

Questions and Answers: Time Limited Eligibility for Initial Certifying Examinations

1. Q: Why has the American Board of Pediatrics (ABP) adopted a time limit for eligibility policy that requires training for individuals who have not achieved initial certification within 7 years of completing required training?

A: The ABP's parent organization, the American Board of Medical Specialties, has mandated that each Board must have a Board Eligibility Policy and must establish the process for re-entry into the certification process. The ABP has determined that the satisfactory completion of 1 year of broad-based accredited clinical training would provide assurance to the ABP that those who completed training more than 7 years prior still maintain competence.

2. Q: What specific training must be completed within the 1 year of general pediatrics training?

A: The ABP allows some flexibility when planning the additional training, but requires that the trainee engage in direct broad-based patient care. The training must be supervised, be evaluated by faculty, and include inpatient and outpatient experiences, care of newborn infants and emergency medicine, including recognition and stabilization of critically ill patients. While no specific period of critical care training is required, one must demonstrate the ability to manage a critically ill child. This could be accomplished by experiences in pediatric critical care medicine, neonatal-perinatal medicine, or emergency medicine/urgent care. It is not necessary for the trainee to lead or supervise a team. The experiences may address deficiencies but not be narrowly focused and should ensure overall competence in general pediatrics in the context of the broad experiences described above.

3. Q: What specific training must be completed within the 1 year of subspecialty training?

A: This year must consist of core clinical training in the subspecialty, as per the usual ACGME requirements. In intensive care subspecialties, such as neonatal-perinatal medicine, it is recognized that one cannot realistically complete consecutive months of intensive care training in a 1-year period, so it is acceptable to incorporate other experiences, such as maternal-fetal medicine, genetics, and cardiology. It is expected that trainees spend sufficient time in the intensive care unit (ICU) so faculty can judge the trainee's clinical competence. Neither research training nor advanced subspecialty training such as electrophysiology (cardiology) or nutrition (gastroenterology) can meet the core training requirement.

4. Q: How does an individual regain eligibility to take the certifying examination?

The ABP will not review an individual's credentials until he/she applies for the certifying examination. An application may be submitted pending the completion of the 1 year of training if the training will be completed by the established deadlines. As part of the credentialing of the application, the ABP will seek assurance from the program director that

the individual is clinically competent to practice unsupervised, based upon the individual's performance while engaged in broad-based, accredited training.

5. Q: Does the individual have to assume the usual residency or fellowship role and take a formal ACGME position?

A: The individual may take an ACGME position, but this is not a requirement. However, it is critical that the individual assume the usual trainee responsibilities and be supervised and evaluated by faculty.

6. Q: Could the individual be appointed as a junior faculty member where there is some independence, yet oversight by the attending faculty?

A: The ABP does not require an individual to have a specific title; it is acceptable for the individual to have an appointment and salary as a faculty member. However, it is critical that the trainee is supervised and evaluated by the appropriate faculty when completing training credited toward this requirement.

7. Can training be completed on a part-time basis?

A: Completion of part time training is acceptable, but the period of time spent as a trainee versus time spent in another role, eg, a faculty member or practicing subspecialist, must be clearly documented, with each role delineated for no less than 1 month at a time. Finally, a proposal for an extension to accommodate part-time training must be submitted to the ABP for approval.

8. Q: For those who are subspecialists who have not achieved certification in general pediatrics, can eligibility be regained in both with 1 year of training in general pediatrics, a subspecialty, or a combination of both?

A: No. The full requirement for re-training for both general pediatrics and the pediatric subspecialty must be completed if one seeks certification in both areas. This will take 2 years.

9. Q: How will the ABP assist individuals to find training positions?

A: The ABP cannot assist in this effort.

10. Q: Does the ABP require prospective review of the planned training?

A: Prospective approval for the planned general pediatrics training is required. A program director should send an outline of the training to the ABP for review prior to the beginning of training. Approval for subspecialty training is not required, as the clinical training must conform to the usual ACGME requirements with the exception of neonatal-perinatal medicine, and pediatric critical care medicine, as addressed in question 3.

11. Q: Has the ABP considered an alternative requirement for those who have been in practice for several years? For example, can CME meet the requirement in lieu of training? Or may faculty complete a designated, individualized plan in which deficiencies or problems are addressed?

A: The ABP does not believe that there is any substitute other than the completion of core training in an accredited training program that provides the usual faculty supervision and evaluation and final verification of competence by the ACGME designated program director.

July 6, 2012