
Organization of Neonatology Training Program Directors (ONTPD) Executive Council Report

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Organization of Neonatology Training Program Directors
Council Chair

The annual ONTPD meeting was held on Friday, October 6th in Atlanta, GA. It was perhaps the best attended ONTPD meeting yet, with over 120 people in attendance and representation from 74 of the 96 ACGME-approved training programs. We had a slate of excellent speakers and covered a range of important and timely topics (see meeting agenda). I am pleased to report that a great deal was accomplished. What follows is a brief summary of the meeting content and outcomes.

The first half of the meeting was devoted to Fellowship Recruitment and whether or not Neonatal-Perinatal Medicine should participate in the National Residency Matching Program (NRMP). Leading off the discussion was Sarah Corathers, *Chairperson of the AAP Resident Section*. The Resident Section has been advocating for changes to the fellowship application process including use of a common application form for fellow applicants, e.g., Electronic Residency Application System; ERAS, and consideration of a “match” at a uniform time. Sarah made cogent and compelling arguments in support of a more uniform process for applying to all pediatric fellowships and for moving the timing of fellowship application, interviews and offers to the second half of residency training.

Sarah’s introductory comments were followed by comprehensive presentations by Renee Overton, *Director of ERAS* and Mona Signer, *Director of the NRMP*. Those in attendance gained a much better understanding of the ERAS and NRMP processes and the advantages, limitations and proposed timeline for participating as a subspecialty in ERAS and the NRMP. These formal presentations were followed by the perspectives of two Pediatric Cardiology program directors, Macdonald Dick and Wayne Franklin. Pediatric Cardiology has participated in the NRMP for several years. It was quite helpful to hear their very honest impressions of the benefits and negative aspects of having a fellowship match. All the speakers participated in a lively discussion and question and answer period. It was clear we had both proponents and skeptics among us.

Joe Neu, ONTPD council member, presented a summary of the meeting he attended of the new pediatric subspecialty organization, CoPS (Council of Pediatric Subspecialties). One of the topics being grappled with by CoPS is whether there should be a common fellowship application process and Match for all pediatric subspecialties. To wrap up this part of the agenda, two of our own program directors, Bill Truog and Bill Meadows participated in a thoughtful, sometimes passionate and often hilarious Pro/Con “Match debate”. All of these presentations are now posted on the ONTPD website <http://www.aap.org/sections/ontpdros.htm> as an audiotape with accompanying PowerPoint slides. Listening to the audiotape of the meeting is highly recommended for any program director that was unable to attend the October meeting. After hearing the informative presentations, ballots were distributed at the meeting to any program director who had not previously voted by mail or who wanted to change their vote with the goal of deciding on participation in ERAS and the NRMP at the end of the meeting. A requirement of the NRMP is participation by 75% of programs AND inclusion of 75% of fellowship positions.

While votes were being tallied, the meeting agenda shifted to ACGME matters. We were fortunate to have Joe Gilhooly present a mini-workshop on “How to implement the 6 competencies”. Joe is a representative of the Pediatric RRC. He is also a neonatologist and the *Pediatric Residency Program Director* at Oregon Health & Science University. Beginning January 2007, all pediatric subspecialties must incorporate the ACGME 6 competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice) and their evaluation into fellowship curriculum and training. Joe explained that the ACGME is shifting from an accreditation process that is focused on process and structure to one that is based on outcomes, or what the ACGME refers to as competency-based education. This went into effect in July 2002 for categorical programs; subspecialties were initially exempt... until January 1, 2007. Going forward all fellowship programs will have to demonstrate that they have implemented the competencies into their curriculum and that their evaluation of fellows is based on objective measures of performance. Joe went through the 4 “easy” steps to developing competency-based curricula, including writing learning objectives, choosing the appropriate instructional method, designing evaluation tools and determining performance thresholds. He also discussed building fellow portfolios as a model for life-long professional development and academic promotion and a segway to maintenance of certification. His presentation was extremely well received. We hope to invite Joe back next year for an extended workshop to develop competency curricula and tools to share among all NPM fellowships.

Joe’s presentation was a perfect lead into the next presentation by Mary Carol Bedat, from the AAP who introduced “The Fellow Center at Pedialink”. This website housed by the AAP is devoted to ILP (Individual Learning Plans) and will soon host a site where program directors can document research progress for fellowship SOCs and learning plans for practice-based learning and improvement.

The annual ACGME update was presented this year by Judy Aschner. Major revisions to the *General Program Requirements for the Subspecialties of Pediatrics* become effective January 1, 2007. These program requirements affect all pediatric subspecialty training programs and contain revised language dealing with qualifications of the Program Director, qualifications of subspecialty faculty, the core curriculum, instruction in program administration and implementation of the 6 competencies. One of the 6 competencies is Medical Knowledge, which will be judged based on performance on the Subboard certifying examination. Program will be judged deficient if over a 6-year period, fewer than 75% of eligible fellows pass the certifying examination on the first attempt. The new Subspecialty Requirements can be read in their entirety on the ONTPD website (<http://www.aap.org/sections/ontpdros.htm>) or on the ACGME website (http://www.acgme.org/acWebsite/RRC_320/320_prIndex.asp).

On July 1, 2007, the ACGME will implement major changes in the *Program Requirements for Fellowship Education in Neonatal-Perinatal Medicine* which address the number and qualifications of faculty neonatologists and other teaching faculty, the content of the educational curriculum (including an extensive curriculum on program administration), the NICU follow up out-patient experience and requirements for maintenance and use of a neonatal database for fellowship education. This document also contains the final language adopted on the management of surgical patients in the NICU. I am pleased to report that a compromise was reached which eliminates any reference to whose service the patient is on or which service directs the management of ICU patients with surgical problems. This is significant because the old (current) language in the Pediatric Surgery Program Requirements state, “*To meet the requirements of direct and responsible patient management, it is essential that those patients whose primary problem is surgical be on the pediatric surgical service and be directly managed by the surgical staff. ... It is emphasized that*

newborns with surgical conditions, as well as surgical patients requiring intensive care, must be on the pediatric surgical service where the care is the responsibility of the surgical staff.”

Effective July 1, 2007, the new Pediatric Surgery Program Requirements state, *“Pediatric surgery residents must be provided with primary responsibility in the care of critically ill surgical patients to acquire the requisite specialty-specific knowledge and skills and to obtain competence in the pre-, intra-, and post-operative care of such patients supervised by pediatric surgery faculty. To meet these goals, the coordination of care and collegial relationships between pediatric surgeons, neonatologists, and critical care intensivists concerning the management of medical problems in these complex critically ill patients are essential.”*

Similar (but not identical) language has been incorporated into the NPM Program Requirements. *“Fellows in neonatal-perinatal medicine must be directly involved in the care of critically ill surgical patients in order to acquire the requisite specialty-specific knowledge and skills to attain competence in the evaluation, diagnosis and pre/post operative management of such patients. To meet these goals, the coordination of care and collegial relationships between pediatric surgeons, neonatologists, and critical care intensivists concerning the management of medical problems in these complex critically ill patients are essential.”* We believe that this compromise language represents a major step toward assuring collaborative patient care and maximizing educational opportunities for all fellows. Nonetheless, the language in the two training documents is not perfectly parallel and there is still the possibility for abuse. The ACGME has assured me that the intent of the language is not to dictate whose service the surgical patient is on or which attending service directs the care. This should be determined at the institutional level. I am extremely interested in knowing how and if this new language impacts your program. The new NPM Program Requirements can be read in their entirety on the ONTPD website (<http://www.aap.org/sections/ontpdros.htm>) or on the ACGME website (http://www.acgme.org/acWebsite/RRC_320/320_prIndex.asp).

Following the ACGME presentation, Dr. Gail McGuinness, delivered the American Board of Pediatrics Annual Report to the ONTPD, covering the topics of tracking and evaluation of fellow’s clinical competence and professionalism, on line verification of competence which will occur at the end of training rather than when fellows apply for the certifying exam and nuances of subspecialty fast-tracking. Other notable changes include the requirement for an unrestricted license (not just a training license) in order to sit for the general or subspecialty pediatric certifying examination. This will go into effect in 2008. It was also announced that the timing of the NPM certifying exam will move from November to March and the next exam will be in March 2008. Future exams will have additional content related to the core curriculum in scholarly activities.

The last presentation was given by John Hartline representing the *AAP Committee on Practice Management & Workforce* and Gregg Lund from *Pediatrix* who presented the concept for a new Fellowship Workforce Survey.

16th Annual ONTPD Meeting

Friday, October 6, 2006

1:00-5:00 PM

Newton/Rockdale/Forsythe Rooms

Atlanta Hilton Hotel

Atlanta, Georgia

- 1:00-1:05 **Welcome and Opening Remarks**
Judy Aschner, ONTPD Chair
- 1:05-2:00 **Fellowship Recruitment Process**
Sarah Corathers, Chairperson, AAP Resident Section
Renee Overton, ERAS Director
Mona Signer, NRMP Director
The Pediatric Cardiology perspective: Macdonald Dick, Wayne Franklin
- 2:00-2:15 **Break/Networking/Informal discussion**
- 2:15-2:25 **A Pediatric Subspecialty Organization: Council of Pediatric Subspecialties (CoPS)**
Joe Neu, ONTPD Council
- 2:25-2:40 NPM Pro/Con debate (*Jack Widness, Bill Truog, Bill Meadow*)
Discussion and VOTE
- 2:40-3:40 **ACGME/Pediatric RRC Update:**
Workshop: How to implement the 6 competencies
Joe Gilhooly, Pediatric RRC, Pediatric Residency Program Director, Oregon Health & Science University
- 3:40-4:00 The Fellow Center at Pedialink: How to document research progress for fellowship SOCs and learning plans for practice-based learning and improvement
Mary Carol Badat, AAP
- 4:00-4:20 Changes to the NPM and General Program Requirements for the Subspecialties of Pediatrics
Judy Aschner, ONTPD Chair
- Discussion
- 4:20-4:40 **Report from the American Board of Pediatrics**
Gail McGuinness, Senior Vice President, ABP
- 4:40-4:55 **A New Fellowship Workforce Survey**
Practice Management & Workforce Committee, AAP
John Hartline-AAP/Gregg Lund-Pediatrix
- 4:55-5:00 **Vote tally, ONTPD leadership and Council elections**
Judy Aschner, MD

At the conclusion of the meeting, the final results of the ballots on fellowship recruitment were announced. Votes were received from almost 90% of eligible programs and among those who voted

83% were in favor of a match and 81% were in favor of using ERAS. Therefore, beginning with the candidates applying for fellowship in 2009, NPM programs will accept applications through ERAS and will participate in the NRMP. The timeline for participation in these programs is set largely by the ERAS calendar, as indicated below.

Date	ERAS	NRMP
January-April 2007	ERAS fellowship program registration	
July 1, 2007	MyERAS opens to applicants	
July-August and October, 2007	Program Director's Workstation (PDWS) introductory training	
November 2007	PDWS software delivery	
November 15, 2007 – May 31, 2008	Applicants apply to programs	
December 1, 2007 – May 31, 2008	Programs download applications	
May 14, 2008		Match opens for registration
May 31, 2008	ERAS post office closes	
July 16, 2008		Rank order list opens for programs and applicants
August 27, 2008		Quota change deadline
September 10, 2008		Rank order list closes
October 1, 2008		<i>Match Day</i>
July 1, 2009	Fellowship Training Begins	Fellowship Training Begins

This is a major step and commitment for NPM programs. For the match to be successful, we need full cooperation and participation from program directors and fellowship applicants. We must guarantee that 75% of programs and 75% of positions will be filled through the match. We hope that all programs will register with ERAS and the NRMP. Additional details about the process will be mailed directly to program directors starting in January. Both the ERAS and NRMP offices are committed to make this work for our subspecialty and are available to answer questions about participation or specific circumstances. I am also interested in feedback as this process unfolds. Please check out our website for the audiotape and PowerPoint presentations of the October 6th ONTPD meeting.

Respectfully submitted on behalf of the ONTPD Council,

Judy Aschner

Judy Aschner, MD, FAAP
ONTPD Chairperson