



AMERICAN
BOARD OF
PEDIATRICS

Pediatric

Diplomates

Reflections of a Diplomat: ABP Continues Tradition of Ensuring Quality Care

Richard H. Schwartz, MD

The American Board of Pediatrics (ABP) celebrated its 75th anniversary in September. At 75, the ABP is the fourth oldest pediatric organization in the United States. The ABP was formed in 1933 by three founding sponsors: the American Medical Association Section on Diseases of Children (established in 1880), the American Pediatric Society (1888), and the then newly formed American Academy of Pediatrics (1930). The leaders of these organizations envisioned a new organization that could measure a physician's ability to care for children. The ABP was formed as a separate certifying body, and after 75 years, it remains committed to its mission of assuring the public that certified

pediatricians have the training, knowledge, and skills to deliver high-quality care for infants, children, and adolescents. The ABP is a member of the American Board of Medical Specialties (ABMS), the umbrella organization of the 24 specialty boards (www.abms.org).

The certification process has certainly evolved in the last 75 years. In 1988, permanent certification status ceased and mandatory recertification programs began. In 2003, the open-book, at-home examination changed to a secure, closed-book examination. This evolution was partly motivated by questions regarding the safety and quality of medical care delivered in the United States in the 1990s. Health care researchers began describing wide variations in care even among board-certified physicians. The sentinel publications by the Institute of Medicine, *Bridging the Quality Chasm* and *To Err is Human*, received wide public attention and stimulated the call for a more continuous examination of physician competence. In order to assure the public of continued competency, the ABP, along with all 24 certification boards of the ABMS, collaborated to create a new program called Maintenance of Certification (MOC). The four-part structure of the ABP MOC program is a result of this collaboration. You can learn more about the MOC program by visiting the ABP Web site at www.abp.org.

continued on page 2

Dr. Schwartz, a permanent certificate holder, voluntarily recertified four times. Dr. Schwartz attended the last MOC Committee meeting of the ABP as a consultant. He has been in private practice for over 35 years.

Inside this Issue

Reflections of a Diplomat

Pediatrician Input Helps Validate Examinations

Maintenance of Certification: 2010 and Beyond

More on Maintenance of Licensure

2008 ABP Leadership

Initial Examination and Registration Dates

In 2010, the traditional process of certifying and then recertifying by periodic examination will end. The ABP will publicly and professionally recognize only two classifications of diplomates: those who have permanent certificates and those who are certified AND are meeting the current requirements of maintenance of certification. In 2010, the ABP will once again begin certifying without a time limit. Continued certification will be based entirely on meeting the requirements of the MOC program.

Of the 60,000 ABP diplomates, approximately 19,000 still hold permanent certificates. While some of these permanent certificate holders have voluntarily recertified, most have not. The ABP is concerned that the value of these certificates will greatly diminish in the near future as participation in MOC becomes the standard measure used to judge a physician's competence. I encourage permanent certificate holders to read materials from the ABP, see the insert in this newsletter, go online for details, and then carefully weigh their options. H. James Brown, MD, the ABP's Vice-President for Physician Relations, is available to answer your questions about how MOC affects you. You can reach him at (919) 929-0461 or jbrown@abpeds.org.

The ABP is making every effort to make participation in MOC valuable for diplomates while reducing redundancy. For example, the Federation of State Medical Boards is seriously considering a Maintenance of Licensure (MOL) program that may include a secure examination. They have already suggested that physicians participating in an ABMS-approved MOC program would be exempt from the proposed new MOL exam requirement.

The ABP is also sensitive to the financial and time investment required by MOC. ABP fees are among the lowest of all the boards and cover the cost of resources and tools used to successfully complete MOC. The fee prorates to approximately \$200 per year. The ABP is making every effort to make the process as efficient as possible.

The ABP has certified more than 90,000 pediatricians and pediatric subspecialists in its 75-year history. The ABP is committed to working diligently to ensure the certificate that diplomates worked so hard to obtain and now maintain will remain of value and a trusted symbol of excellence.

Did you know?

- More than 85 percent of pediatricians and pediatric subspecialists are currently certified by the ABP.
- The working committees of the ABP are served by about 200 member physicians, most of whom actively practice general or subspecialty pediatrics.
- All 50+ ABP examinations are designed by pediatricians.
- MOC was designed by pediatricians.

Pediatrician Input

Helps Validate Examinations



*Linda A. Althouse, PhD
Director of Psychometrics*



*Hazen P. Ham, PhD
Vice-President
Evaluation & Research*

With the help of more than 500 practicing pediatricians, the American Board of Pediatrics (ABP) recently completed an analysis of the practice of general pediatrics. The purpose of this study was to review and validate the content outline, which serves as the test blueprint for the general pediatrics initial and maintenance of certification examinations. Because the practice of general pediatricians changes over time, it is important to periodically reassess the knowledge and skills necessary to provide high-quality health care for infants, children, and adolescents. The practice analysis process is the most commonly applied and accepted validation strategy used in developing and reassessing certification examinations. The process not only ensures the validity of the test blueprint by guiding the content distribution, but it also helps to ensure that the examination is a reliable instrument of measure.

The practice analysis was conducted in two phases. Phase 1 took place in May 2007, with a three-day workshop that included thirteen practicing pediatricians representing various geographic areas and practice settings.

During Phase 1, workshop participants reviewed the current content outline and made necessary modifications to ensure the content was current. While reviewing the outline, the participants also assessed the value of each primary content area by providing ratings of importance and frequency in practice. These ratings were then used to calculate the recommended percentage of items for each area on the examinations. Specifically, areas deemed more important and more frequently encountered in practice have greater coverage on the examination.

During Phase 2 of the study, a random sample of 1000 general pediatricians was selected from the ABP's database of actively certified diplomates. The response rate for the survey was 51 percent, with respondents ranging in age from 30 to 66 years old and representing 46 of the 50 states. The survey collected ratings of importance and frequency of the knowledge areas defined in Phase 1. The ratings from the survey study were then compared with the ratings obtained in Phase 1. The two phases resulted in very similar ratings, with the largest difference being 1.5 percent in one primary content area.

The results of the workshop and survey were then shared with and approved by the planning committees of the initial certification and maintenance of certification examinations. The resulting test blueprint for general pediatrics will become effective Fall 2009 for the initial certification and maintenance of certification examinations. The practice analysis described ensures that the ABP examinations are relevant and reflect the current practice of pediatricians.

Participants in Practice Analysis Focus Group

Myles B. Abbott, MD
James T. Badgett, MD
Francis M. Biro, MD
H. James Brown, MD
William T. Gerson, MD
Thomas P. Gessner, MD
Lauren J. Herbert, MD
Anna R. Kuo, MD
Marshall L. Land, Jr., MD
Michelle M. Macias, MD
James G. McGuire, MD
Thomas L. W. Roe, MD
Debra R. Sowell, MD

Maintenance of Certification: *2010 and Beyond*



Paul V. Miles, MD
Senior Vice-President for Quality and Maintenance of Certification

As planned, Maintenance of Certification (MOC) has continued to evolve.

Over the last year, the American Board of Pediatrics (ABP) has worked hard to create a more flexible program to better meet pediatricians' needs. The newest version of MOC, which begins in 2010, features a menu-driven, points-based program. Currently, diplomates with certificates expiring in 2003 to 2009 (the first version of MOC) are only required to pass a secure examination to meet the requirements for MOC (see special insert). Diplomates with certificates expiring in 2010 to 2016 (the second version of MOC) must complete one Part 2 Knowledge self-assessment, the Decision Skills self-assessment, a patient survey, and one Part 4 assessment of practice performance activity, in addition to passing the secure examination.

New requirements emphasize choice

On January 1, 2010, new requirements of the ABP MOC program take effect for all diplomates with time-limited certificates recertifying in 2009 and beyond and for diplomates entering MOC through initial certification in 2011.

The new requirements for MOC include:

- Accumulation of 100 combined Part 2 and Part 4 points during each five-year cycle.
- Successful completion of a secure examination every ten years.
- Holding a continuous, valid unrestricted medical license.
- Registration in MOC and payment of a fee every five years. (The fee includes one MOC examination at no additional charge.)

The new requirements emphasize the core fundamentals of MOC deemed necessary to deliver quality care: lifelong, self-directed professional development characterized by continuous learning (Part 2) and continuous assessment and improvement of clinical practice performance (Part 4). Diplomates will be

able to tailor their own MOC program by choosing from an ABP-approved menu of Part 2 Knowledge self-assessment and Part 4 Quality Improvement activities that are each assigned a point value. Diplomates are encouraged to select activities relevant to their professional interest and clinical activity. There are no restrictions on the choice of menu items, and earned points are valid for 60 months. Generalists and subspecialists are required to earn the same total of points in a five-year MOC cycle and are free to choose any activity relevant to their practice. The same 100 total Part 2 and Part 4 points apply to all certificates for multiple certificate holders.

For specific information regarding permanent certificates, dual certificates, lapsed certificates, revoked certificates, and more, diplomates should consult their ABP Portfolio at www.abp.org.

MOC Committee

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Michele J. Wall, MA

2009 Certificate Expirees

Quick Guide

TO MAINTAINING CERTIFICATION

Important news. If your certificate expires in 2009, you are not required to take the examination to enter MOC. Instead, you will enroll in MOC in the fall of 2009, pay fees, and begin the five-year cycle on January 1, 2010. The secure examination will be due in 2012, but the fee you paid at enrollment includes the examination. The change in your examination date does not alter the expiration date of your certificate. However, to maintain uninterrupted certification, you must enroll in MOC and submit proof of valid, unrestricted state medical licensure before the end of 2009. This examination requirement extension does not apply to diplomates holding Sports Medicine certificates that expire in 2009 because your requirement for recertification is already ten years.

Look for reminders from the ABP along the way. If you have any questions, contact the ABP at MOC@abpeds.org.

1. Create your personal Web account in your ABP Portfolio on www.abp.org or log in using your user name and password.

2. Complete the MOC enrollment application, pay the fees, and send proof of licensure to ABP.

Once accepted, in January 2010 you will be designated as "meeting current requirements for maintenance of certification" on the ABP Web site.

3. Begin Parts 2 and 4 activities, some of which are online in your ABP Portfolio. You have five years to accumulate 100 points.

4. Complete your patient survey component that assists in involvement of patients in care.

Upon completion of each activity, points will automatically accumulate in your ABP Portfolio. Accumulation may not be immediate for activities with external providers.

5. Apply to take the examination in 2012. No additional fees are required.

6. After application approval you will be sent information regarding scheduling an examination at Prometric.

7. Arrive at Prometric on your scheduled date and take the examination. Look for your results posted online in your ABP Portfolio in approximately 60 days.

8. Successfully complete the examination and continue your MOC cycle. In 2014, re-enroll in MOC and begin your second five-year cycle.

← October -
December 2009

← January 2010 -
December 2014

← January -
December 2012

← January -
December 2014

CERTIFICATION

Permanent Certificate Holders

Quick Guide

TO MAINTAINING CERTIFICATION

The ABP is concerned about gaps in children's healthcare quality and pediatricians' ability to close those gaps. As regulatory, licensing, and accrediting bodies develop tougher standards related to physician quality, the old models of once-in-a-lifetime certification or infrequent periodic recertification are losing credibility. We stand by our commitment to permanent certificate holders; however, because the new MOC process will have an immediate effect on how all physicians' certification status is presented to the public and outside agencies, we encourage you to take time from your busy schedule to learn more.

If you have any questions, contact the ABP at MOC@abpeds.org or by phone to speak personally with Dr. H. James Brown, Vice-President for Physician Relations. Jim, like you, is a pediatrician who holds a permanent certificate. Because he also served on the physician committee that developed the new MOC process, he is uniquely qualified to guide you through the transition to MOC. Also, visit our special section, Permanent Certificates, online at www.abp.org.

1. To locate information specific to your circumstances and progress, it is important to first set up an ABP Portfolio account at www.abp.org.

← NOW

2. Log in using your user name and password. Complete the examination application, pay fees, and submit proof of valid, unrestricted medical licensure.

e 2009 examination fee includes your first five-year MOC cycle. After 2009, fees are subject to increase. Following this 2009 Quick Guide is the most cost-effective way to maintain certification!

3. After receiving by email the application approval, you may schedule an MOC examination appointment at Prometric.

← January - June 2009

4. Arrive at Prometric on your scheduled date and take the examination. Look for your results posted online in your ABP Portfolio in approximately 60 days.

Once you pass the examination, you will be automatically enrolled in MOC and designated as "meeting current requirements for maintenance of certification" on the ABP Web site.

5. Begin Parts 2 and 4 activities, some of which are online in your ABP Portfolio. You have five years to accumulate 100 points.

Upon completion of each activity after January 1, 2010, points will automatically accumulate in your ABP Portfolio. Accumulation may not be immediate for activities with external providers.

← June 2009 - December 2014

6. Complete the patient survey component of MOC requirements.

7. In 2014, re-enroll in MOC and pay the fees, following which a new five-year cycle begins. This includes your ten-year examination, due in 2019.

← January - December 2014

CERTIFICATION

More on Maintenance of Licensure

An Initiative of the Federations of State Medical Boards



*James A. Stockman III, MD
President and CEO*

On May 3, 2008, the Federation of State Medical Boards (FSMB) House of Delegates took dramatic next steps in developing a draft model policy that will assist states in requiring physicians to demonstrate their continuing competence as a condition of relicensure. The model policy requires all licensed physicians to take part in ongoing assessments that will demonstrate continuing competence in their areas of practice. Currently, most physicians demonstrate their competence to their state licensing boards only once: when they first apply for a license to practice medicine. When maintenance of licensure (MOL) requirements are implemented by state medical boards, physicians will be expected to periodically demonstrate their competence in order to maintain active medical licenses. In adopting MOL policies, states will likely require demonstration of satisfactory completion of MOL at the time of medical license renewal. It will no longer be possible to renew one's license by simply writing a check and showing that CME requirements have been met.

When announcing the MOL draft model policy, the FSMB clearly stated that "one very likely option would be for state medical licensing boards to accept active participation in the maintenance of certification (MOC) processes of the American Board of Medical Specialties' certifying boards," such as the MOC program of the American Board of Pediatrics (ABP). The reason why is clear: the draft MOL policy describes the six general competencies (patient care, medical knowledge, professionalism, systems-based practice, practice-based learning and improvement, and interpersonal and communication skills), all of which are periodically evaluated as part of the ABP MOC program. In describing its knowledge competency, the draft MOL policy requirement calls for all physicians who are maintaining their license to practice medicine to have successfully passed a secure test of knowledge every ten years. The new MOC program meets this requirement as it also does for demonstrating the other required

competencies. For those physicians who wish to renew their license but do not actively engage in MOC, it is anticipated that the FSMB and/or the states will offer alternative options for competency assessments, including the provision of a secure examination that may not be fully specialty specific.

The ABP is assisting pediatricians in maintaining their professional autonomy by creating an MOC process that is relevant to one's own practice and meets regulatory requirements such as MOL. All those who have ever been certified by the ABP who currently hold a valid unrestricted license to practice medicine are eligible to enroll in MOC, and, by doing so, will demonstrate the competencies that are required of entities such as the state medical boards. This includes ABP diplomates whose certificates have been awarded without time limit. We encourage all ABP diplomates to enroll in MOC to demonstrate to the public their commitment to excellence in the practice of pediatrics and its subspecialties.

...one very likely option would be for state medical licensing boards to accept active participation in the maintenance of certification (MOC) processes of the American Board of Medical Specialties' certifying boards...

ABP Announces New Subspecialty Certificates

The New Subspecialties Committee of the American Board of Pediatrics (ABP) recently announced that Child Abuse Pediatrics and Hospice and Palliative Medicine have met the guidelines for certification. Consequently, the ABP now offers a Certificate of Special Qualifications in Child Abuse Pediatrics and has partnered with several additional Boards to offer a Certificate of Added Qualifications in Hospice and Palliative Medicine. Each Board will award its own certificate for Hospice and Palliative Medicine but use a common examination developed under the leadership of the American Board of Internal Medicine (ABIM). The first Child Abuse Pediatrics examination will be administered on November 16, 2009. Registration for this examination begins February 3, 2009, and the first deadline is March 31, 2009. A late fee period closes April 30, 2009. Interested candidates should review the ABP Web site for details regarding the pathways leading to acceptance for these examinations and registration deadlines and fees.

Closure of the Practice Pathway for Subspecialty Certification

The American Board of Pediatrics (ABP) has established a policy for a closure date for the practice pathway for all subspecialties in which a certificate is offered. The certifying examinations for 2010 will be the last examinations for which an individual may apply for certification using practice experience accrued by the deadline stated in the original eligibility criteria. For new subspecialty certificates offered by the ABP in the future, the final date of application under the practice pathway will be the same as the date by which practice experience must be accrued.

The deadline for accruing practice experience for certification in Child Abuse Pediatrics is December 31, 2013. An applicant who wishes to qualify for the examination via the practice route or the combination training and practice experience pathway must complete an application and receive approval to take the examination no later than 2013.

Guiding Principles for New Subspecialties

- Children must be better served by the establishment of the new certificate.
- Subspecialists must not supplant the role of general pediatricians in providing continuity of care.
- There must be evidence that the new subspecialty has a unique body of knowledge and a scientific basis.
- A sufficient number of current and potential subspecialists exists to justify the certification process.

2008 ABP Leadership

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Karen S. Powers, MD – Critical Care Medicine

Raymond P. Quigley, MD – Nephrology

Ann M. Reed, MD – Rheumatology

Initial Examination and Registration Dates

Fall 2008 Certifying Examinations

EXAMINATION.	DATE
General Pediatrics Examination.	Monday, October 27, 2008
*Hospice and Palliative Medicine Examination.	Wednesday, October 29, 2008
*Medical Toxicology Examination.	Thursday, November 13, 2008
*Pediatric Transplant Hepatology Examination.	Wednesday, November 19, 2008
Pediatric Cardiology Examination.	Monday, November 17, 2008
Pediatric Critical Care Medicine Examination.	Monday, November 17, 2008
Pediatric Pulmonology Examination.	Monday, November 17, 2008

Examination Schedule/Registration Dates† 2009 - Spring 2010

EXAMINATION.	DEADLINE
General Pediatrics In-training Examination.	Tuesday, July 14, 2009
General Pediatrics Certifying Examination.	Monday, October 12, 2009
New Applicants Regular Registration.	December 2, 2008 - February 26, 2009
New Applicants Late Registration.	February 27, 2009 - May 7, 2009
Re-registrants Regular Registration.	February 17, 2009 - May 7, 2009
Re-registrants Late Registration.	May 8, 2009 - May 28, 2009
*Subspecialty In-training Examination.	March 9-14, 2009

Subspecialty Certifying Examinations

Developmental-Behavioral Pediatrics, Pediatric Emergency Medicine, Pediatric Hematology-Oncology, Pediatric Rheumatology.	Monday, March 30, 2009
New Applicants Regular Registration.	August 4, 2008 - October 1, 2008
New Applicants Late Registration.	October 2, 2008 - October 31, 2008
Re-registrants Regular Registration.	September 15, 2008 - November 17, 2008
Re-registrants Late Registration.	November 18, 2008 - December 15, 2008

*Sports Medicine.	Spring/Summer 2009 (date established by ABFM)
New Applicants Regular Registration.	November 13, 2008 - January 15, 2009
New Applicants Late Registration.	January 16, 2009 - February 19, 2009
Re-registrants Regular Registration.	December 18, 2008 - February 19, 2009
Re-registrants Late Registration.	February 20, 2009 - March 17, 2009

Child Abuse Pediatrics, Pediatric Endocrinology, Pediatric Gastroenterology, Pediatric Infectious Diseases.	Monday, November 16, 2009
New Applicants Regular Registration.	February 3, 2009 - March 31, 2009
New Applicants Late Registration.	April 1, 2009 - April 30, 2009
Re-registrants Regular Registration.	March 17, 2009 - May 14, 2009
Re-registrants Late Registration.	May 15, 2009 - June 16, 2009

*Sleep Medicine.	Tuesday, October 20, 2009
New Applicants Regular Registration.	February 3, 2009 - March 31, 2009
New Applicants Late Registration.	April 1, 2009 - April 30, 2009
Re-registrants Regular Registration.	March 17, 2009 - May 14, 2009
Re-registrants Late Registration.	May 15, 2009 - June 16, 2009

*Neurodevelopmental Disabilities (re-registrants only).	Monday - Friday, September 21-25, 2009
Re-registrants Regular Registration.	March 17, 2009 - May 14, 2009
Re-registrants Late Registration.	May 15, 2009 - June 16, 2009

Adolescent Medicine, Neonatal-Perinatal Medicine, Pediatric Nephrology.	Spring 2010
New Applicants Regular Registration.	August 4, 2009 - October 1, 2009
New Applicants Late Registration.	October 2, 2009 - November 3, 2009
Re-registrants Regular Registration.	September 15, 2009 - November 17, 2009
Re-registrants Late Registration.	November 18, 2009 - December 15, 2009

Maintenance of Certification Examination Schedules

General Pediatrics*.	January 1-June 30, September 1-December 15, 2009
Subspecialty Examinations (Spring Window)*.	March 1-31, 2009
Subspecialty Examinations (Fall Window)*.	October 1-31, 2009
Sports Medicine*.	July 2009 (date established by ABFM)
Registration.	November 1, 2008 - February 16, 2009
(Registration deadline ends at 3:00 pm Eastern Standard or Eastern Daylight Time.)	

*These examinations are held at computer testing centers.

†All registration deadlines end at 3:00 pm Eastern Standard or Eastern Daylight Time.

Contact Us

The American Board of Pediatrics (ABP) periodically publishes a newsletter for diplomates of the ABP. Our purpose is to communicate any new developments and policy changes at the ABP.

We appreciate any feedback from you about how we can make this newsletter more helpful. Send your written questions or comments about any topic in this newsletter or any other topic related to the ABP to:

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Important Information Regarding Our Web Site

To ensure an optimal experience with our Web site, we recommend that you use Microsoft's Internet Explorer (IE) version 6 or 7 as your Web Browser, with the browser resolution set to 800 x 600. In addition, please ensure that you are using the latest version of Adobe's PDF and Flash products. You can update these Adobe products from our Web site by selecting the Adobe Update button found on our home page.

Please take a moment to update your demographic information found on your Physician Portfolio Web page. It is important that your addresses are up to date since this information is used by the public to verify your certification status via the Verification of Certification feature found on the ABP Home Page.

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