

Initiative on Subspecialty Clinical



Training & Certification



The American Board of Pediatrics

August 9, 2012

Communication Update from the Task Force

The charge from the ABP to the Task Force on Subspecialty Clinical Training and Certification is the following:

1. Examine the current model of pediatric subspecialty fellowship training and certification with emphasis on competency based clinical training;
2. Recommend changes in the current requirements, if warranted.

Over the last year the SCTC Task Force in conjunction with the Council of Pediatric Subspecialties (CoPS) has conducted a series of meetings with various stakeholder groups to provide information about the Initiative and to gather feedback. In addition, the Task Force has reviewed a report on the perspectives of pediatric fellowship program directors and thought leaders regarding training in each of the fourteen subspecialties (a telephone survey) as well as **results of four written comprehensive surveys of program directors, current fellows and subspecialists** (recent graduates and mid-career subspecialists).

The SCTC Task Force continues to consider whether any changes are necessary in the requirements for pediatric subspecialty clinical training and certification. In view of the proposed changes embodied in the ACGME's Next Accreditation System (NAS) and the focus on competency-based training, some changes seem likely. However, the intent of the Task Force, consistent with the ABP's mission, is only to make changes that would ensure the clinical competency of every trainee seeking certification, while reinforcing the program director's responsibility for deciding that the individual has achieved such competency and preserving the ABP's authority to decide about a candidate's eligibility to take the examination and qualify for subboard certification.

Any new requirements would be designed to increase flexibility and training for individuals with different career goals, such as academic or private practice. Moreover, any recommendations would accommodate anticipated changes in the general approach to GME. There will also be a careful review of any proposed changes in requirements for subspecialty clinical training and certification in order to ensure that there are no unintended consequences that would make the job of program directors more difficult or complicated.

The work of the Task Force will continue into the fall of 2012. Any forthcoming recommendations will open for review and comment from stakeholder organizations and diplomates in late 2012. This review and comment process will be disseminated through the ABP and CoPS and occur before a final recommendation is made to the ABP Board of Directors

in 2013.

Visit the SCTC Web site to view meeting agendas and summaries, issues under consideration, and important updates.

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