PES Program Director’s Meeting

COMMITTEE CHAIR: TANDY AYE
TAYE@STANFORD.EDU
MAY 4TH 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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Pedend filled 65 out of the 96 positions offered by 64 program.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>No. of Applicants</th>
<th>No. of Matches</th>
<th>% Filled</th>
<th>Ranked Positions</th>
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### Table 5

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

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Number of Applicants Ranking Specialty</th>
<th>Number Matched</th>
<th>Matches by Rank Choice</th>
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75% Matched to their First Choice
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**% Filled (Total Number of positions)**

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Fellowship Match Trends by Specialty and Appointment Year

Pediatric Endocrinology

Programs

- Number of Programs
- Programs Filled
- Programs Unfilled

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Positions

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<tr>
<td>2018</td>
<td>96</td>
<td>64</td>
<td>32</td>
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Number of Applicants Per Position and Percent of Applicants Matched

- 2014: 0.8, 87.3%
- 2015: 0.9, 86.7%
- 2016: 0.7, 96.4%
- 2017: 0.7, 98.4%
- 2018: 0.7, 98.5%
### Pediatric Endocrinology

#### Program Statistics

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#### Applicant Statistics

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<tr>
<td>Foreign</td>
<td>15</td>
<td>23.4%</td>
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Applicants Preferring this Specialty *

| 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. LouisChildren’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
Agenda

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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\textsuperscript{th}
  - 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.