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AMERICAN BOARD OF OTOLARYNGOLOGY

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November 3, 2016

Lois Nora, MD, JD, MBA
President, ABMS
353 North Clark Street, Suite 1400
Chicago, Illinois 60654

Dear Lois,

The American Board of Otolaryngology Directors have decided to activate the previously approved subcertification in Pediatric Otolaryngology. The ABOto would like to change the name of the certificate to Complex Pediatric Otolaryngology to clarify the difference between this subspecialty and the pediatric practices of our primary certificate holders.

Please let me know what additional steps are needed to begin the development of the subcertification process.

Thank you for your assistance in this matter.

Sincerely,

Robert H Miller, MD

Application for Subspecialty Certificate Name Change

Upon completion, please forward this application for a new or modified subspecialty certificate to Lois Margaret Nora, MD, JD, MBA, ABMS President and Chief Executive Officer, in care of David B. Swanson, PhD, at dswanson@abms.org. If you need any assistance with the completion of this application, please contact Paul Lawlor, Manager, Program Review and services, at plawlor@abms.org.

1. Provide the name of the proposed new or modified subspecialty certification:

Complex Pediatric Otolaryngology

2. State the purpose of the proposed new or modified subspecialty certification in one paragraph or less:

The ABOto received approval from the ABMS in 1992 to subcertify in Pediatric Otolaryngology, but never activated the process. The ABOto Directors have decided to begin subcertification to recognize the extra training and expertise some of our diplomates who treat pediatric patients. In order to differentiate the pediatric practices of ACGME fellowship trained otolaryngologists from our primary certificate holders, we plan to use the term "Complex Pediatric Otolaryngology" instead of the previously approved "Pediatric Otolaryngology."

3. Document the professional and scientific status of this special field by addressing (a) through (e) below.

a. In the space provided, please describe how the existence of a body of scientific medical knowledge underlying the proposed new or modified subspecialty area is in large part distinct from, or more detailed than, that of other areas in which certification is offered:

Complex pediatric otolaryngology (CPO) has evolved from the first meeting of these specialists in 1973. The American Society for Pediatric Otolaryngology (ASPO) was formed in 1985, and now has 450 members. ASPO now meets annually at which many scientific presentations are made on the diagnosis and management of pediatric patients with otolaryngic diseases. In 1995, the ACGME approved fellowship training in the specialty, and there are now 33 fellows in 23 accredited programs.

b. Explain how this proposed new or modified subspecialty addresses a distinct and definable patient population, a definable type of care need or unique care principles solely to meet the needs of that patient population:

Many otolaryngologists diagnose and treat pediatric patients. However, some of these patients because of the complexity of their conditions are referred to fellowship trained pediatric otolaryngologists for their care. In addition, most pediatric otolaryngologists practice in pediatric-specific institutions where they are members of teams that manage complex patients and their conditions. These otolaryngologists participate in pediatric management conferences and work closely with specialists such as geneticists, pediatric cardiovascular physicians, and others to provide optimal care for these patients.

When they approved the activation of this subcertification, the ABOto Directors were concerned that the term "Pediatric Otolaryngology" does not really imply the advanced educational and skill levels these fellowship trained individuals possess. Furthermore, the Directors want to ensure that our primary certificate holders can continue to treat pediatric patients with common problems such as tonsillitis, recurrent otitis media, and other less complex problems. The term Complex Pediatric Otolaryngology will help differentiate these two types of practices.

c. To provide COCERT with information about the group of physicians concentrating their practice in the proposed new or modified subspecialty area, please indicate the following:

i. The current number of such physicians (along with the source(s) of the data):

There are approximately 450 practitioners in this specialty based on the ASPO membership.

ii. The annual rate of increase of such physicians in the past decade (along with the source(s) of the data):

As noted previously, there are now 23 ACGME-accredited programs with 33 fellows currently in training. In 2008, there were 6 programs training 6 fellows.

iii. The current geographic distribution of this group of physicians, its projected spread in the next five (5) years, and an explanation of how you arrived at this projection:

Given the nature of a CPO practice, the geographic distribution of CPO practitioners will parallel the geographic location of children's hospitals as well as academic medical centers.

d. For COCERT, please identify the existing national societies, the principal interest of which is in the proposed new or modified subspecialty area:

As mentioned previously, the main society is the American Society for Pediatric Otolaryngology. In addition, there is a section of pediatric otolaryngology of the American Academy of Otolaryngology and the American Academy of Pediatrics.

i. Indicate the existing national societies' size and scope, along with the source(s) of the data:

There are 450 members of ASPO all of which focus at least 75% of their practice on pediatric patients.

ii. Indicate the distribution of academic degrees held by their members, along with the source(s) of the data:

All ASPO members are required to have an MD degree or equivalent.

iii. Indicate the relationship of the national societies' membership with the proposed new or modified subspecialty area:

ASPO approached the ABOto about three years ago requesting the ABOto activate the subcertification process. The ABOto has worked closely with ASPO, the American Academy of Otolaryngology, and the other specialty societies to refine the scope and name of this specialty.

e. For the entities described below, please provide the number of those who have a primary educational effort devoted to the proposed new or modified subspecialty area, along with their geographic locations and the source(s) of the data:

i. Medical schools:

Medical students may be exposed to CPO if they do a rotation on the otolaryngology service.

ii. Hospital departments:

The training of otolaryngologists takes place in the hospital setting, and all residents in the 106 ACGME-accredited receive training at the primary certification level. CPO training in the 23 ACGME-accredited fellowships generally takes place in children's hospitals

iii. Divisions:

Most academic training programs and children's hospitals have divisions of pediatric otolaryngology where both residents and fellows receive their training

iv. Other (please specify):

4. Please list the number and names of institutions providing residency and other acceptable educational programs in the proposed new or modified subspecialty area:

There are 23 ACGME accredited training programs
Ann & Robert H. Lurie Children's Hospital of Chicago / Northwestern
Baylor College of Medicine / Texas Children's Hospital
Children's Hospital Boston
Children's Hospital Colorado / University of Colorado
Children's Mercy Hospital / University of Kansas
Children's National Medical Center (Washington, DC)
Children's Hospital of Wisconsin / Medical College of Wisconsin
Children's Hospitals and Clinics / University of Minnesota
Cincinnati Children's Hospital Medical Center
Emory University School of Medicine
Massachusetts Eye and Ear Infirmary
Nationwide Children's Hospital / Ohio State
Nemours / duPont Hospital for Children
Rady Children's Hospital / UC San Diego
Seattle Children's Hospital / University of Washington
Stanford University
The Children's Hospital of Philadelphia
The Children's Hospital of Pittsburgh / UPMC
University of Iowa
University of Michigan Health System, Ann Arbor, Michigan
University of Texas Southwestern
University of Utah
Vanderbilt University Medical Center

a. Indicate the total number of trainee positions available currently (along with the source(s) of the data):

According to the most recent ACGME data book, there are 33 current trainees

b. Provide the number of trainees completing the training annually (along with the source(s) of the data):

2016 34
2015 32
2014 24
2013 23
2012 16

c. Describe how the numbers of training programs and trainees are adequate to:

i. Sustain the area of subspecialization:

As previously noted, pediatric otolaryngology is a very popular and rapidly growing specialty. Given improved survival of premature newborns and all of their attendant conditions, there is growing demand for otolaryngologists to treat the myriad conditions seen in these patients in the neonatal ICU and as they grow up. To our knowledge, none of the graduates from ACGME programs have any difficulty in obtaining a position.

ii. Allow for a sustained critical mass of trainees necessary for trainee testing validity and training program accreditation:

There is clear growth in the number of ACGME-training programs of the past few years. The ABOto psychometrician has complete confidence in the ability to validate the certification process given the numbers of graduates.

5. Please provide the number and type of additional educational programs that may be developed based on this proposed new or modified subspecialty area. Please indicate how you arrived at that number:

We do not have a projection as to the growth in the number of ACGME pediatric otolaryngology training programs, but we are already at a critical mass of programs for the certification process. Any additional growth in programs will be organic based on demand which is growing.

6. Please provide responses to (a) through (d) below regarding the duration and curriculum of existing programs:

a. The goals and objectives of the existing programs:

An early pediatric otolaryngologist aptly described the domain of the fellowship trained pediatric otolaryngologist as "Someone who cares for complex problems in otherwise healthy children and common problems in complex children."

Some of the complex problems that are in the special competencies of a complex pediatric otolaryngologist include airway issues such as subglottic and tracheal stenosis, foreign bodies in the upper aerodigestive tract of very young children, lymphatic malformations, and tumors unique to the pediatric population. In addition, an important role for this individual is to participate in appropriate healthcare teams that focus on the pediatric patient with genetic or other congenital anomalies that are beyond the activity of the diplomate holding an ABOto primary certificate.

b. The expected competencies that will distinguish this subspecialist from other subspecialists in the areas of cognitive knowledge, clinical and interpersonal skills, professional attitudes and practical experience:

According to the ACGME fellowship training requirements, graduates must demonstrate competence in:
Evaluating neonates, infants, children, and adolescents 18 years and younger with congenital abnormalities, infectious and inflammatory disorders, and inherited and acquired conditions of the head and neck, including hearing loss and other communication impairments; (Outcome)

Diagnosing and managing the medical and surgical treatment of the aerodigestive tract, ear, nose, sinus, throat, voice and speech, and head and neck and disorders of neonates, infants, children, and adolescents 18 years and younger; and performing procedures in the following domains with an emphasis on neonates, infants, children younger than three years of age, and children and adolescents with significant co-morbidities as defined by American Society of Anesthesiology ASA status:

Closed and open airways, congenital anomalies, endoscopic airways, facial plastics, facial trauma, head and neck surgery, otology, rhinology; and, complex and uncommon pediatric procedures infrequently encountered in the general practice of otolaryngology.

c. The scope of practice:

The diplomate who successfully passes the CPO certification process will have the training and experience to work closely with other pediatric specialists and healthcare workers and have the professional skills to communicate to the families of these patients.

d. The body of knowledge and clinical skills required and whether it is broad enough to require at least 12 months of training:

The ACGME minimum training period is 12 months, although there are a few programs that add a year of research to their training program.

7. Please provide a projection and the methodology used for the projection of the annual cost of the required special training:

Since these training programs are already in existence and are funded, the costs of these programs is already known.

a. As the sponsoring Member Board, do you have, or access to, the resources to conduct a regular certification and MOC program in this specialty?

Yes. The ABOto is prepared to support CPO subcertification. We already subcertify in Neurotology.

b. Do you plan to ask for ACGME accreditation for this new program?

N/A

c. If these programs are not accredited by the ACGME, please document the accrediting body for this program and whether you have the resources to review these programs in a fashion comparable to ACGME.

N/A

8. Please outline the qualifications required of applicants for certification in the proposed new or modified subspecialty area, as it pertains to the following:

a. Possession of an appropriate medical degree or its equivalent:

Applicants will be required to hold an MD degree or its equivalent.

b. General certification by an approved primary specialty Board:

Applicants will be required to hold primary certification by the ABOto

i. Will diplomates from other ABMS Member Boards be allowed to apply for this subspecialty certificate?

- ○ Yes
- ◉ No

If "yes," but only specific ABMS Member Board diplomates would be allowed to apply for this subspecialty certificate, please list those Member Boards:

If "yes," would you require diplomates to maintain their primary certificate?

- ○ Yes
- ◉ No

c. Completion of specified education and training or experience in the subspecialty field:

All applicants will be required to complete an ACGME-accredited pediatric otolaryngology training program. The only exception will for an initial 5-year alternative pathway during which “grandfathered” applicants will have to demonstrate that their practice is truly complex pediatric otolaryngology.

d. Additional qualifications:

9. Please describe how candidates for certification in the proposed new or modified subspecialty area will be evaluated. In your response, include a description of the method(s) of evaluation (e.g., written, oral, simulation) and the rationale behind the method(s) used in the evaluation process:

Since CPO is both a cognitive and procedural specialty, the ABOto will require all applicants to take and pass both a written and oral examination.

The written examination can be taken after completion of an ACGME-accredited fellowship. After passing the written examination, all candidates will have to submit a two-year operative and external evaluative data to ensure they practice CPO. If acceptable to the ABOto, the candidate will then take an oral exam that includes scripted protocols of patient cases, much like the system used for our primary oral exam.

10. For (a) through (d) below, please project the need for and the effect of the proposed new or modified subspecialty certification on the existing patterns of subspecialty practice. Please indicate how you arrived at your response.

a. How the Member Board will evaluate the impact of the proposed new or modified subspecialty certificate:

i. On its own primary and subspecialty training and practice:

Since the ACGME-accredited fellowships have been in place for over twenty years, we do not see any adverse impact on the current training programs or practice patterns.

ii. On the primary training and practice of other Member Boards:

There will be no impact on other member boards.

b. The *value* of the proposed new or modified subspecialty certification on practice, both existing and long-term (in health care, *value* is typically defined as *quality* divided by *cost*), specifically:

i. Access to care (please include your rationale):

There should be no impact on access to care since these practitioners already serve the public and have for over twenty years.

ii. Quality and coordination of care (please include your rationale):

The subcertification should improve the quality and coordination of care not only because of the certification process, but all subcertified diplomates will have to participate in a CPO MOC program.

iii. Benefits to the public (please include your rationale):

Although the public already benefits from having access to these specialists, a subcertification program will ensure that those who are successful will meet the highest, ABOto standards. Also, by requiring these individuals to participate in MOC, the public will benefit from the lifelong learning and quality improvement of the MOC program.

c. Please explain the effects of the proposed new or modified subspecialty certification on:

i. Immediate costs and their relationship to the probable benefits (please indicate your methodology):

The only costs will be to the ABOto which has developed a solid business plan for this process. There should be no other costs to the public or institutions. Diplomates will have to pay for the exam and the MOC process. These costs are minimal compared to the benefit to the public.

ii. Long-term costs and their relationship to the probable benefits (please indicate your methodology):

Same as 10ci

d. Please explain the effects if this subspecialty certification is not approved:

Given that this is only a name change, and not an approval of a new specialty, this question is not applicable.

11. Please indicate how the proposed new or modified subspecialty will be reassessed periodically (e.g., every five years) to assure that the area of clinical practice remains a viable area of certification:

As with all ABOto certification and subcertifications, the ABOto Directors periodically review such things as scope of practice, effectiveness of the examination process, and other factors will be reviewed on an on-going basis.

12. Please list key external public stakeholders that COCERT may solicit for possible public comment on the proposed new or modified subspecialty area:

Not Applicable

NOTE: When submitting this application, please attach the following item:

☒ A copy of the proposed certificate for ABMS records

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The American Board of Otolaryngology

Serving the Public and the Profession Since 1924

hereby certifies that

Has pursued an accepted process of advanced experience and has successfully passed an examination in the

Subspecialty of Complex Pediatric Otolaryngology

June 1, 20 - June 30, 20

President

Certificate No.

Executive Director