



# PES Program Director's Meeting

COMMITTEE CHAIR: TANDY AYE  
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MAY 4<sup>TH</sup> 2018

# Agenda

- Match Data from Fall 2017
- Workforce
- Training length
- Entrustable Professional Activities and the SPIN network
- New start date
- Protected time for PDs
- MOC
- ACGME fellowship training work hour limitations
- New SPIN Studies
- Training Council subcommittees
- Open Forum

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**Table 1****Fellowship Match Summary, 2018 Appointments**

Specialty	No. of Applicants+		Positions Offered	No. of Pgms	No. of Matches		% Filled		Ranked Positions		Unfilled Pgms
	U.S. Grads++	All Apps			U.S. Grads	All Apps	U.S. Grads	All Apps	U.S. Grads	All Apps	
Pediatrics											
Adolescent Medicine	17	25	31	24	15	21	48.4	67.7	112	151	9
Child Abuse	12	18	27	25	10	14	37.0	51.9	47	68	13
Developmental and Behavioral Pediatrics	17	35	49	35	15	33	30.6	67.3	88	218	14
Neonatal-Perinatal Medicine	144	243	263	96	140	229	53.2	87.1	1,078	1,884	22
Pediatric Cardiology	104	161	145	57	96	140	66.2	96.6	790	1,173	4
Pediatric Critical Care Medicine	134	204	184	65	117	177	63.6	96.2	916	1,493	6
Pediatric Emergency Medicine*	146	232	180	77	118	178	65.6	98.9	955	1,548	2
Pediatric Endocrinology	42	65	96	64	41	64	42.7	66.7	297	479	29
Pediatric Gastroenterology	71	100	104	59	69	97	66.3	93.3	538	824	7
Pediatric Hematology/Oncology	115	163	170	71	108	153	63.5	90.0	841	1,239	15
Pediatric Hospital Medicine**	53	66	50	35	38	48	76.0	96.0	226	312	2
Pediatric Infectious Diseases	25	45	72	52	24	40	33.3	55.6	161	310	25
Pediatric Nephrology	28	39	58	40	28	36	48.3	62.1	130	175	19
Pediatric Pulmonology	26	48	69	46	26	47	37.7	68.1	137	280	21
Pediatric Rheumatology	17	24	41	31	16	22	39.0	53.7	86	148	17
Pediatric Sports Medicine	62	94	26	18	16	26	61.5	100.0	184	260	0

Ped Endo filled 65 out of the 96 positions offered by 64 program.

# Table 5

## Fellowship Matches by Specialty and Applicant Choice, 2018 Appointments

Specialty	Number of Applicants Ranking Specialty		Number Matched		Matches by Rank Choice								Matched in Another Specialty		Unmatched
	Total	Preferred Specialty	Total	Preferred Specialty	1st Choice		2nd Choice		3rd Choice		Greater Than 3rd Choice				
Pediatrics															
Child Abuse	18	17	14	14	11	61.1	2	11.1	0	0.0	1	5.6	0	0.0	4 22.2
Developmental and Behavioral Pediatrics	35	35	33	33	20	57.1	7	20.0	1	2.9	5	14.3	0	0.0	2 5.7
Neonatal-Perinatal Medicine	243	237	229	229	130	53.5	44	18.1	29	11.9	26	10.7	5	2.1	9 3.7
Pediatric Cardiology	161	161	140	140	75	46.6	24	14.9	17	10.6	24	14.9	0	0.0	21 13.0
Pediatric Critical Care Medicine	204	201	177	177	100	49.0	27	13.2	21	10.3	29	14.2	2	1.0	25 12.3
Pediatric Emergency Medicine*	232	229	178	148	92	39.7	25	10.8	15	6.5	46	19.8	3	1.3	51 22.0
Pediatric Endocrinology	65	65	64	64	49	75.4	6	9.2	4	6.2	5	7.7	0	0.0	1 1.5
Pediatric Gastroenterology	100	100	97	97	48	48.0	20	20.0	11	11.0	18	18.0	0	0.0	3 3.0
Pediatric Hematology/Oncology	163	163	153	153	91	55.8	28	17.2	23	14.1	11	6.7	0	0.0	10 6.1
Pediatric Hospital Medicine**	66	65	48	48	23	34.8	10	15.2	9	13.6	6	9.1	1	1.5	17 25.8
Pediatric Infectious Diseases	45	43	40	40	27	60.0	6	13.3	4	8.9	3	6.7	2	4.4	3 6.7

75% Matched to their First Choice



**Table 6****Number of Positions Offered and Percent Filled by Graduates of U.S. Allopathic Medical Schools and All Applicants, 2014 - 2018**

Specialty	2018			2017			2016			2015			2014		
	No. of Pos.	% Filled		No. of Pos.	% Filled		No. of Pos.	% Filled		No. of Pos.	% Filled		No. of Pos.	% Filled	
		U.S.	Tot		U.S.	Tot		U.S.	Tot		U.S.	Tot		U.S.	Tot
<b>Pediatrics</b>															
Adolescent Medicine	31	48.4	67.7	32	62.5	81.3	31	71.0	83.9	36	55.6	77.8	35	45.7	60.0
Child Abuse	27	37.0	51.9	26	38.5	46.2	19	21.1	26.3	20	60.0	65.0	19	52.6	63.2
Developmental and Behavioral Pediatrics	49	30.6	67.3	44	47.7	70.5	48	33.3	54.2	41	34.1	73.2	38	39.5	68.4
Neonatal-Perinatal Medicine	263	53.2	87.1	254	53.5	92.1	252	50.8	90.5	242	59.9	98.3	241	51.0	95.0
Pediatric Cardiology	145	66.2	96.6	142	75.4	97.9	139	69.8	96.4	141	68.1	97.2	141	70.9	94.3
Pediatric Critical Care Medicine	184	63.6	96.2	187	63.1	95.7	175	65.7	93.7	168	70.2	95.2	169	56.8	92.3
Pediatric Emergency Medicine*	180	65.6	98.9	180	66.1	98.3	177	72.9	100.0	162	64.2	98.1	163	71.8	96.3
Pediatric Endocrinology	96	42.7	66.7	88	39.8	68.2	83	36.1	65.1	85	49.4	76.5	84	38.1	73.8
Pediatric Gastroenterology	104	66.3	93.3	92	55.4	93.5	93	54.8	92.5	85	64.7	96.5	84	52.4	92.9
Pediatric Hematology/Oncology	170	63.5	90.0	166	68.1	98.2	164	73.2	97.0	162	54.3	94.4	157	65.0	96.2
Pediatric Hospital Medicine**	50	76.0	96.0	44	75.0	86.4	38	63.2	84.2	30	63.3	90.0	—	—	—
Pediatric Infectious Diseases	72	33.3	55.6	77	36.4	62.3	70	45.7	64.3	66	31.8	45.5	64	46.9	68.8
Pediatric Nephrology	58	48.3	62.1	59	30.5	54.2	62	25.8	43.5	58	17.2	36.2	61	32.8	54.1
Pediatric Pulmonology	69	37.7	68.1	67	31.3	70.1	66	39.4	65.2	61	29.5	49.2	56	30.4	51.8
Pediatric Rheumatology	41	39.0	53.7	40	50.0	72.5	37	43.2	67.6	40	30.0	55.0	38	39.5	68.4
Pediatric Sports Medicine	26	61.5	100.0	25	64.0	92.0	22	63.6	81.8	20	60.0	95.0	20	75.0	100.0

**% Filled (Total  
Number of  
positions)**

**2018**

66.7 (96)

**2017**

68.2 (88)

**2016**

65.1 (83)

**2015**

76.5 (85)

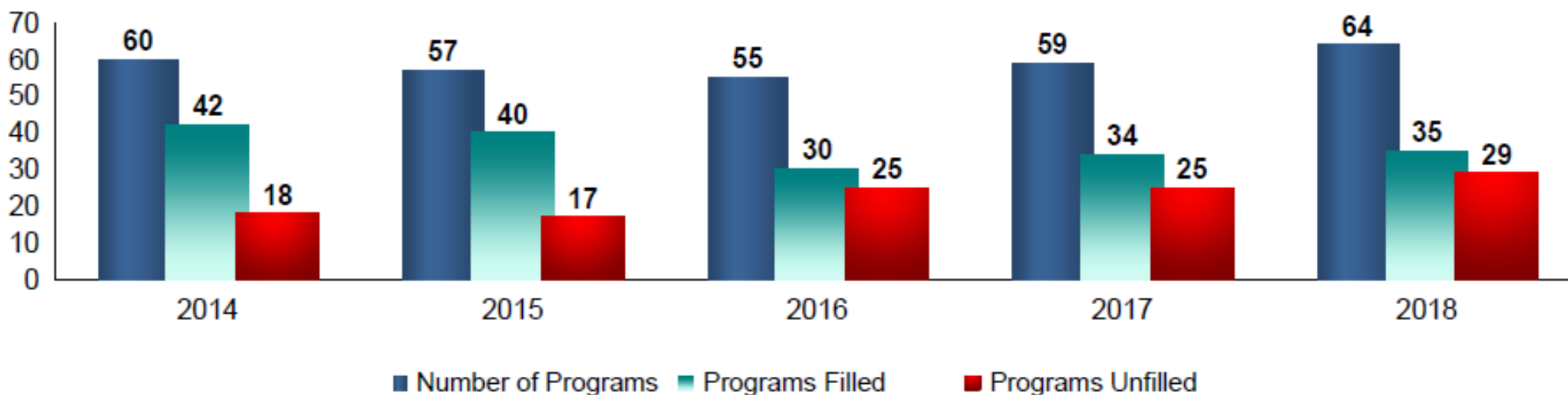
**2014**

73.8 (84)

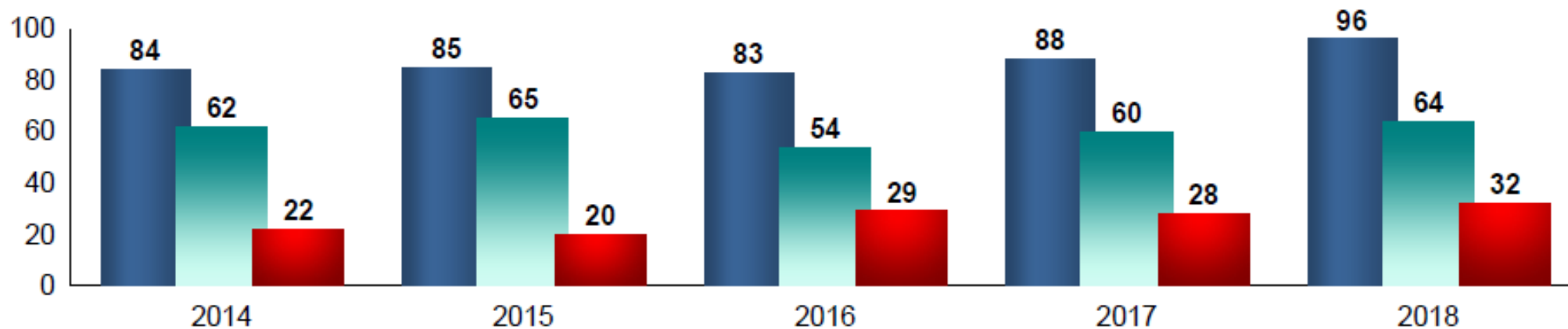
## Fellowship Match Trends by Specialty and Appointment Year

### Pediatric Endocrinology

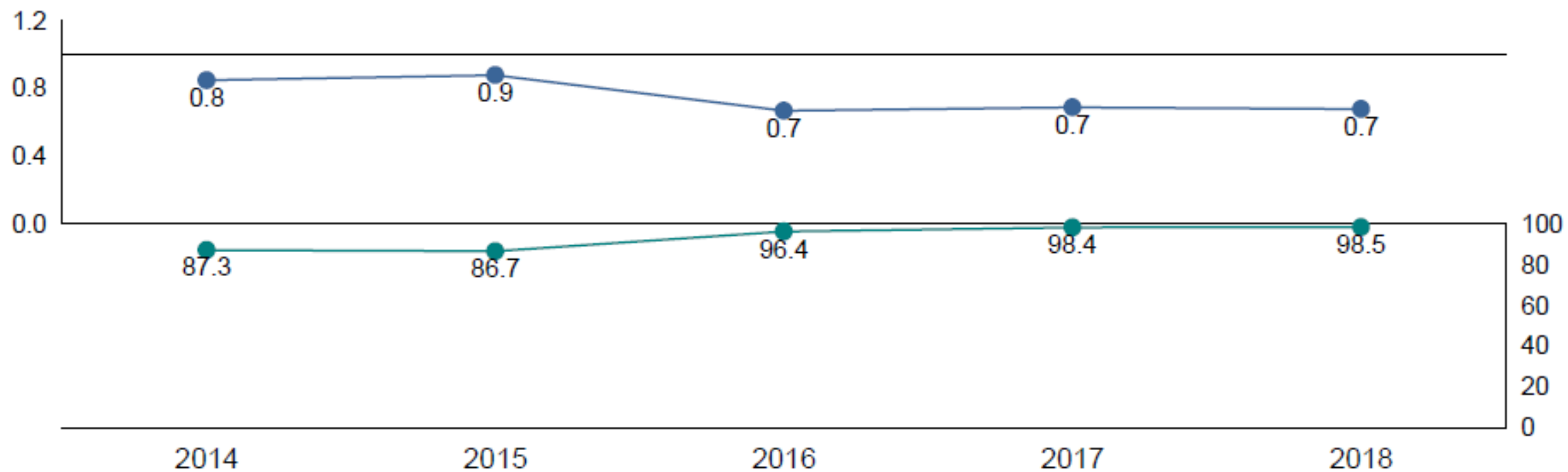
#### Programs



#### Positions



**Number of Applicants Per Position and Percent of Applicants Matched**





## Pediatric Endocrinology

Program Statistics	Number	%
Enrolled Programs	65	
Withdrawn Programs	1	
Certified Programs	64	
Programs Filled	35	54.7%
Programs Unfilled	29	45.3%
Certified Positions	96	
Positions Filled	64	66.7%
Positions Unfilled	32	33.3%

Applicant Statistics	Number	%
Matched Applicants	64	
U.S. Grad	41	64.1%
U.S. Foreign	3	4.7%
Osteopathic	5	7.8%
Foreign	15	23.4%
Applicants Preferring this Specialty *	65	
Matched to this Specialty	64	98.5%
Matched to Different Specialty	0	0.0%
Did not Match to any Program	1	1.5%

# Where were spots still left after Match Day?

- ▶ Phoenix \*
- ▶ Tucson
- ▶ Harbor UCLA
- ▶ UC Davis
- ▶ Jackson Memorial Hospital Miami
- ▶ Emory \*
- ▶ U of Indiana
- ▶ U of Iowa
- ▶ Hopkins
- ▶ NIH \*
- ▶ U Mass Baystate
- ▶ MGH\*
- ▶ U Michigan Ann Arbor
- ▶ St. Louis Children's
- ▶ Rutgers
- ▶ Mainomaides\*
- ▶ SUNY Stony Brook
- ▶ SUNY Brooklyn
- ▶ SUNY Buffalo
- ▶ UNC Chapel Hill
- ▶ UNC Chapel Hill
- ▶ Oklahoma City\*
- ▶ CHOP\*
- ▶ St. Christopher's
- ▶ UT San Antonio
- ▶ UT Dallas
- ▶ U Utah
- ▶ U Washington Seattle
- ▶ U Wisconsin Milwaukee
- ▶ (\*) = partial fill

# Match Participation

- ▶ How many filled outside of the match?
- ▶ Reminder we need to have at least 75% of the programs agree to participate in the Match to continue with the match

# Pediatric Endocrinology

## Workforce Trends Data from the ABP

- ▶ Are we following off the growth curve?
- ▶ Average Annual Growth Rate 3.9%
  - ▶ Range among all subs 2.7 to 9.9%
- ▶ 10-yr growth rate from 2007 to 2017
  - ▶ Range among all subs -18.2% to 115.8%
- ▶ Graph of number of first year fellows

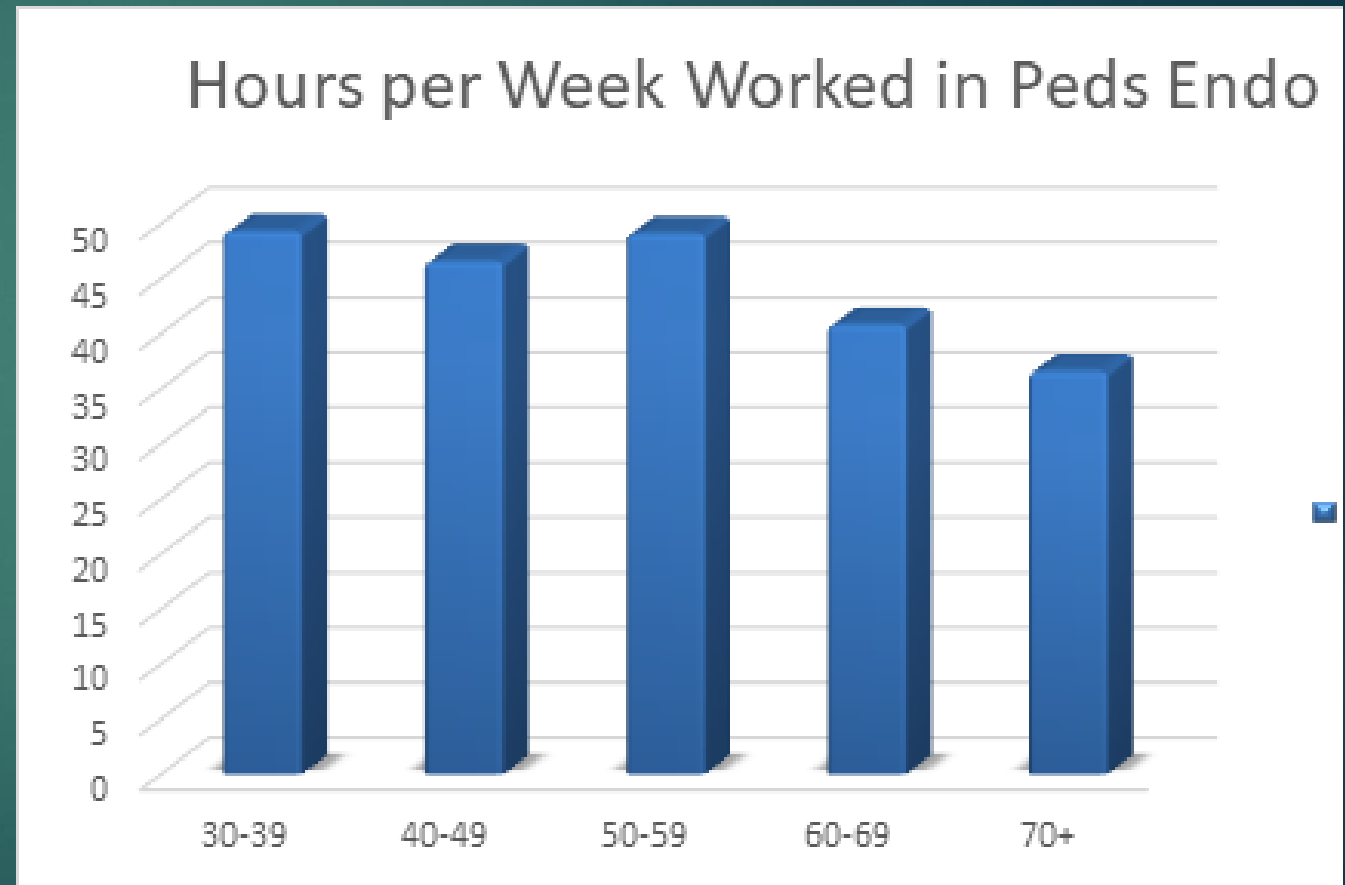


# Age and the Workforce

- ▶ Projecting the future pediatric workforce requires consideration of those entering the workforce following training as well as those who may potentially be exiting.
- ▶ # certified (who are 70 years or younger) : 1589
  - ▶ Average Age 50
  - ▶ Median Age 48

# Other factors contributing to workforce

- ▶ Limited pay and reimbursement
- ▶ Medical School Debt
- ▶ Lifestyle (non shift work, ancillary support, etc.)
- ▶ Lack of exposure to the specialty
  - ▶ Early exposure to residents as selectives and electives
  - ▶ Early exposure to medical students
- ▶ Length of Training





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# Length of Training

- ▶ Background
  - ▶ Hospital Medicine is two years with few programs requiring 3 years
  - ▶ Scholarly activity is still a requirement of the fellowship
- ▶ The Council of Pediatrics Subspecialties (CoPS) Workforce Committee Meeting March 2018, *how do we petition the ABP?*
- ▶ We cannot have two tracks...all programs need to be 2 or 3 years
- ▶ ABP certification needs to ensure that a 2 year trained fellow is just as competent to practice as 3 year trained fellow
- ▶ Who agrees on changing? Must show the data.
- ▶ What if the workforce does not change?

# When is a fellow trained or competent to practice independently?

- ▶ What does that mean?
- ▶ Is there a tool to assess this across all programs?
- ▶ Is there a tool to assess this across all subspecialties?
- ▶ If most fellows finish by the end of two years, can they then graduate
  - ▶ Provides data to the ABP
  - ▶ Reassurance to the ABP

# What is an Entrustable Professional Activities (EPAs) ?.

- ▶ General Subspecialty EPAs
- ▶ Endocrinology specific EPAs
- ▶ EPAs were written by the PES Training Council subcommittee.
- ▶ The EPAs are all mapped to the competencies
- ▶ Each EPA has curricula components written by Diane Stafford and myself
- ▶ Perhaps may be easier to use than the milestones?
- ▶ More details at <https://www.abp.org/subspecialty-epas>

# There are 4 specific Entrustable Professional Activities (EPAs) written for our subspecialty.

- ▶ **EPA 1: Procedure:** Demonstrate competence in understanding the reasons to perform and interpret the common procedures of the pediatric endocrinologist.
- ▶ **EPA2: Transition:** Facilitate the transition of patients with endocrine disorders from pediatric to adult health care.
- ▶ **EPA3: Acute:** Manage patients with acute endocrine disorders in ambulatory, emergency or inpatient settings.
- ▶ **EPA4: Chronic:** Manage patients with chronic endocrine disorders in the ambulatory or inpatient settings.
- ▶ More details at <https://www.abp.org/subspecialty-epas>

# 75% of all Program Directors participated to identify the Level of Entrustment for each EPA

- ▶ Study conducted through the Subspecialty Pediatric Investigators Network (SPIN)
- ▶ Scale: Levels 1 to 5 with increasing entrustment
- ▶ Goal: at what level of entrustment would 90% of the PDs agree on for
  - ▶ Minimum level to complete fellowship?
  - ▶ Graduation?
  - ▶ Practice?





# EPA 1: Procedure:

- Demonstrate competence in understanding the reasons to perform and interpret the common procedures of the pediatric endocrinologist.
- Minimum level to **complete fellowship**?
  - **Level 3**: Trust to manage with INDIRECT SUPERVISION and may require discussion of information gathered and conveyed but only for selected COMPLEX cases
- Would you graduate below this level? 96.3% NO
- Minimum level to **graduate**? Level 3
- Minimum level to **practice**? Level 4

## EPA2: Transition:

- ▶ Facilitate the transition of patients with endocrine disorders from pediatric to adult health care.
- ▶ Minimum level to **complete fellowship**?
  - ▶ **Level 3**: Trust to manage with INDIRECT SUPERVISION and may require discussion of information gathered and conveyed for selected SIMPLE and COMPLEX cases
- ▶ Would you graduate below this level? 77.8% NO
- ▶ Minimum level to **graduate**? Level 3
- ▶ Minimum level to **practice**? Level 4

## EPA3: Acute:

- ▶ Manage patients with acute endocrine disorders in ambulatory, emergency or inpatient settings.
- ▶ Minimum level to **complete fellowship**?
  - ▶ **Level 4**: Trust to manage with INDIRECT SUPERVISION and may require discussion of information gathered and conveyed but only for selected COMPLEX cases
- ▶ Would you graduate below this level? 98.1% NO
- ▶ Minimum level to **graduate**? Level 4
- ▶ Minimum level to **practice**? Level 4

## EPA4: Chronic:

- ▶ Manage patients with chronic endocrine disorders in the ambulatory or inpatient settings.
- ▶ Minimum level to **complete fellowship**?
  - ▶ **Level 3**: Trust to manage with INDIRECT SUPERVISION and may require discussion of information gathered and conveyed for SIMPLE and COMPLEX cases
- ▶ Would you graduate below this level? 96.3% NO
- ▶ Minimum level to **graduate**? Level 3
- ▶ Minimum level to **practice**? Level 4

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# Quick items

- New start date: July 5-7<sup>th</sup>
  - Is it doable for everyone?
  - Results from survey of fellows presented by Rich Mink at PAS
- Protected time for PDs
  - Unfunded mandate for protected time for PDs and support for program coordinators
  - AMSPDC
- MOCA-Peds Subs
  - Not for initial certification; Questions from home over 5 years
  - Not starting til 2021; please refer to your personal ABP profile
- ACGME fellowship 80 work hr limitations and call from home
- Training Council subcommittees: workforce, visiting fellow program and curriculum



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# Utility of Residency Milestones

Although the ACGME has recently allowed fellowship programs direct access to residency milestone data for their newly entering fellows, it is unknown

- How fellowship directors use information on resident milestones
- How milestone levels achieved during residency correlate with milestone levels evaluated at the beginning of fellowship.
- Email link to the survey will be coming,
- We aim to understand if and how fellowship programs are currently using residency milestones.

# Longitudinal evaluation of the required level of supervision for pediatric fellows

It will also examine the concordance between CCC ranking and fellow self-determination of level of supervision.

# Longitudinal evaluation of the required level of supervision for pediatric fellows

- This project will evaluate fellow level of supervision as determined by the CCC longitudinally
- Provide validity evidence for the subspecialty-specific and scholarship EPA level of supervision scales.
- It will also examine the concordance between CCC ranking and fellow self-determination of level of supervision.
- Similar to the original study with specific links for each fellow
- Pending IRB approval and then enrollment will begin

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- Opportunities for Educational Collaboration (Diane Stafford)
- Open Forum

# Open Forum

- Please contact Diane Stafford at Boston Children's if you are interested in collaborating on some common curriculum projects
- Also if you have an idea that involves data from SPIN, proposals can be submitted with sponsorship from either Diane or myself. We do not need to be a collaborator.