Effect of ACGME & ABR Changes on Residency & Pediatric Radiology Fellowship

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Outline

• New exam format -
  – ACGME changes

• History: 2009 SPR Education Summit
  – Concerns & recommendations

• Current & Future trends
Why the new format?

- Too much to learn
- Need more depth of knowledge in a subspecialty, not equal depth in all
- Choose 3/5 certifying modules based on practice plans
New ABR Exam format

- **Core exam:**
  - Modalities
  - Body sections
  - Physics – **counts double**

- **Certifying exam:**
  - General competency & Basic knowledge
  - 3 modules chosen by candidate

Suggested that residents have 2 months each rotation prior to core exam
New ABR format

- Graduates are ABR/Board certified 15 mos after residency

Class 2014:

- Internship: 12 mos
- R1: 12 mos
- R2: 12 mos
- R3: 12 mos
- R4: 12 mos
- Fellowship/employment: 12 mos

2 day written Core Exam (includes physics)
5 module Certifying exam
New format impact

- Change in exam design
- Changes in residency
- Changes in fellowship
ACGME RRC residency changes

- Increase in max rotations in an area of interest from **12 - 18** months
Current ACGME RRC Requirements

- Nuc med – 4 months
- Mammo – 3 months
  > 250++ over last 6 mo of R4
- No Peds or other requirements
History: 2009 SPR

Education summit concerns

1. What can programs provide?
2. Will we see a CAQ sub-specialty trainee drain vs glut?
3. Will funding be a barrier in pediatrics due to “away rotations”?
• Of 186 programs, 84 (45%) responded

• 3 mos pedds - 61% programs
  – 1 mo in the R2, R3, R4 years
  – 46% ped rad done at home institution
2010 APDR survey

- 7-15% planned decrease in pediatrics
- 82% plan to offer more rotations in areas of interest
- 57% "very unlikely" or "impossible" residents do ≥12 months in a single area
- 54% can offer all 10 subspecialties
Pediatric Radiology is in top 3 areas not available?

- 17% - Women’s Imaging/OBGYN
- 14% Cardiac
- 12.5% Pediatric Radiology
- 6.2% Nuclear Medicine
- 5% Ultrasound
- 5% Mammo
- 5% Chest
- 5% MSK
- 1.5% V&l
- 1.5% Abdomen/Body
Will funding be a barrier to rotations in pediatric radiology?

- Funding limitations not a barrier 51% of programs
- 17% did not know how their institution funded pediatric radiology rotations.

- 46% done at home (funded)
- 54% away (unfunded)
SPR recommendations for Pediatric Radiology training

1. 3 months is the suggested minimum for pediatric radiology
   - 50% peds read by adult radiologists
2. Residents interested in Ped Rad must be allowed to subspecialize
3. Suggested type of experience...if possible
   - CAQ pediatric radiology faculty
   - Children’s Hospital
**Concern: Subspecialty trainee drain vs glut?**

- **GLUT!**

**NEW Class 2014:**

<table>
<thead>
<tr>
<th>Internship</th>
<th>R1</th>
<th>R2</th>
<th>R3</th>
<th>Breast</th>
<th>$$Employment</th>
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<tbody>
<tr>
<td>12 mos</td>
<td>12 mos</td>
<td>12 mos</td>
<td>12 mos</td>
<td>12 mos</td>
<td>12 mos + 3 mos</td>
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</tbody>
</table>

- Core Exam + (includes physics)
- ABR Certifying Exam
- Fellowship/employment
- PEDS Breast Fellowship
Current trends and Future

- Drop in Pediatric radiology training
- Glut of radiologists...
  - Glut of fellows
- Funding yet to be a factor
- Residents are getting only a little more time in areas of interest (2-6 months)
  - What they wanted anyway?
New format impact

Change in exam design
- Core is easier

Changes in residency
- Fewer rotations in ped rads
- No mock oral
- Multiple choice
- More physics

Changes in fellowship
- More fellowship applicants
  - ??? Jobs ???
ACGME requirements

- **Milestones**
  - Clinical Competency Committee
    - 1<sup>st</sup> Residency assessment due Dec 2013
    - 1<sup>st</sup> Fellowship assessment due July 2014
Thanks for your attention
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