

# American Board of Pediatrics Sub-Board of Pediatric Hospital Medicine

Where are we and  
what does this mean for me?

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# Objectives

- Review the basic ABP subspecialty board **process**
- Describe **new steps** in this process affecting PHM, and highlight the benefits of these
- Briefly summarize the process for **fellowship accreditation**

# Some terms

- **Certification** = for an individual
- **Accreditation** = for a training program

# The ABP process



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## The Committees and Members

- Practice Analysis
- Practice Pathway
- Content Development
- EPAs
- Credentials
- Subboard
- Medical Editor

# The ABP process

## The Committees and Members

- Practice Analysis: Survey of existing practice
- Practice Pathway: Criteria for practicing PHM
- Content Development: MOCA
- EPAs: develop Entrustable Professional Activities
- Credentials: review applicants
- Subboard: 1<sup>st</sup> exam, MOCA, overall
- Medical Editor: works with ABP



# The new ABP process

- Practice Analysis: benefit = real world view
  - Development of PHM 'core'
  - Will result in survey of PHM community for validity
  - Drives certifying exam content
- MOCA from the inception of subboard: benefit = up to date questions



# The new ABP process

- “Grandparenting” is really called the “Practice pathway”
  - Everyone must take the exam
  - Available for the 1<sup>st</sup> 3 tests: 2019, 2021, 2023
  - Must currently be ABP Gen Peds boarded
- 2 Paths to exam eligibility
  1. Training
  2. Practice Pathway



# The new ABP process

- Training:
  - 2 year (or longer) PHM fellowship within 7 years of applying for eligibility
  - 1 year PHM fellowship within 7 years plus 2 years of practice
- Practice:
  - 4 most recent years in PHM
  - 50% time in PHM related activities
  - 25% time clinical PHM
  - A “supervising” person must attest to your PHM effort



# The new ABP process

- Timing – Clock starts July 1 so for 2019 exam criteria must be met by July 1 2019
  - 7/1/15-6/30/19 for 2019 test
  - 7/1/17-6/30/21 for 2021 test
  - 7/1/19-6/30/23 for 2023 test \* *Note these dates for current residents*
- Duration of eligibility: 7 years

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# Special Circumstances

- Part time: still must meet total time expectation of 50%/25% so if total 50%FTE then all your time must be PHM and half of that must be clinical
- Med/Peds: 50% PHM activities can include HM work but 25% clinical PHM is necessary
- Must be: ABP Gen Peds certified
- Life event: credentials committee can take into account missed time due to significant life events



# Details

- Maintaining Gen Peds Boards after attaining PHM boards not necessary
- MOC
  - Same requirements as Gen Peds and no extra MOC2 or 4 if Gen Peds (or any other boards) maintained.
  - Only additional cost is added test
  - ABIM and ABP MOC credit can be used for ABP

# More Details

- Studying for the test
  - ABP publishes test content
  - Study materials developed by others: AAP PREP
- GAP fellowships – may be substituted for PHM fellowship if clinical training was PHM
- Chief year – can count if 50%/25% as independent practitioner



# The ACGME process

- In parallel to subboard
- Will create criteria for fellowship content
- What is new: This is the 1<sup>st</sup> training program approved for a 2-year duration
- Will be based on “EPAs” = Entrustable Professional Activities
  - Some are “core” to all Peds subspecialties
  - Some will be unique to PHM
- They approved PHM last month so probably about 2 years to start accrediting programs
- At some point fellowships will need to be accredited for fellows to be eligible and at some point fellows will be required to complete an academic product



# Fellowships

- Currently 42 with several in development
- Participates in Fall Match
- All will be at least 2 years soon – some offer 3<sup>rd</sup> year to obtain additional degree
- <http://phmfellows.org/>





# Get Involved!

- Look for a validation survey early winter
  - Public comment on the PHM content draft
- Sign up to be a question writer
  - Self nominate at:  
<https://www.abp.org/diplomates/nominations-tool>



# Do I Have to Do This?

- Will my hospital require that I be PHM boarded?
- Will I be able to get a job with PHM boards?
- How will this affect my salary?



# Case 1

- Dr Giboney has been out of pediatric residency for 12 years. She practices at a community hospital. Her daily work includes care for any pediatric ward patient, newborns, and Labor and Delivery. Although rare, she occasionally provides ED consults as well.
- She is not clear on how much time she spends between each of these services.



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- She is not clear on how much time she spends between each of these services.
- Can Dr Giboney sit for the PHM subboard?
- What may Dr Giboney consider when making this decision?



# Case 2

- Dr Tajani completed Med/Peds residency 4 years ago and since that time has provided care to both adult and pediatric patients. He spends 1/3 of his time in the care of hospitalized pediatric patients.

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- Can Dr Tajani sit for the PHM subboard?
- What may Dr Tajani consider when making this decision?

# Case 3

- Dr Jaxon has been working as a pediatric hospitalist in a community site in a rural area for over 20 years. He wants to continue his work for about 10 more years, but is not certain if he needs to take the subboard test. His local medical staff states there will not be any requirement for board certification for those already practicing hospital medicine but there will be for future physicians once fellowships are accredited.



# Case 3

- Dr Jaxon has been working as a pediatric hospitalist in a community site in a rural area for over 20 years. He wants to continue his work for about 10 more years, but is not certain if he needs to take the subboard test. His local medical staff states there will not be any requirement for board certification for those already practicing hospital medicine but there will be for future physicians once fellowships are accredited.
- Can Dr Jaxon sit for the PHM subboard?
- What may Dr Jaxon consider when making this decision?





# Questions?

Thank you

