be distributed to new residents
May	• Tracking Forms for Resident Evaluations sent to PDs; due to ABP in June • Provide names of Residents in Non-Standard Pathways; due to ABP in June. • VERIFICATION OF CLINICAL COMPETENCE FORM (RT12) sent; due to ABP first week of June

ABP PROGRAM DIRECTORS PORTAL

Program Directors and Program Coordinators of accredited general pediatrics and medicine-pediatrics programs may access the ABP's Program Portal at olt.abp.org.

In the initial phase of the portal, directors and coordinators can:

- Manage their profiles
  - Change the program director's contact information
  - Add or change a program coordinator
  - Provide a coordinator access to the portal
  - Update the program's contact information
- Order General Pediatrics In-Training Examinations (ITE) (General Pediatrics Directors and Coordinators only)
- View, download and export examination results
- Access resources

In a future phase, the tracking and credentialing components of the Tracking System will become available.

ABP CONTACT INFORMATION

For questions, you may contact us by calling 919-929-0461 or by emailing us (see below):

AREA	CONTACT INFORMATION
Residency Tracking, Evaluation, and Training Issues	email: restrack@abpeds.org
General Pediatrics In-Training Examination (ITE)	email: ite@abpeds.org
General Pediatrics Certifying Examination	email: gpcert@abpeds.org
Program information, order ITE, and view reports	website: olt.abp.org
Policies and information pertinent to program directors	website: www.abp.org/content/program-directors
MOC, credit banking, resident use	email: moc@abpeds.org
Credentialing and Nonstandard Training Pathways	website: www.abp.org/content/non-standard-pathways-and-combined-programs
General email address	email: abp@abpeds.org

CERTIFICATION AND MAINTENANCE OF CERTIFICATION

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 thus ensuring the public of the pediatrician's competence.

The American Board of Medical Specialties (ABMS), of which ABP is a member, and the ACGME require that all graduates of accredited graduate medical education (GME) programs achieve competency in the following six broad and diverse domains: patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

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. From the time of successful graduation from residency, the candidate has 7 years to pass the certifying examination. Once that time period expires, a period of supervised practice in the environment of accredited training will need to be completed for the candidate to regain eligibility to take the certifying exam. Certification is important to assure the public that an individual possesses the skills and abilities to provide a high standard of care for children.

Prerequisites for Initial Certification

Residents seeking initial certification must: 1) complete an ACGME accredited training program in pediatrics within the previous 7 years, 2) receive an attestation from the program director of satisfactory performance and 3) must obtain a valid, unrestricted medical license.

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 ongoing issues early so as to prevent concerns 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 Performance/ Program Director Responsibilities

The American Board of Pediatrics is relying on program directors to make robust decisions on each trainee's progress on a yearly basis and ultimately to verify that they have demonstrated competence in all 6 ACGME domains to be eligible to take the ABP certifying examination. These domains of competence include patient care and procedural skills, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, and systems based practice. This process calls for multiple methods of assessment. The basis of these assessments should be grounded in direct observation of the residents in a variety of settings performing a variety of patient care tasks, including demonstration of evidence to support

procedural competence. There are many resources available on which to rely for principles of assessment as well as tools to carry out the necessary observations. The ABP has a guide for program directors called Assessment in Graduate Medical Education: A Primer for Pediatric Program Directors available on its website. In addition, the Association of Pediatric Program Directors (APPD), ACGME and Academic Pediatric Association (APA) have resources as well. The program director should also monitor the total environment of the program to ensure that such factors as internal politics, personality conflicts, isolated critical incidents, and other circumstances do not damage a resident's reputation or result in misleading or erroneous evaluations. Assessment is the fundamental responsibility of the program director.

The process for assessing resident progress during training requires multiple different evaluators as well as multiple methods of assessments. The evaluators should include faculty, colleagues, allied health professionals, nurses, administrative staff, social workers, pharmacists and families. All assessment information including both formative and summative evaluations should be collected every 6 months for review by the clinical competency committee. This committee should be made up of a broad range of individuals including program directors, service leader representatives from ambulatory, inpatient and ICU settings, and departmental education leaders to allow broad input on each resident. The clinical competency committee serves the important function to synthesize the multiple quantitative and qualitative assessments and advises the program director, but the program director has the ultimate responsibility to judge whether the learner is ready to enter unsupervised practice. Final entrustment decisions must reside with the program director. (The Pediatric Milestone Project). Residents who require remediation must have a documented written plan that both the program administration and resident have signed. Data for 21 of the 48 pediatric milestones are reported to the ACGME, but not the ABP. The yearly progress however should form the basis for the program director's yearly report of performance to the ABP and ultimately their ability to take the certification exam.

Assessment of residents is a fundamental responsibility of a program director. The ability to effectively evaluate residents is a learned skill that must be based in direct observation of care in the workplace. The skill must be taught through faculty development. Workshops at national meetings are a good place to learn the approach of other programs and as a source for resources. The assessment of residents evolves continually over time. The focus currently is on the pediatric developmental milestones, but there is also a complementary approach using entrustable professional activities (EPAs). These are the activities that define the profession. The EPAs for a pediatrician can be found on the ABP website. Together with the milestones, EPAs can be used as an effective framework for assessment.

Documentation and Feedback

It is important that all residents receive feedback at regular intervals. It is equally important to document residents with problems. Residents with specific problems, including impairment, and those potentially unsuitable for certification must be monitored closely. 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. For a trainee to continue through the program and not be competent is a disservice to the trainee, the program and the public.

The ACGME requires that all pediatric training programs maintain written documentation of resident performance and requires documentation of the semiannual feedback, including milestones to each resident regarding his/her performance and progress in the program. The ABP strongly supports the concept of careful written documentation of the performance and progress of residents. 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. It is a disservice to the resident and the public when the resident's performance is less than acceptable.

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. The ACGME requires that a summary evaluation 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 throughout practice, it is incumbent upon program directors to empower residents with learning and assessment during training so that they acquire the needed skills and habits of practice to do so. The purpose of the Resident Orientation Slide Deck is to introduce residents to the ABP, assessment of competence, requirements for certification, and provide the foundation for future practice responsibility while underscoring the importance of lifelong learning that will that will span their career. The Resident Orientation Slide Deck (annotated) can be downloaded from: https://www.abp.org/sites/abp/files/ppt/resident_orientation_slides.pptx.

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, i.e., 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. Further MOC details can be found: https://www.abp.org/content/moc-overview

As part of the MOC for Residents program, residents have full access to all ABP-developed activities, including Self-Assessment (Part 2) and Quality Improvement (Part 4) activities. Residents will be able to earn Part 4 MOC credit for ABP-approved quality improvement work completed during residency. They can then apply credit earned toward their first MOC cycle once they pass their initial ABP examination: https://www.abp.org/content/moc-for-residents

ABP Privacy Policy

In the course of the in-training, certification, and maintenance of certification processes, the ABP must collect, utilize and, in some cases, share with third parties various forms of personal and professional information and to explain the ABP's policies and practices regarding the privacy of such information. The ABP has adopted a Privacy Policy applicable to the collection, use, and disclosure of such personal and professional information. Trainees are encouraged to review the ABP's full privacy policy as posted on the ABP's website: https://www.abp.org/content/privacy-policy.

It is the primary responsibility of the program director to complete and send the annual evaluation summary to the ABP. It is suggested that the training program director obtain the resident's consent to do so.

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 for Graduate Medical Education (ACGME) on advice of the Review Committee for Pediatrics, 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.

Required Duration of Training for Categorical Pediatrics

Thirty-three months of categorical pediatrics training (not including vacation or leave) 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 believes 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. Residents in combined training may not take more than 1 month of vacation or leave per year. Absences in excess of 1 month per year may not be waived for combined trainees. 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.

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 ACGME Program Requirements for Graduate Medical 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 with advancement or marginal with extension, 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 may be required to determine if the performance is satisfactory or unsatisfactory. Details about marginal ratings are found below and on the ABP website:

- Marginal with Advancement to Next Level: Marginal evaluation at the end of the academic year with advancement to the next level means the resident has earned 12 months or 13 blocks of training credit and moves to next level.

- Marginal with Extension at Same Level: This evaluation means more time is needed to make a valid assessment. The program director will be asked to provide the anticipated completion date of the extended level of training. An extension might be necessary because the resident has failed rotations or has significant deficiencies without a failed rotation. In those cases, even if the resident is successful on the repeated rotation, there must be an extension of training beyond the usual 3 years, or the required amount of training for combined residencies. No partial credit for the level is recorded, as this is an interim evaluation. At the end of the extended period of training, the ABP requests an evaluation of the full year of training. If the evaluation is satisfactory, the resident will receive full credit (12 months). It is also possible that the evaluation at the end of the extension will remain marginal with advancement to the next level or unsatisfactory with no credit.

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. Questions can be directed to restrack@abpeds.org.

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 (e.g., 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.
- Chief residents in the 4th year of appointment may take the ITE.
- Once residents complete the pediatric portion of combined training programs, they are no longer eligible to take the ITE.

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. It also should be emphasized to residents that exam security is critical and that an honor code exists for conduct during the exam. Violations of security can include reproduction of test items, discussion with colleagues of specific exam items or sharing information about test items on electronic or social media.

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.
- 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-Anesthesiology 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.
- Log on to the Program Portal for information regarding ordering and administering the ITE.

Use of ITE Results in Applications for Fellowship and Other Positions

Program directors should not use the ITE as the sole means of determining if a resident has satisfactorily completed a year of training. The purpose of the ITE exam is to benefit the learner and to be used as a tool to guide their learning, demonstrating their strengths and weaknesses. It is not intended that the learner prepare for the ITE since it is not a high stakes exam. The ITE is meant to be informative and not be used to make decisions regarding suitability for entry into fellowship.

Also, the ABP strongly discourages program directors and residents from providing ITE test results as part of the fellowship application process. Using the exam for purposes other than self-assessment (either individual or program) constitutes a misuse of the scores and compromises the validity and meaningfulness of the results. Program directors should not provide results to other programs. It is recommended that program directors explain this philosophy and the proposed use of ITE results to residents who will take the ITE.

Credit for Previous General Pediatrics Training After an Interruption

Residents who experience an interruption in general pediatrics training for greater than 24 continuous months and who wish to re-enter residency training in general pediatrics must petition the ABP to determine whether credit may be awarded for prior training. The request for credit must be submitted by the candidate or the residency program director before the candidate re-enters residency training in general pediatrics.

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. A 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 of 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. The individual must enter training at the PL-1 level, but at the discretion of the program director, may be advanced to the PL-2 level based upon the program director's assessment of competence. A full year at the PL-3 level must be completed. 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).

Osteopathic Pediatric Training and Eligibility for ABP Certification

The ABP requires that applicants for certification in general pediatrics complete 3 years of training in programs accredited by ACGME or in programs in Canada accredited by the Royal College of Physicians and Surgeons of Canada. In light of the agreement between ACGME, the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine for a single accreditation system announced in February 2014, the ABP will accept applications from individuals who have completed osteopathic pediatric residency training only if the training has been accredited by ACGME for the entire duration of required training. Training completed while the osteopathic training program either has not applied for accreditation by ACGME or has applied and has the status of pre-accreditation cannot be used to fulfill the requirements for certification by the ABP.

Time-Limited Eligibility for Initial Certification Examinations

Beginning with the examination administered in 2014, the American Board of Pediatrics requires that applicants have completed the training required for initial certification in general pediatrics within the previous 7 years (e.g., 2007 or later for examinations administered in 2014). If the required training was not successfully completed within the previous 7 years, the applicant must complete an additional period of supervised practice in a training program accredited by the ACGME in the US, or the RCPSC in Canada in order to apply for certification. The purpose of the requirement is to provide the ABP with an independent assessment of the individual's contemporary competence to practice pediatrics without supervision. Such verification of contemporary competence is required before the ABP will allow an additional 7-year window of eligibility to sit for the certifying examination. Additional details about this policy can be found on the ABP website.

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:

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. 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 fellowship in a pediatric subspecialty or an accredited specialty residency such as medical genetics or allergy and immunology. 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 (scholarly activity), 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.

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 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. 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 and 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.

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, 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. Residents who enter the Pediatrics – Child Neurology Pathway and the Pediatrics-Neurodevelopmental Disabilities Pathway must be listed as such on the tracking roster during the PL-1 year as well.

The opportunity to sit for the general pediatrics certifying examination also varies. 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 two years of general pediatrics and 12 months of clinical subspecialty training. All six years of training must be completed before the subspecialty certifying examination can be taken. 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. 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 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 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 Review Committee in each of the specialties. Medicine-pediatrics programs are accredited by the ACGME; all other combined programs must be approved by their respective boards. Examples include Pediatrics and Medical Genetics and Pediatrics and Physical Medicine and Rehabilitation.

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 (e.g., 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 (e.g., 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-training 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 (e.g., 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	Integrated Research	Accelerated Research	Subspecialty Fast-tracking	Dual Subspecialty	Combined (Med-Peds) Subspecialty
General Pediatric Residency Training (years)	3	4	4-5	2	2	2	3	2	3	3	4
Subspecialty Fellowship Training (years)	3						2-3	4	2	4-5	4-5
ABP Pre-approval of candidates	No	No	No	No	No	Yes	Yes	No-Peds Subs Yes-Allergy-Immunology	Yes	Yes	Yes
Years of Training for Eligibility to take GP Certifying Examination	3	4	4-5	5	5	2	Variable	Variable	3	3	4
Years of Training for Eligibility to take Subspecialty Certifying Examination	6						5-6	6	5	7-8	8-9
Prerequisites						3 Years of Non-Accred Training	PhD or Equivalent Research Experience		Research Accomplishment prior to Fellowship		Med-Peds Residency
Scholarly "Work Product" Required	Yes						Yes	Yes	No	Yes	Yes

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 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. The resident must complete all required training experiences; only elective time may be waived.

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 forego 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 information 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: May graduates of international medical schools who are accepted into subspecialty fellowship training as an exception under ACGME policy complete general pediatrics training after they finish the fellowship training?

A: Yes. If these individuals have completed at least 3 years of general pediatrics training in another country, they may apply for a waiver of 1 year of required general pediatrics training in the US under the Policy Regarding Individuals with Non-accredited Training. If requirements are met, the individual must complete 2 years of general pediatrics. It is important to note the effects of the Time Limited Eligibility for Initial Certifying Examinations for those who complete subspecialty training before general pediatrics training.

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 (found on the Program Portal) 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. If the previous training was completed more than 24 months prior to the transfer, the ABP must be consulted.

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. Thus, both PDs must be aware of the planned transfer. It is reflective of a resident's professional behavior that this process is followed. A transfer can have implications around work load for both programs.

Q: How long may a resident be away from residency and still retain full credit for the previous training?

A: A resident may interrupt training for no longer than 24 continuous months. If the resident wishes to resume training after 24 months, s/he must petition the ABP for a review of previous credit. The length of time away from training, the activity during the time away, and the evaluations received will be taken into account during the review.

Q: May residents participate in Part 4 Maintenance of Certification MOC activities?

A: Yes. Access the ABP website for details about obtaining bankable credit for MOC Part 4.

Evaluation of Training:

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

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 yearly 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. Once the program director reports the evaluation to the ABP, the program director will be provided with a toolkit to be used when planning the period of observation. 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 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) the program director applies to the ABP on behalf of the resident by the ninth month of the PL-1 year. 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. 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, which assures the ABP that the specific training requirements in the general pediatrics training are being completed.

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-G or RT8-M) is sent to program directors in the months of October, January, and April for off-cycle residents. The RT8-G or RT8-M 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-M 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, usually September 30.

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 available to programs after the General Pediatrics Certifying Examination?
A: A roster of program results is posted to the ABP Program Portal shortly after results are released to examinees. A more detailed report consisting of a seven-year report of summary statistics is posted to the Program Portal in 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, 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: Once training has been completed, how long is the individual eligible to apply for certification or take an examination?
A: The individual has 7 years after the successful completion of training in which to become certified Details may be found in the Time-Limited Eligibility for Initial Certification Examinations

Q: How may a candidate apply for Testing Accommodations for the certifying examination?
A: The ABP follows the requirements of the Americans with Disabilities Act Amendments Act. The policy is available on the ABP website.

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 and administration of the computer based examination. 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 one of the lowest among the 24 ABMS Medical Boards. 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. 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. The ABP is committed to keeping fees as low as possible.

In-training Examination:

Q: How do I order ITE examinations?
A: Program directors and coordinators are able to log into the ABP Program Portal and order the examinations. Payment for the ITE is due 30 days following the receipt of the order. The ABP accepts payment by credit card or EFT (electronic funds transfer). Checks are not accepted.

Q: How many ITE examinations should I order?
A: Consider ordering the number needed for all residents in your program. Be sure to include the

number of residents who will begin training the next academic year. Programs will not be allowed to decrease the number of examinations ordered or to receive refunds for any extra examinations ordered. Additions to the initial order must be made by the deadline, regardless of any changes of resident numbers. You may wish to consider ordering a few extra exams to allow for residents added late in the training year. Don't forget to include combined training program residents in your order.

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 during the testing window?
A: Yes. The ABP allows eight days for administering the examination. If a resident cannot take the examination within that eight-day window, it is not possible to reschedule the examination.

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 individual may receive different (or no) accommodations for the administration of the certifying examination. The ABP will conduct an independent review for test accommodations at the time of application for the examination.

Q: When will ITE results be released?
A: Results are available to program directors approximately three months after the examination.

Q: Are the scores on the ITE predictive of performance on the certifying examination?
A: While it is impossible to predict whether a resident will pass the certifying examination, the ABP does provide information to help Program Directors gauge whether an individual resident is on track to be successful on the certifying exam. Included in the ITE reports are a graph and set of tables showing the relationship between ITE and certifying exam scores based on performance data from first-time takers of the certifying exam who also took the ITE. Using a resident's training level and ITE score, Program Directors can see how many former residents who achieved that ITE score passed the certifying exam on their first attempt.

ABP RELEVANT FORMS AND OTHER RESOURCES

Relevant Forms

Sample Residency Tracking forms follow. The Resident Evaluation Roster and other forms are mailed to program directors at specific times during the year. Blank forms are included and may be duplicated as needed. Please do not submit the sample forms; if you need assistance, please contact restrack@abpeds.org.

Resident Evaluation Roster lists the residents by name and is used to mark any who received adverse evaluations, are leaving the program, are completing part time training or who have start dates other than July 1.

RT8 (**Annual Resident In-Training Evaluation**) is the detailed form to be completed for residents marked on the **Resident Evaluation Roster** for the reasons listed above. Note that the resident must sign if performance is marginal or unsatisfactory. The **RT-8- G** is used for general pediatrics residents.

RT-8 M must be completed for each combined medicine-pediatric resident, regardless of whether the training has been irregular.

RT11 (**Resident Incomplete Training Information**) must be completed for a resident who leaves the program with less than 11 months completed training in a year. This form also must be signed by the resident.

RT10 (**Resident Additions**) is the form completed when a resident is added to the program.

RT12 (**Verification of Clinical Competence**) must be completed at the end of training for each resident. The RT-12 verifies competence in the 6 ACGME competency areas. This form must be notarized.

Other ABP Resources

A Guide to Board Certification – Booklet of Information
Non-Standard Pathways and Combined Programs
Training Irregularities – General Pediatrics

Assessment in GME: A Primer for Pediatric Program Directors
Teaching and Assessing Professionalism: A Program Director's Guide
The Pediatrics Milestone Project
Program Directors Newsletter

Pediatric Residents: Evaluating Your Clinical Competence in Pediatrics
Resident Newsletter
Resident Orientation Slide Deck
MOC Slide Deck Reference

ABP Privacy Policy

The documents and resources above are also available at: www.abp.org/content/program-directors.
Updates and new documents for program directors will also be posted in this section of the ABP website and available via the ABP Program Portal.

THE AMERICAN BOARD OF PEDIATRICS
111 Silver Cedar Court - Chapel Hill, North Carolina - 27514-1513 - (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 PL-1	*ABP ID + Last 4 digits of Govt ID ABP ID # - GOVT #*	**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-2

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.

*Complete the Annual Resident In-training Evaluation Form (RT8-G or RT8-M) for each resident who falls in 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

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For Residents with End Dates not between May & September of 20XX

Program Code Overprinted Here *Program Name Overprinted Here*

Training Type	*Training Area*	*Training Level*	*Resident Name*	*Start Date*	*End Date*

Total Residents off schedule:

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ANNUAL RESIDENT IN-TRAINING EVALUATION

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 _____ *ABP# - LAST 4 DIGITS OF GOV'T#* _____

Name of Training Program _____ *ABP Program Code* _____

Name of Program Director _____

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

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

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

Evaluations are:		Current Training: *(Mark one.)*	
A. Clinical Competence: *(Mark one.)*	B. Professionalism: *(Mark one.)*	☐ Categorical Pediatrics	☐ Peds-Medical Genetics
☐ Satisfactory	☐ Satisfactory	☐ Peds-MD/PhD	☐ Peds-Anes
☐ Marginal with Advancement to Next Level*	☐ Unsatisfactory**	☐ Peds-EM	☐ Other *(Explain on reverse side.)*
☐ Marginal with Extension at Same Level**	○ Repeat Year of Training	☐ Peds-Int/Child Psych	
☐ Unsatisfactory* (No credit is granted)	○ Period of Observation		

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

1. ☐ The resident is leaving the program and receives credit for successfully completing _____ *(number)* months.
2. ☐ The resident is part time or shares a position and receives credit for successfully completing _____ *(number)* months and is remaining in the program.
3. ☐ The resident started training on a date other than July 1. (*Please explain on reverse of this form.)*

*4.A ☐ The resident's clinical competence is marginal with advancement to the next level and the resident receives full credit for this year of training.

○ The resident will continue training in this program ○ The resident is leaving this program

**4.B ☐ The resident's interim evaluation for clinical competence is marginal with an extension of training at the same level until _____ *(Anticipated end date of extension)*.

○ The resident will continue training in this program ○ The resident is leaving this program

*5. ☐ The resident's clinical competence was unsatisfactory. (*The ABP records no credit for unsatisfactory performance.)*

**6. ☐ The resident's professionalism was unsatisfactory. *(If a period of observation is recommended rather than a repeat year of training, please explain on the reverse.)*

○ The resident will continue training in this program ○ The resident is leaving this program

7. ☐ Other. *(Please explain on reverse.)*

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/her new activity.

Resident's new contact information:

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.

Resident's Name (printed)

Signature – Program Director

Signature – Resident

Signature – Department Chair (if not the Program Director)

Date

Date

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Combined Medicine-Pediatrics
ANNUAL RESIDENT IN-TRAINING EVALUATION

Name of Resident _____ *ABP# - LAST 4 DIGITS OF GOV'T#* _____

Name of Training Program _____ *ABP Program Code* _____

Name of Combined Program Director or Designated Administrative Co-Director _____

Year of training being evaluated: _____ *(R-1, R-2, R-3)* Duration : _____ *Mo/Day/Yr* to _____ *Mo/Day/Yr*

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

PEDIATRICS Evaluations are:	
Clinical Competence: *(Mark one.)*	Professionalism: *(Mark one.)*
☐ Satisfactory	☐ Satisfactory
☐ Marginal with Advancement to Next Level*	☐ Unsatisfactory**
☐ Marginal with Extension at Same Level**	○ Repeat Year of Training
☐ Unsatisfactory* (*No credit is granted.*)	○ Period of Observation

INTERNAL MEDICINE Evaluations are:	
Clinical Competence: *(Mark one.)*	Professionalism: *(Mark one.)*
☐ Satisfactory	☐ Satisfactory
☐ Marginal with Advancement to Next Level*	☐ Unsatisfactory**
☐ Marginal with Extension at Same Level**	○ Repeat Year of Training
☐ Unsatisfactory* (*No credit is granted.*)	○ Period of Observation

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

1. ☐ The resident's clinical competence is satisfactory and the resident receives credit for _____ *(number)* months in pediatrics and _____ *(number)* months in internal medicine.
   ○ The resident will continue training in this program. ○ The resident is leaving this program.

2. ☐ The resident is part-time or shares a position and the resident receives credit for successfully completing _____ *(number)* months in pediatrics and _____ *(number)* months in internal medicine.
   ○ The resident will continue training in this program. ○ The resident is leaving this program.

3. ☐ The resident started training on a date other than July 1. *(Please explain on reverse of this form.)*

*4.A ☐ The resident's clinical competence is marginal with advancement to the next level and the resident receives full credit for this year of training. The resident received credit for _____ *(number)* months of training in pediatrics and _____ *(number)* months of training in internal medicine.
   ○ The resident will continue training in this program. ○ The resident is leaving this program.

**4.B ☐ The resident's interim evaluation for clinical competence is marginal with an extension of training at the same level until _____ *(Anticipated end date of extension)*.
   ○ The resident will continue training in this program. ○ The resident is leaving this program.

CONTINUE ON REVERSE SIDE

[d]5. ☐ The resident's clinical competence was unsatisfactory *(The ABP records no credit for unsatisfactory performance.)*

[dd]6. ☐ The resident's professionalism during this year was unsatisfactory. *(If a period of observation is recommended rather than a repeat year of training, please explain below.)*

○ The resident will continue training in this program. ○ The resident is leaving this program.

7. ☐ Other. *(Please explain below.)*

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/her new activity.

Resident's new contact information:

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.

Resident's Name (printed)	*Signature – Combined Medicine-Pediatrics Program Director Or Designated Administrator Co-Director*	*Date*
Signature – Resident	*Signature – Categorical Pediatrics Program Director*	*Date*
Date	*Signature – Categorical Internal Medicine Program Director*	*Date*

RT9-G

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ANNUAL RESIDENT IN-TRAINING EVALUATION FOR THE EXTENDED YEAR

Please complete this form for a final evaluation of a general pediatrics resident's training year that was extended due to an interim evaluation of marginal.

Name of Resident *ABP# - LAST 4 DIGITS OF GOV'T#*

Name of Training Program *ABP Program Code*

Name of Program Director

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

Duration _____ *Mo/Day/Yr* to _____ *Mo/Day/Yr*

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

Evaluations are:

A. Clinical Competence: *(Mark one.)*
- ☐ Satisfactory
- ☐ Marginal with Advancement to Next Le
- ☐ Marginal with Extension at Same Level
- ☐ Unsatisfactory[d]

B. Profession *(Mark one.)*
- ☐ sfacto
- ☐ Uns fact [dd]
- ☐ eat Year of Training
- ☐ Period of Observation

Training: *(Mark one.)*
- ☐ Categorical Pediatrics
- ☐ Peds-PM&R
- ☐ Peds-EM
- ☐ Peds-Psych/Child Psych
- ☐ Peds-Medical Genetics
- ☐ Peds-Derm
- ☐ Peds-Anes
- ☐ Other *(Explain on reverse side.)*

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

1. ☐ The resident receives credit for successfully completing this year of training with a satisfactory evaluation.

*2.A ☐ The resident's clinical competence is marginal with advancement and the resident receives credit for this year of training

**2.B ☐ The resident's clinical competence is marginal and the resident needs an extension of training at this level until _____.
(end date of extension)

[d]3. ☐ The resident's clinical competence during this year was unsatisfactory and the resident receives no (0) credit for this year.

[dd]4. ☐ 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.

5. ☐ Other. *(Please explain on reverse side of this form.)*

Continuing in the Program: *(Please check one of the following.)*

1. ☐ The resident will continue training in this program
2. ☐ The resident is leaving this program and earned _____ months of credit.
(number)

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 contact information:

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.

Resident's name (printed)

Signature – Resident

Date

Signature – Program Director

Signature – Department Chair (if not the Program Director)

Date

RT9-M

The American Board of Pediatrics
111 Silver Cedar Court-Chapel Hill, North Carolina-Phone (919) 929-0461-Fax (919) 918-7114

Combined Medicine-Pediatrics

ANNUAL RESIDENT IN-TRAINING EVALUATION FOR THE EXTENDED YEAR

Please complete this form for a final evaluation of a combined medicine-pediatrics resident's training that was extended due to an interim evaluation of marginal.

Name of Resident *ABP# - LAST 4 DIGITS OF GOV'T#*

Name of Training Program *ABP Program Code*

Name of Combined Program Director or Designated Administrative Co-Director

Year of training being evaluated: _____ *(R-1, R-2, R-3)* Duration _____ *Mo/Day/Yr* to _____ *Mo/Day/Yr*

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

PEDIATRICS Evaluations are:		INTERNAL MEDICINE Evaluations are:	
Clinical Competence: *(Mark one.)*	Professionalism: *(Mark one.)*	Clinical Competence: *(Mark one.)*	Professionalism: *(Mark one.)*
☐ Satisfactory	☐ Satisfactory	☐ Satisfactory	☐ Satisfactory
☐ Marginal with Advancement to Next Level*	☐ Unsatisfactory**	☐ Marginal with Advancement to Next Level*	☐ Unsatisfactory**
☐ Marginal with Extension at Same Level**	☐ Repeat Year of Training	☐ Marginal with Extension at Same Level**	☐ Repeat Year of Training
☐ Unsatisfactory[d]	☐ Period of Observation	☐ Unsatisfactory[d]	☐ Period of Observation

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

1. ☐ The resident's clinical competence is satisfactory and the resident receives credit for this year of training. The resident receives credit for _____ *(number)* months of training in pediatrics and _____ *(number)* months of training in internal medicine.

*2.A. ☐ The resident's clinical competence is marginal with advancement and the resident receives credit for _____ *number* months of training in pediatrics and _____ *number* months of training in internal medicine at this level.

**2.B. ☐ The resident's clinical competence is marginal and the resident needs an extension of training at this level until _____ *(end date of extension)*.

[d]3. ☐ The resident's clinical competence during this year was unsatisfactory and the resident receives no (0) credit for this year.

[dd]4. ☐ 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.

5. ☐ Other. *(Please explain on reverse side of this form.)*

CONTINUE ON REVERSE SIDE

Continuing in the Program: *(Please check one of the following.)*

1. ☐ The resident will continue training in this program
2. ☐ The resident is leaving this program and has earned _____ (*number*) months in pediatrics and _____ (*number*) months in internal medicine.

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 contact information:

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.

Resident's Name (printed)	*Signature –Combined Medicine-Pediatrics Program Director Or Designated Administrator Co-Director*	*Date*
Signature – Resident	*Signature – Categorical Pediatrics Program Director*	*Date*
Date	*Signature – Categorical Internal Medicine Program Director*	*Date*

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

RESIDENT INCOMPLETE TRAINING INFORMATION

Please complete if a resident leaves your program before completing the year of training.

Name of Resident _____ *ABP# - LAST 4 DIGIT OF GOV'T#* _____

Name of Training Program _____ *ABP Program Code* _____

Name of Program Director _____

Year of training being evaluated: _____ *(PL-1, PL-2, PL-3, R-1, R-2, R-3, R-4)*

Duration _____ *Mo/Day/Yr* to _____ *Mo/Day/Yr*

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

Evaluations are:

A. Clinical Competence: *(Mark one.)*

- ☐ Satisfactory
- ☐ Marginal with Advancement to Next Level
- ☐ Marginal with Extension at Same Level
- ☐ Unsatisfactory (*No credit is granted*)

B. Professionalism: *(Mark one.)*

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

Current Training: *(Mark one.)*

- ☐ Categorical Pediatrics
- ☐ Med-Peds
- ☐ Peds-PM&R
- ☐ Peds-EM
- ☐ Peds-Psych/Child Psych
- ☐ Peds-Medical Genetics
- ☐ Peds-Anes
- ☐ Other *(Explain on reverse side.)*

The resident receives credit for successfully completing _____ *(number)* months of pediatrics.

The resident receives credit for successfully completing _____ *(number)* months of training in another specialty area (Circle the area: internal medicine, PM&R, emergency medicine, psychology/child psychology, medical genetics, and anesthesiology).

Will the resident continue training at a new program? ○ Yes

○ No

CONTINUE ON REVERSE SIDE

If yes, provide resident's new training information.

Circle Training Area: (General Pediatrics, Medicine-Pediatrics, Peds-PM&R, Peds-Emergency, Peds-Psych/Child Psych, Peds-Medical Genetics,

Peds-Anesthesiology, Other _____)
(Training Area)

_____
Name of New Training Program

_____
Name of the New Program Director

_____
Location of New Program

*Other Remarks

_____

_____

_____

_____

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

I have reviewed this form.

Resident's Name (printed)	*Signature – General Pediatrics or Combined Med-Peds Program Director*	*Date*
Signature – Resident	*Signature – Categorical Pediatrics Program Director*	*Date*
Date	*Signature – Categorical Internal Medicine Program Director*	*Date*

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-Anes
❍ Peds-Psych/Child Psych ❍ Peds-Medical G...cs Ped...M ❍ Other *(explain below)*

Explanation of why resident was added at a time other t... the b...ing of a n...w training year *(off cycle)*:

_____
_____
_____

Name of Previous Training Program or Previous Activity: _____

Name of Previous Program D...or: _____

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

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	# Month[illegible]valua[illegible]s dit

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 reports
[ ] evaluation committee reports
[ ] other, specify _____

_____

3. [illegible]estation

Complete the Attestation below. Please have your signature notarized or witnessed by two individuals.

☐ I certi[illegible]at the evaluations onthe reverse side of this [illegible] are an accurate reflection of this physician's competence as a pediatrician upon completion of residency training.

_____ _____
Signature of Program Director (sign in ink) Date

Signature of Notary Public

_____
Signature of Notary Public (Sign in ink)

Place Notary Seal here.

_____ _____
Date My Commission Expires

OR

Signature of two witnesses:

_____ _____
Signature (sign in ink) Date

_____ _____
Signature (sign in ink) Date

PLEASE COMPLETE REVERSE SIDE

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 and Procedural Skills

Gathers essential and accurate information. Performs a complete history 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 and Communication Skills

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. Demonstrates a willingness to learn from errors.	☐Unsatisfactory	☐Satisfactory

Systems-Based Practice

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