



Fellowship
Program Director's Guidebook
to the ABP

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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 (ABP) is well aware of the myriad roles and responsibilities. This Program Director's Guide was originally created for general pediatrics program directors in 2008, led by the efforts of Ann Guillot, MD, senior editor, and Stephen Ludwig, MD, committee chair. This version is for fellowship program directors and should help you understand your interactions with the ABP and aid you in being an effective and well-informed fellowship 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.

2016-17 Education and Training Committee

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ABP SCHEDULE OF COMMUNICATIONS AND IMPORTANT EVENTS

DATE	COMMUNICATION OR EVENT
July	<ul style="list-style-type: none"> • Fellowship Tracking Rosters sent to Program Directors
August	<ul style="list-style-type: none"> • Registration for Spring Subspecialty Certifying Examination Begins
October	<ul style="list-style-type: none"> • Announcement of Subspecialty In-Training Examination (SITE) Registration • Regular Registration for Spring Subspecialty Certifying Examination Ends
November	<ul style="list-style-type: none"> • SITE registration begins • Late Registration for Spring Subspecialty Certifying Examination Ends
January	<ul style="list-style-type: none"> • SITE registration ends
February	<ul style="list-style-type: none"> • Registration for Fall Subspecialty Certifying Examination Begins • SITE Exam Administration • Reports for Fall Certifying Examinations Posted
April	<ul style="list-style-type: none"> • Regular Registration for Fall Subspecialty Certifying Examination Ends
May	<ul style="list-style-type: none"> • Late Registration for Fall Subspecialty Certifying Examination Ends • Verification of Competence Forms for Graduating Fellows are sent
June	<ul style="list-style-type: none"> • Verification of Competence Forms and Scholarly Work Products due to ABP • Reports for Spring Certifying Examinations posted

ABP PROGRAM DIRECTORS PORTAL

Program Directors and Program Coordinators of accredited pediatric subspecialty 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
- View, download and export examination results
- Access resources available to program directors and trainees from the ABP website. Among these include a slide presentation that can be used for new fellow orientation, a guide for teaching professionalism, and how fellows can earn MOC credit while in training.

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
Fellowship Tracking, Evaluation, and Training Issues	email: site@abped.org
Subspecialty In-Training Examination (SITE)	email: site@abped.org
Subspecialty Certifying Examination	email: sscert@abped.org
Program information, including view exam performance reports	website: olt.abp.org
Policies and information pertinent to program directors	website: abp.org/content/program-directors
MOC, fellow's ability to bank MOC credit	email: moc@abped.org
Credentialing, requirements and special pathways, and fast-tracking	website: abp.org/content/non-standard-pathways-and-combined-programs
General email address	email: abp@abped.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 fellows](#) for the practice of subspecialty pediatrics through an initial certification examination at the completion of fellowship training and, thereafter, through a process for the continuous review of qualifications to maintain certification throughout the lifetime of one's practice. This ensures 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 subspecialty certifying examination given by the ABP, provided the candidate meets the prerequisites noted below. From the time of successful graduation from fellowship, the candidate has 7 years to pass the subspecialty certifying examination. Once that time 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 Subspecialty Certification

Fellows seeking initial certification must: 1) have passed the certifying examination in General Pediatrics, 2) complete an ACGME-accredited or Royal College of Physicians and Surgeons in Canada (RCPSC) training program in a pediatric subspecialty within the previous 7 years, 3) receive an attestation from the fellowship program director of satisfactory performance, 4) have met the requirements for scholarly activity, and 5) possess a valid, unrestricted medical license.

The ABP shares the responsibility for verifying the competence of graduating fellows with the program director. The responsibility that rests with the fellowship program director has significant impact on the future of the trainee. In order for a fellow to sit for the subspecialty certification examination, the program director must attest to the competence of the fellow in each of the six ACGME domains. Unsatisfactory performance in any one area will require remediation before the fellow can sit for the exam. 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 (Fellow 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 critical decisions on each trainee's progress on a yearly basis and ultimately to verify that the fellow has demonstrated competence in all 6 ACGME domains to be eligible to take the ABP subspecialty certifying examination. As noted above, 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 the direct observation of the fellows in a variety of settings and 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 that may also be useful for fellowship program directors. 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 environment of the program to ensure that such factors as internal politics, personality conflicts, isolated critical incidents, and other circumstances do not damage a fellow's reputation or result in misleading or erroneous evaluations.

The process for assessing fellow progress during training requires multiple different evaluators as well as multiple methods of assessments. The evaluators should include faculty, peers, 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. The clinical competency committee serves the important function to synthesize the multiple quantitative and qualitative assessments and advises the program director. However, the program director has the ultimate responsibility to judge whether the fellow is ready to enter unsupervised practice and makes this final entrustment decision. Fellows who require remediation should have a documented written plan that both the program administration and resident have signed. Although data for pediatric milestones are reported to the ACGME, they are not sent to the ABP. The yearly progress, however, should form the basis for the program director's yearly report of performance to the ABP and ultimately the fellow's ability to take the certification exam.

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

Documentation and Feedback

It is important that all fellows receive timely feedback and at regular intervals. It is equally important to document residents who are not progressing at an expected pace, or who have critical deficiencies. Fellows with specific problems, including impairment, and those potentially unsuitable for certification, must be monitored closely. Fellows 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 fellowship 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 fellow performance and documentation of the semiannual feedback being given to each fellow 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 fellows. In order for fellows to be admitted to the certifying examination, they must receive a satisfactory evaluation from the program director in each of the six ACGME competencies at the completion of training.

Maintaining adequate records of feedback and evaluation provides the principal basis for institutional judgments concerning fellow appeals of adverse ratings and actions. Fellows' records should be kept as long as the institution feels necessary, and to the extent possible the confidentiality of these evaluations should be ensured. The ACGME requires that a summary evaluation of the fellow's performance be permanently maintained by the institution.

Responsibilities of the Fellows

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 fellows to maintain their certification throughout practice, it is incumbent upon program directors to empower fellows with learning and assessment during training so that they acquire the needed skills and habits of practice to do so. The Fellow Orientation Slide Deck introduces fellows to the ABP, assessment of competence, and requirements for certification. This presentation provides the foundation for future practice responsibility while underscoring the importance of lifelong learning that will span their career. The Fellow Orientation Slide Deck can be downloaded from: https://www.abp.org/sites/abp/files/ppt/fellows_orientation_slides.pptx. The slide deck is annotated and can be viewed by fellows without instruction.

Components of Maintenance of Certification

Maintenance of Certification (MOC) is also mapped to the same six ACGME competencies. This allows us to begin with the end in mind, i.e., driving GME by the competencies expected of the practicing subspecialists, and in turn driving undergraduate medical education by the competencies expected in GME programs. In fact, presenting the ACGME competencies to fellows, 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 at: <https://www.abp.org/content/moc-overview>.

As part of the MOC program, fellows have full access to all ABP-developed activities, including Self-Assessment (Part 2) and Quality Improvement (QI) (Part 4) activities. If a fellow has not yet passed their General Pediatrics Certifying Exam, they may still earn Part 4 MOC credit for ABP-approved QI projects and apply this credit to future cycles. If the fellow has passed their General Pediatrics Certifying Exam, they will receive 20 Part 2 MOC points for each year of fellowship and can also earn Part 4 MOC credit for ABP-approved QI projects.

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. 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. Program Directors should encourage their trainees to review the ABP's full privacy policy as posted on the ABP's website: <https://www.abp.org/content/privacy-policy>.

Scholarly Activity Requirements

Fellows must pursue Scholarly Activity under the guidance of the program director and a Scholarship Oversight Committee (SOC). At the end of fellowship, the fellow should provide a personal statement and work product, which are submitted to the ABP by the program director. In addition, fellows pursuing Scholarly Activity must participate in a core curriculum. Questions relating to core scholarly activities appear in all ABP subspecialty examinations in a discipline in which the ABP administers the examination.

Expectations for the Work Product

There are broad options for the scholarly work product; there is flexibility in the type of activities, allowing trainees to choose a project that best fits interests and the resources available at the program. The project is expected to be of sufficient academic rigor, and fellows are expected to engage in projects of substantive scholarly exploration and analysis that require critical thinking. In general, abstracts, case reports and review articles may not meet the requirement for sufficient rigor.

Fellow's Personal Statement

The fellow's personal statement is integral to the requirement for scholarly activity. This document should be prepared by the fellow, but should be submitted by the program director along with the completed Verification of Competence Form at the end of fellowship. The personal statement should be several pages in length and should comment on the fellow's intended career path upon entering fellowship, the reasons for choosing a specific area of scholarly activity and any preparation beyond the core fellowship curriculum needed to ensure successful completion of the project. The personal statement should describe how the scholarly work furthers the fellow's career development plan and should reflect upon the educational value of the pursuit of the project.

Scholarship Oversight Committee

The Scholarship Oversight Committee (SOC) should advise, guide and assess the trainee's pursuit of scholarly activity. Program directors must create an SOC for each fellow; however, an SOC member may serve on the SOC for more than one fellow. Some programs may use a standing committee for all fellows. The SOC must consist of at least three members, with at least one member of the SOC from outside the discipline. An SOC must be in place for each fellow for at least two years and should meet with the fellow once during the first year and twice during the second and third years, according to ACGME requirements. The program director or associate program director should not be a voting member of the SOC.

The SOC Should:

- Determine whether a specific activity is appropriate to meet the ABP's guidelines for scholarly activity
- Determine a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project
- Evaluate the fellow's progress and inform the program director
- Require the fellow to present/defend the project
- Inform the program director on the fellow's progress and assess whether the fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities.

Core Curriculum

Programs must include a core curriculum to provide a broad foundation for scholarly activity. Questions regarding the core curriculum appear on the subspecialty examinations. A specific content outline for the core curriculum and an annotated bibliography are available here: <https://www.abp.org/content/scholarly-activity#core>.

TRAINING FOR SUBSPECIALTY CERTIFICATION

Verification of Training

Candidates for certification in subspecialty pediatrics must satisfactorily complete 3 years of training in a pediatric subspecialty training program accredited by the ACGME or by the RCPSC. Program directors must verify that the fellow has completed satisfactorily all requirements in that subspecialty and has met the clinical and scholarly activity requirements. On the verification form, the ABP requires program directors to verify completion of this period of training and to evaluate the acceptability of the applicant as an independent practitioner of that subspecialty. In addition to providing tracking information annually during training, the program director verifies the dates of training and satisfactory performance in all areas of general competence at the conclusion of fellowship.

Tracking Fellow Competence

Tracking and evaluating resident progress is required annually by the ABP as the fellow progresses through the curriculum. The program director is required to indicate on the annual tracking form whether the overall clinical competence of the fellow is satisfactory, marginal or unsatisfactory and whether the fellow'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: abp.org/content/residents-fellows-evaluation-tracking.

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 fellows who move from one program to another within pediatrics and confirms that the program director recognizes fellows who need remediation. Trainees 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 fellow's performance. Questions can be directed to site@abped.org.

The Subspecialty In-Training Examination (SITE)

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

- Fellows may determine strengths and weaknesses and progress in their subspecialty knowledge.
- Program directors may assess strengths and weaknesses of program teaching in terms of medical knowledge.

- The examination should not be used as the sole means of determining if a fellow has satisfactorily completed a year of training. The SITE is intended to provide a formative, not summative, assessment.

Fellows should have an ongoing plan of study to expand and maintain their medical knowledge, and the SITE can be used to judge the effectiveness of that effort and to adjust the study plan as needed. It is recommended that the program philosophy on participation in the SITE, and the proposed use of this examination and its results, be explained to the fellows registered for testing prior to the SITE. A fellow's performance on the test may be compared with the scores of all fellows at the same level of training or be compared with that of fellows from previous years with the same score for whom the success rate in passing the subspecialty certifying examination is known. It also should be emphasized to fellows 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 SITE:

- The SITE must be limited to fellows in your program.
- Fellows who are absent at the time of the SITE may not take the examination at another time.
- Notification about registration for the SITE will be communicated to fellowship program directors each fall.
- Fellows must individually register for the exam. If a fellow does not register during the designated registration period, they will not be able to take the exam.

Similar to the SITE, the In-Training Exam (ITE) administered during residency is intended to provide a formative evaluation. The conditions under which the exam is administered are different than that of the certifying exam. In addition, residents are aware that it is an "in-training" exam and may approach it as such. Consequently, fellowship program directors should NOT use the ITE as a means to assess fellowship applicants. Once the fellow enters fellowship, it is acceptable for program directors to discuss his/her scores and milestone levels. Unlike the ITE where performance has been shown to be predictive of passing the general pediatrics certifying examination, a similar analysis is not available for the SITE. In some subspecialties, the limited number of test takers impedes this analysis.

Credit for Previous Subspecialty Training After an Interruption

Fellows who experience an absence in fellowship of more than 12 continuous months and who wish to re-enter fellowship training 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 fellowship director before the fellow re-enters fellowship training.

Fellow Transfers

For continuity of training experiences, mentoring and assurance of meeting training requirements, a fellow should complete all training in the same program. Occasionally, a fellow may need to transfer to another program for compelling reasons. In such circumstances, the program director of the current program and the proposed program director must communicate to ensure that the fellow meets all the requirements if he or she desires to apply for a certifying examination in the subspecialty.

The ACGME requires that the program director receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring fellow prior to acceptance into the program. Months of credit for clinical experience and research or scholarly activity completed must be clearly communicated. The ABP must be informed of the plan to ensure continued appropriate mentoring for scholarly activity upon transfer, including the role of the Scholarship Oversight Committee.

The ABP has developed a Transfer Information Form to facilitate communication between programs and has provided copies of the form to pediatric subspecialty program directors. The ABP should be sent a completed copy of this form to ensure that fellows in the tracking system receive appropriate credit for training. A downloadable form is available at olt.abp.org.

Upon request from a training program that has accepted or is considering accepting a fellow in transfer, the ABP will

release information obtained through its tracking system regarding summary evaluations, dates of training and credit provided.

Time-Limited Eligibility for Initial Subspecialty Certification Examinations

Beginning with the examination administered in 2014, the ABP requires that applicants have completed the training required for initial certification in the pediatric subspecialty 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 U.S., or the RCPSC in Canada, 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 subspecialty 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.

The policy is located at: abp.org/content/policies#TimeLimited.

Information regarding developing a plan for supervised practice can be found: abp.org/tle-plan-supervised-practice-subspecialty.

FAQs: abp.org/content/time-limited-eligibility-faqs.

Subspecialty Fast-Tracking

A fellow who has entered fellowship with a previous extraordinary accomplishment in research may be considered for subspecialty fast-tracking. This could include a PhD or an otherwise sustained research experience. In this case, the fellowship program director may petition the appropriate ABP Subboard to waive up to one year of training. Further information can be obtained at: abp.org/content/subspecialty-fast-tracking.

ACGME Requirement for Prerequisite Training

As of 2016, all required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited residency program located in Canada, unless the fellow applicant has been accepted into the subspecialty program as an “exceptionally qualified applicant” by the GME office of the training institution. Fellows who satisfactorily complete subspecialty training under the ACGME exception will be eligible for certification, but they must complete general pediatrics residency in an ACGME- or RCPSC-accredited program and achieve certification in general pediatrics in order to apply for certification in the pediatric subspecialty. The ABP will allow such individuals to complete “reverse training,” i.e., subspecialty training before general pediatrics training, but only if the applicant has been accepted into the subspecialty as an exception. Note that under the ABP's policy, [Time-Limited Eligibility for Initial Certifying Examinations](#), fellows completing “reverse training” will have fewer attempts to take the subspecialty certifying examinations.

Individuals completing subspecialty training who are not reported to ACGME and therefore not included in the approved ACGME trainee complement, even if the subspecialty training is comparable to that of ACGME-recognized fellows, cannot apply for subspecialty certification by the ABP, regardless of whether they eventually complete required ACGME or RCPSC general pediatrics training and achieve certification in general pediatrics. The ABP relies on ACGME to accredit training leading to certification and is unable to allow nonaccredited training to be recognized toward its certifying examinations. Program directors who accept fellows without determining that they are “exceptionally qualified applicants” and without reporting them to ACGME should ensure that the fellows understand they are not eligible to apply for ABP certification. Please refer to the updated [Eligibility Criteria for Certification in the Pediatric Subspecialties](#).

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 the ACGME or in programs in Canada accredited by the RCPSC. 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.

Combined Subspecialty Training in Pediatrics and Internal Medicine

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. At the conclusion of combined adult and pediatric subspecialty training, lasting 4–5 years, 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, several 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.

Dual Subspecialty Training

If a fellow considers pursuing simultaneous training in two separate pediatric subspecialties, the program director must submit documentation to the ABP prior to the start of training. A block diagram showing all proposed years of training must be submitted. In addition, the two program directors should submit a letter with a narrative describing the proposed dual training. The letter should include assurance from the two program directors that all clinical training, including didactics, call and conferences will be completed and describes a plan for overseeing the fellow's scholarly work. Dual training can be completed in 4–5 years depending on the two subspecialties involved and is at the discretion of the credentials committees from the two particular subboards.

Alternatively, an individual who has completed 3 years of training in one subspecialty and the program director has verified both clinical competence and satisfactory completion of scholarly activity, may become eligible to take an examination in a second subspecialty after 2 years of additional training, of which at least 1 year must be broad-based clinical training. The requirement for scholarly activity in the second subspecialty is waived. This dual training option does not require preapproval by the ABP. Individuals approved for subspecialty fast-tracking in the first subspecialty are also eligible for this pathway. For questions, please contact sscert@abpeds.org.

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:** My fellow wishes to pursue a nonstandard pathway. What must I do to initiate the process for approval?
- A:** Nonstandard pathways (subspecialty fast-tracking; integrated, dual subspecialty training; and combined adult and pediatric subspecialty training) require prospective approval by the ABP. Contact the ABP before the fellow begins fellowship training or within the first 3–6 months to begin the process of review and approval for the training.
- Q:** My fellow wishes to complete some training experience overseas. What policies does the ABP have regarding training outside of the accredited training program?
- A:** Training credited for ABP certification must be in the environment of the training program under the supervision of the program director. If an extended period of training is planned in which the trainee is not physically at the accredited program, such as an international site, prospective approval must be sought by the ABP.
- Q:** I am considering accepting a fellow who has completed an ACGME-I-accredited pediatrics residency. Can this individual take the subspecialty certifying examination?
- A:** The individual must complete the required general pediatrics residency training in an ACGME-accredited program in the U.S. or RCPSC-accredited program in Canada. ABP does not accept ACGME-I training toward the requirements for certification. Trainees who have satisfactorily completed at least 3 years of general pediatrics training in a program outside the U.S. or Canada may petition the ABP for consideration of a waiver of 1 year of the required 3 years of pediatrics training required in the U.S. under the Policy Regarding Individuals with Nonaccredited Training.
- Q:** I am considering accepting a fellow who has completed osteopathic pediatric training in an AOA-accredited pediatrics training program. Can this individual take the subspecialty certifying examination?
- A:** The individual must complete all required general pediatrics residency training in an ACGME-accredited program in the U.S. or RCPSC-accredited program in Canada. Individuals whose training was accredited by ACGME while they were completing training are not eligible to take the ABP's certifying examination. Trainees who have satisfactorily completed at least 3 years of general pediatrics training may petition the ABP for consideration of a waiver of 1 year of the required 3 years of pediatrics training required under the Policy Regarding Individuals with Nonaccredited Training.
- Q:** Does the ABP allow waivers of training for fellows?
- A:** The ABP allows 1–2 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 fellowship, when the program director can fully assess the fellow's competency. The fellow must complete all required training experiences; only elective time may be waived. Training is not waived for trainees seeking a reduction of training due to convenience or due to a late start in fellowship.
- Q:** What steps need to take place if a fellow transfers into my program?
- A:** Before accepting a fellow transferring from another program, the ACGME requires that you obtain written or electronic verification of the transferring fellow's previous educational experiences, especially the fellow's scholarly work and a summative competency-based performance evaluation. A plan for completion of the requirements for scholarly work must be made. At the fellowship program director's request, the ABP will provide information regarding summary evaluations and credit received. If the previous training was completed more than 12 months prior to the transfer, the ABP must be consulted.
- Q:** What should happen when a fellow contacts a new program regarding a transfer?
- A:** The program director refers the fellow 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 program directors must be aware of the planned transfer. It is reflective of a fellow's professional behavior that this process is followed. A transfer can have implications around workload for both programs.

Q: [How long may a fellow be away from fellowship and still retain full credit for the previous training?](#)

A: A fellow may interrupt training for no longer than 12 continuous months. If the fellow wishes to resume training after 12 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 considered during the review.

Q: [May fellows participate in Part 4 Maintenance of Certification \(MOC\) activities?](#)

A: Yes. Access the [ABP website](#) for details about attaining bankable credit for MOC Part 4.

SCHOLARLY ACTIVITY:

Q: [If a fellow has not completed the scholarly work product at the end of training, how should the Verification Form be completed?](#)

A: You are asked to mark “no” to the question as to whether the scholarly work product is complete, answer the subsequent questions on the form and return the Verification of Competence Form to the ABP. If the SOC will continue to work with the fellow, the ABP expects that the work product to be submitted by the program director when the work product is final. Once the work product is signed by the SOC and submitted to the ABP by the program director, the fellow may take the subspecialty certifying examination.

Q: [When will Verification of Competence Forms be sent if a trainee’s dates are off-cycle?](#)

A: Currently, verification forms are sent once during the academic year for trainees, in May. However, forms may be sent in November for applicants missing forms.

Q: [What is the process if a member of an SOC is unable to continue to serve on the committee?](#)

A: The program director should try to arrange for another appropriate member to assume the responsibilities. Ensure that the fellow is aware of the change in the SOC membership and that the other members understand their roles on the committee. Fellows should be able to identify the members of their SOC committee when submitting an application for certification.

Q: [My fellow intends to finalize his/her work product by writing a manuscript. However, at the end of training, the manuscript has not been written. How should I mark the Verification Form?](#)

A: If the fellow’s SOC intended for the work product to be a manuscript, and does not believe the fellow has met the requirement for scholarly work, you should mark “no” to indicate that the fellow has not met the requirements. However, if the SOC agrees that the fellow’s work was robust and it met the requirement for scholarly activity, a well-written progress report may be submitted. You should indicate exactly what is being submitted on the Verification of Competence Form. For example, if a manuscript is not being submitted with the form, please do not indicate that the fellow’s work product was a manuscript.

Q: [May the fellow’s research mentor be a voting member of the SOC?](#)

A: Yes.

Q: [May the program director or associate program director be a voting member of the SOC?](#)

A: No. While the program director or associate program director may serve on the fellow’s SOC, the ABP asks that they not be voting members.

Q: [May someone outside of our institution serve on an SOC?](#)

A: It is acceptable for an SOC member to be outside of the trainee’s institution, if he/she demonstrates sufficient engagement with the trainee and the other members and there is ample communication throughout the period of scholarly oversight.

EVALUATION OF TRAINING:

Q: [May a fellow receive any 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 fellow receive two marginal yearly evaluations during a three-year fellowship program and still receive full credit?
- A: No. If a fellow 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: What happens if a fellow receives a final evaluation of unsatisfactory in professionalism at the completion of fellowship training?
- A: The ABP will ask the program director to recommend a repeat year of training or a period of observation while in the first year of practice after fellowship. The ABP will communicate directly with the fellow 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 fellow 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.

APPLICATION FOR CERTIFICATION:

- Q: When must the final year of training be completed for eligibility to take a subspecialty certifying examination?
- A: An applicant must satisfactorily complete the standard length of training before the first day of the month in which the examination is administered.
- Q: Are CME credits provided for initial subspecialty 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 a Subspecialty Certifying Examination?
- A: A roster of program results is posted to the ABP Program Portal shortly after results are released to examinees.
- Q: Are fees reduced for fellows who are in combined fellowships and are taking another subspecialty certifying examination?
- A: The logistics for credentialing applicants in combined fellowships require the same processes for applicants taking only one exam. In fairness to all candidates, the fees are the same.
- Q: Must a fellow meet all deadlines for application? Are there any extenuating circumstances for which the ABP allows a deviation from its deadlines?
- A: All material required for the application must be submitted 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 policy.
- Q: How may a candidate apply for test 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](#). Also, applicants for exams may request courtesy accommodations or personal item exception accommodations at the testing centers. A [form](#) must be submitted at least 8 weeks before the scheduled examination.
- Q: Are there accommodations for breast-feeding mothers?
- A: The ABP will provide an additional 30 minutes of scheduled break time during the exam to breast-feeding mothers for lactation purposes. Breast pumps may be stored in a personal locker, or stored at the testing center administrative desk. Requests must be made at least 8 weeks prior to the testing day using the [form provided on the website](#).

Q: [How does the ABP determine and modify the cost of the certification examination?](#)

A: The cost of the subspecialty 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.

Subspecialty In-training Examination:

Q: [How do fellows register for the SITE?](#)

A: Fellows must individually register and pay for their SITE. The program director will receive an email in October, which should be shared with their fellows.

Q: [When will SITE results be released?](#)

A: SITE results will be sent to each fellowship Program Director via the Program Director Portal on the ABP website. These results are usually available by April.

Q: [Are the scores on the SITE predictive of performance on the subspecialty certifying examination?](#)

A: Fellows and Program Directors will receive a comparison of where their SITE score is relative to other fellows at their training level. However, there are an insufficient number of fellows in any one subspecialty taking the SITE to accurately predict performance on the subspecialty certifying examination.

ABP RELEVANT FORMS AND OTHER RESOURCES

A Guide to Board Certification - Booklet of Information
General Eligibility Criteria for Certification in the Pediatric Subspecialties
Eligibility Criteria for a Specific Pediatric Subspecialty
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
Fellow Newsletter
Fellow Orientation Slide Deck
MOC Slide Deck Reference
Initiative on Subspecialty Clinical Training and Certification
ABP Privacy Policy

The documents and resources above are also available at: 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](#).