Subspecialty Clinical Training and Certification (SCTC)

- ABP undertook initiative to consider nonclinical aspects (research/scholarly activity) of subspecialty training and made recommendations for changes in its requirements for certification that were implemented in 2004.

- There have been no recommendations about clinical training despite increasing interest in a competency-based approach to expectations for clinical performance.

- All subspecialists are held to the same training model: three years of training, including a scholarly component without specification of duration of time of the latter.
Invitational Conference on SCTC
July 2010, Durham, North Carolina

- Sponsored by ABP Foundation; chaired by David Stevenson

- Wide range of stakeholders invited with interest in subspecialty GME representing: ABP, AAP, ACGME, AMSPDC, APPD, CoPS, ABIM, NACHRI

- Representatives from fourteen subspecialties:
  - AAP Sections
  - Subspecialty Societies
  - Program Director Organizations
  - ABP Subboards
Common Themes

• One size training of three years for all subspecialties requires reevaluation

• Considerable inter/intra subspecialty training program variation already exists, as well as variation in career paths of graduates.

• Many felt the three years for all subspecialties served no one:
  • Physician scientist needs longer training with protected time and financial support
  • Clinicians may benefit from shortened training or training in which third-tier competencies or advanced clinical training is embedded.
Common Themes

• Discussion about how individual subspecialties should determine core professional activities (clinical, scholarly, and procedural) and what should be expected upon completion of training

• Strong sentiment that scholarship is a core value and fellows must learn to analyze, interpret and apply research evidence at the point of care

• Need for flexibility during fellowship; yet the flexibility that is currently available is not fully utilized
The Charge to the SCTC Task Force

The Task Force is charged with:

a) examining the current model of pediatric subspecialty fellowship training and certification with emphasis on competency-based clinical training and

b) recommending changes in the current requirements *if warranted*. 
Members of the SCTC Task Force

John D. Bancroft
Debra M. Boyer
Alan R. Cohen
Joseph T. Gilhooly
Mary Fran Hazinski
Eric S. Holmboe

M. Douglas Jones
Sarah S. Long
Victoria F. Norwood
Joseph W. St Geme
Daniel J. Schumacher
Daniel C. West

David K. Stevenson, Chair

Carol L. Carraccio, guest
Gary Freed, guest
Marshall L. Land, guest

Theodore C. Sectish, guest
James A. Stockman, ex officio
Gail A. McGuinness, ex officio

[Rob Spicer to attend as invited guest 5/23/12]
SCTC Initiative

The Role of CoPS

- Summer 2011 partnered with ABP in the SCTC Initiative
- Presentations / workshops / forum at AAP, ABP sub-boards, AMSPDC, and APPD
- Communication strategies developed
- Lists of “who”, “what”, “how” created
- Web site utilization implemented
SCTC Initiative

The Role of CoPS

• Determine how to reach “grassroots” of subspecialties (newsletters, social networking)

• Distribute information to key organizations and personnel

• Structure specific questions to be asked

• Determine optimal feedback vehicles
Timeline of SCTC Initiative

Spring 2012
Meeting with Stakeholders
FOPO, AMSPDC, AAP, APPD, ACGME, PAS

May 2012
Task Force meets to review survey results and feedback from stakeholders

Fall 2012
Task Force begins to formulate specific recommendations

Spring/Summer 2013
Finalize recommendations
Questions for Today

1. What in the current training requirements should be preserved?

2. How closely should training align with the diversity of professional practice in a subspecialty? If more flexibility is desirable, what specifically is meant by this notion?

3. How should each discipline determine its core competencies (i.e., clinical, scholarly, and procedural)?
Alignment with Professional Practice

1. Is the expectation for a scholarly experience with a Scholarship Oversight Committee (SOC) important to retain?

2. Does a trainee need to create new knowledge to understand the principles of evaluating new knowledge?

3. Could there be a purely clinical track?
Flexibility and Career Orientation

1. Should training in different subspecialties vary in length with a shorter minimum requirement (e.g., two years?)

2. Should tracking in fellowship be explored (e.g., extended research training, clinical educator tracks, advanced clinical tracks, etc)?

3. Should non-core clinical time be more flexible? For example: incorporating advanced clinical training or third-tier competencies
1. Are entrustable professional activities (EPAs) a better way to understand and evaluate competence in subspecialty training?

2. Is a Clinical Oversight Committee (CLOC) a desirable addition to the requirements for subspecialty training?
Issues Under Consideration

Certification Issues:

• What is the purpose of certification?

• Should the ABP require specific documentation of clinical competence, especially in subspecialties with high-risk procedures (similar to surgical boards?)

• Should the length of training and requirement for scholarship be based on the nature of discipline?
Certification Issues:

• Should third-tier competencies incorporated into core training be recognized with a credential or a certificate that reflects differences in training? How would “niching” in advanced clinical training in subspecialties change the cognitive examination and the certificate awarded?

• Are there subspecialties in which maintenance of certification in general pediatrics is essential?