

# A Few Notes to Presenters

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## Speaker Notes

- Speaker notes are embedded in most of the slides in this presentation.
- Using speaker notes will help ensure a standard message is being presented.
- Speaker notes are provided for guidance, presenters are not obligated to read them verbatim.

## Compatibility Issues

- This presentation is provided in the two most recent versions of Microsoft Power Point (ie, 1997-2003 and 2007).
- Slides will work seamlessly in MAC Power Point version 2008.

## Improvements and Updates

- We will updated this slide presentation when appropriate and provide you with those updates.
- If you have any suggestions for this slide presentation please e-mail them to Dr. Hazen Ham ([hph@abpeds.org](mailto:hph@abpeds.org))

# Global Standards for Training, Assessment and Physician Accreditation in Pediatrics

Date  
Meeting Name  
Location

Presenter  
Affiliation(s)



**Global Pediatric Education Consortium**

# The Disparities Around Our World

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## Disease Morbidity

- Malaria
- Diarrheal Disease
- Tuberculosis
- HIV/AIDS

## Under Five Mortality Rate

- 176/1000 Niger
- 3/1000 Sweden

# The Disparities Around Our World: Why?

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## The Usual Suspects

- Unstable Governments
- Inadequate Infrastructure
- Resource-poor



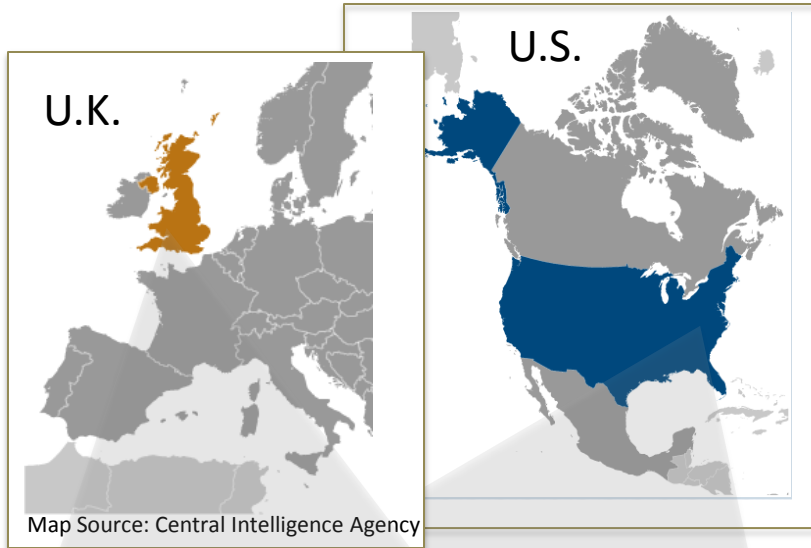
## What About?

- Training Resources
- Educational Resources
- Adequate Workforce

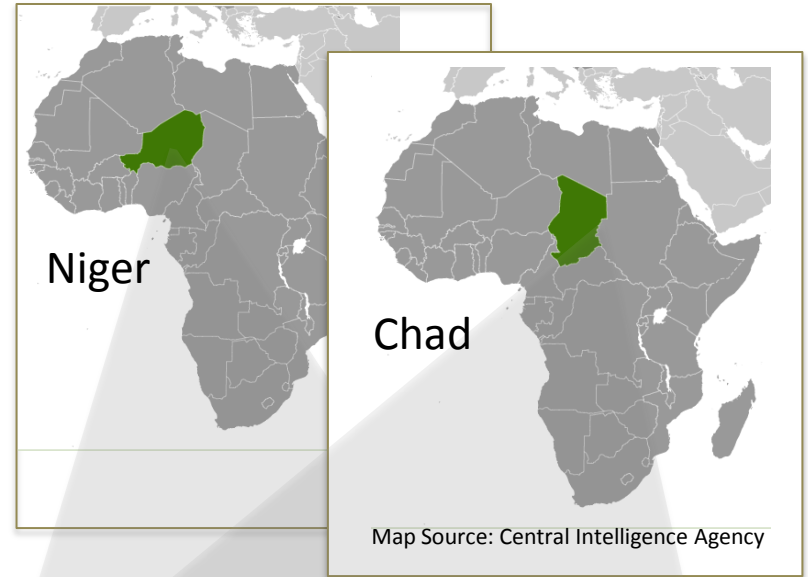
5.4% reduction in IMR (EU)

*Katz et al. (2002)*

# Zero Balance Workforce



**25:10,000** (all physicians)  
Approximately 1 pediatrician for every 1,000 children under 15 (US)



**<1:10,000** (all physicians)  
Estimated less than 1 pediatrician for every 250,000 children under 15

# Zero Balance Physician Workforce = Very Few Pediatric Physician Providers




eight pediatricians

and

6.4 million children <15 yrs



 = one pediatric physician

 = ten thousand children under 15 years of age

# How does the Pediatrician fit into global healthcare?

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Pediatrician



General  
Practitioner

# The Primary Care Health Team

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Physicians

Nurses

Community Health Workers



# Children have specific and unique health needs

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Increase **quality**  
and **quantity** of  
the pediatric  
workforce

# Solutions: Current and Proposed

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## United Nations Challenge

- Millennium Development Goal 4 (MDG 4)
  - Reduce U5MR by 67% by 2015
  - 1 year-old children immunised against measles
  
- Many well-funded efforts targeting MDG 4
  - Dramatic results from many of these efforts
  - Focus is typically on single disease or condition (eg, malaria control, clean drinking water)

# Solutions: Current and Proposed

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## The Integrated Management of Childhood Illness (IMCI) project



- Supported by WHO and the United Nations Children's Fund (UNICEF)
- Broad-based approach to MDG 4
  - Ancillary health team
  - Local health systems
  - Family and community involvement
  - **Preventative** and curative measures
  - Governments & MoH involvement



# A Systemic Approach: Pediatricians are an Essential Link of a Coordinated Healthcare Team?

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# The Global Pediatric Community: Cultivating a Strategy

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- 1** Improve post-graduate training  
Cataloging “best practices” from many of the world’s foremost training and educational organizations
- 2** Augment the workforce  
In developing countries and in developed countries where there is a shortage of primary and subspecialty pediatricians
- 3** Educational resources  
Provide access to quality educational resources for training programs, especially in developing countries, to assist in creating or improving training programs

# The Global Pediatric Education Consortium (GPEC): A Brief History

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1. ABP Foundation (May 2008)
  - Exploration of opportunity
2. Initial discussions (December 2008)
  - Royal Colleges
  - IPALA
  - White Paper
3. First Global Summit (July 2009)
  - Frankfurt
  - Formation of GPC
  - Established Working Groups



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



*Committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.*



The Arab Board of Medical Specializations



College of Paediatricians of South Africa



# College of Physicians & Surgeons Pakistan



## Egyptian Pediatric Association



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS

European Academy of Paediatrics  
European Board of Paediatrics







DEUTSCHE GESELLSCHAFT  
FÜR KINDER- UND JUGENDMEDIZIN e.V.



Deutsche Akademie  
für Kinder- und  
Jugendmedizin e.V.

Dachverband der kinder- und  
jugendmedizinischen Gesellschaften



Welcome to the  
Israeli Medical Association



JAPAN PEDIATRIC SOCIETY

JAPAN PEDIATRIC SOCIETY



National Board of Examinations

राष्ट्रीय परीक्षा बोर्ड



National Neonatology Forum

Society Registration No. S/12637/1982 Registration of Society Act XXI of 1860  
Affiliated to International Pediatric Association (IPA)



# Paediatric Association of Nigeria



The Royal Australasian  
College of Physicians

Striving for Excellence  
in Health and Medical Care

through lifelong learning, quality performance and advocacy



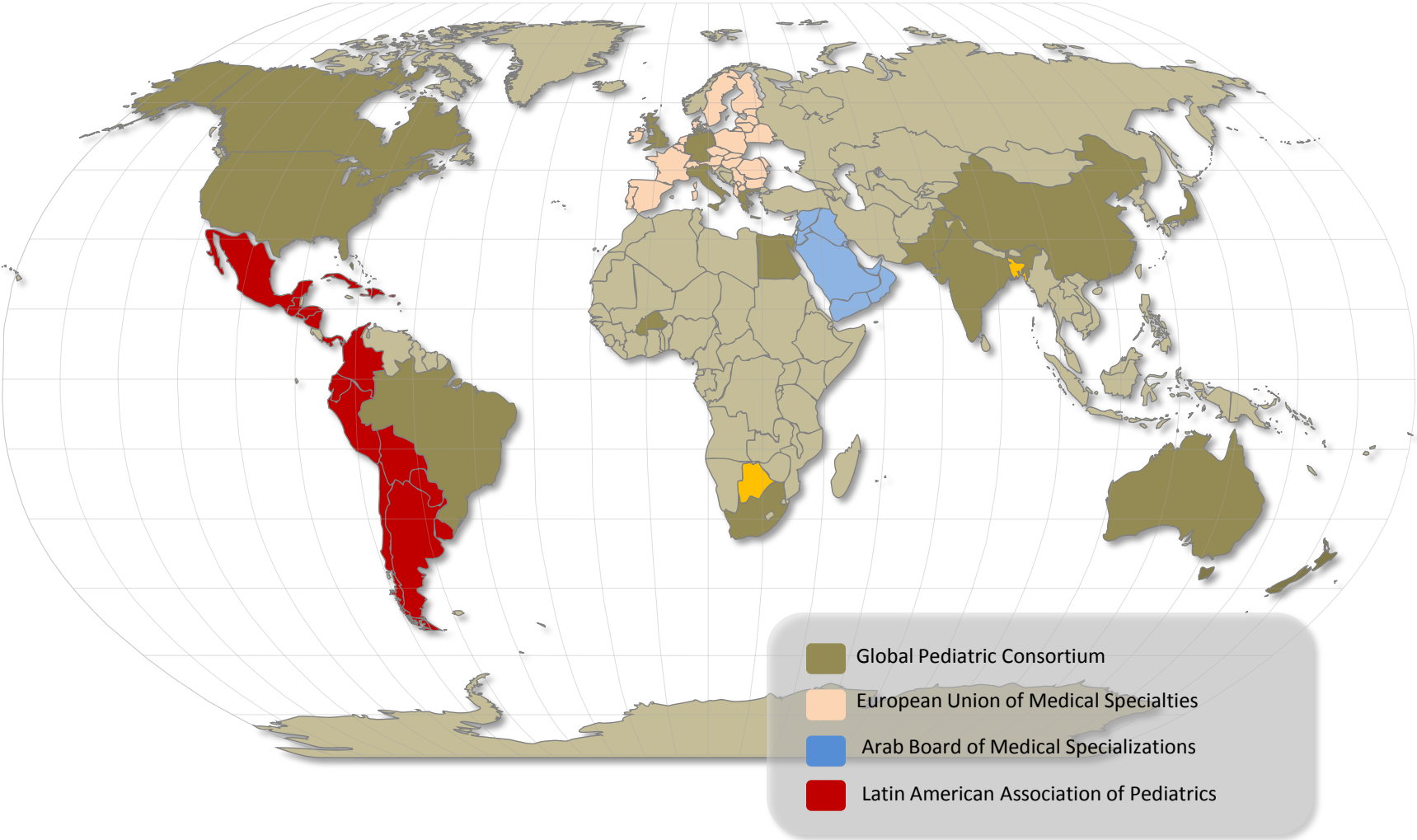
**ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA



Royal College of Paediatrics and Child Health  
*Leading the way in children's health*



# Countries and Regions Represented



# Supporting Organizations

international pediatric association  
 association internationale de pédiatrie  
 asociación internacional de pediatria



**IPALA**  
 INTERNATIONAL PEDIATRIC  
 ACADEMIC LEADERS ASSOCIATION



# The Global Pediatric Consortium (GPC): Post-Summit

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1. Shanghai (October 2009)
  - IPALA Satellite meeting
2. Cairo (November 2009)
  - Egyptian Pediatric Association
3. London (January 2010)
  - Royal College
4. Aswan (February 2010)
  - Arab leaders
  - IPA leaders
  - AAP leaders
5. Italy (March 2010)

# The Global Pediatric Consortium (GPC): Post-Summit

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1. White paper
2. *Journal of Pediatrics*
  - Invited commentary (May 2010)
3. Core Curriculum (Draft #1)
4. 2<sup>nd</sup> Global Pediatric Summit
  - Frankfurt (May 2010)
5. IPA World Congress
  - Johannesburg, SA (August 2010)

# The Global Pediatric Consortium: Collaboration

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## The International Community



... pursuing the concept of creating **common standards** for training and assessing pediatricians as one method of promoting improvement in the quality of medical care provided to infants, children, and adolescents worldwide.

# The Proposal

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***Establish common standards for training, assessment, accreditation and professional development***

- To evaluate the efficacy of those standards to ensure quality of training and care
- Provide resources to accomplish the mission
- The international community reaching out to the world's pediatricians



# An Extension of the International Community

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- ❖ **Pediatrician initiated**
- ❖ **Pediatrician led**

## American Board of Pediatrics Foundation

- Seeding the exploratory phase (*Journal of Pediatrics*, May 2010)

# The Principal Strategy of the Consortium

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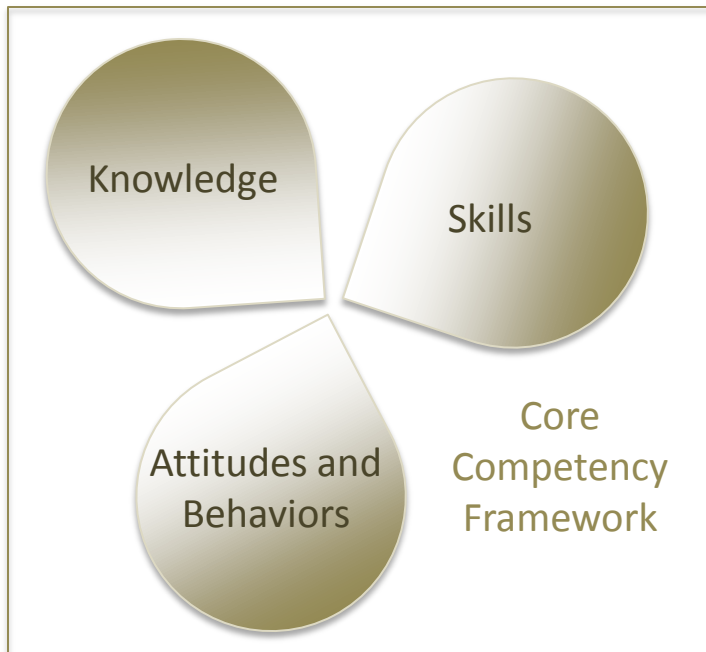
1. Recommend and promote common core standards
  - Based on best practices from the most advanced educational institutions
  - Applicable regardless of geography (acknowledge local variation)
2. Provide educational expertise and material resources
  - To create or enhance training, evaluation, and accreditation systems
3. Improve local and national healthcare systems by helping to create a sustainable pediatric healthcare environment
  - Augmentation of a local and national pediatric workforce
  - GPC stamp of approval should help with local/national government

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# The Model

# Core Competency Framework

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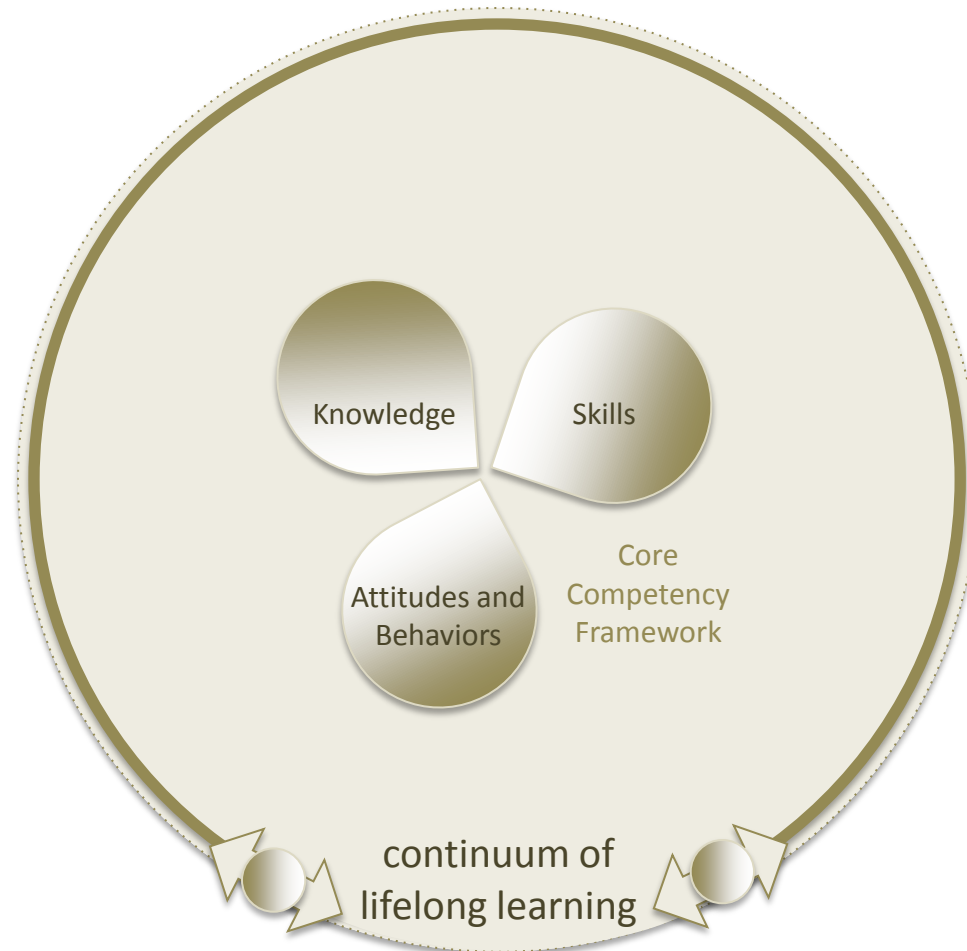


Adapted from Benjamin Bloom (1956)

- The **knowledge, skills, attitudes, and behaviors** that a pediatrician must attain during training and maintain throughout his/her career
- Common for pediatricians **regardless of geographic** locale of training and practice

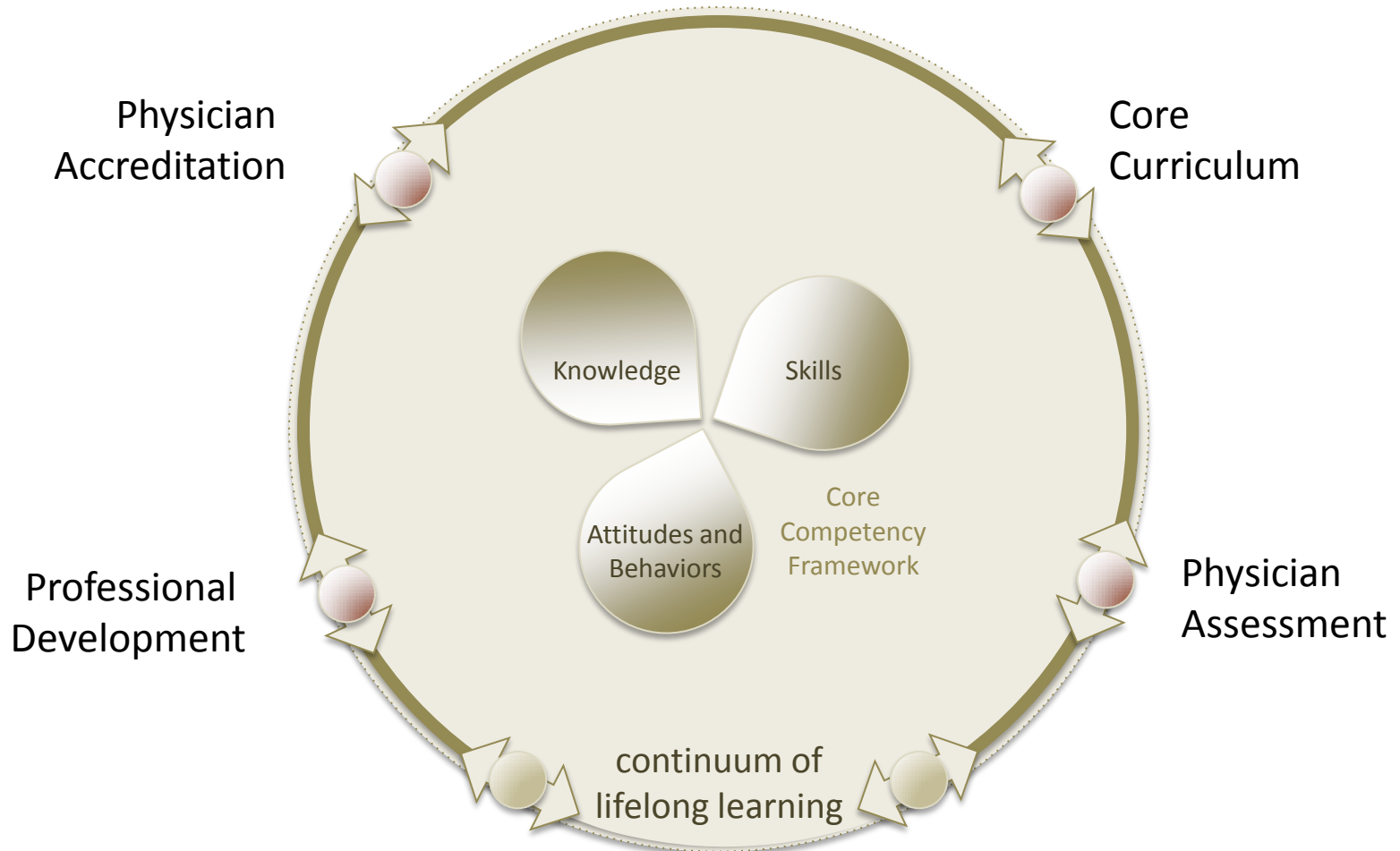
# The Core Competency Framework is at the heart of lifelong learning & professional development

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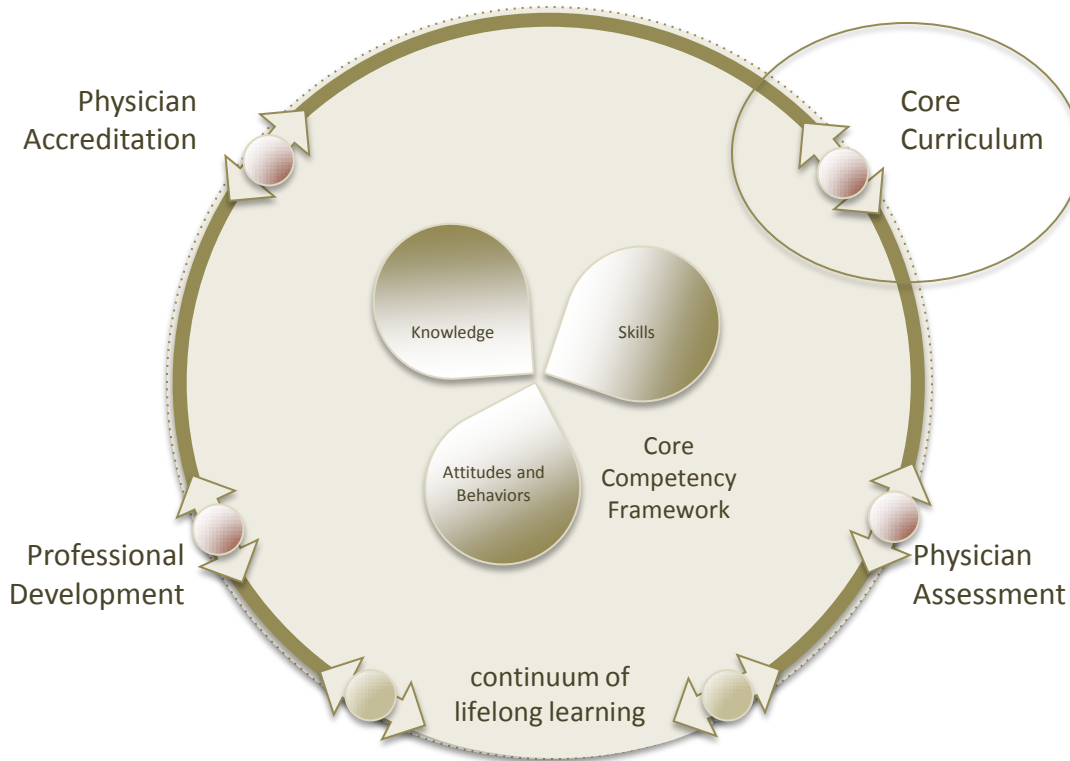
# Elements along the continuum of lifelong learning

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# The Core Curriculum has three essential elements

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1. Core Content Syllabus
2. Core Clinical Skills and Procedures
3. Core Training Structure

# Current Practice Around the Globe

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- ❖ Arab States
- ❖ Australia/New Zealand
- ❖ Canada
- ❖ Egypt
- ❖ European Union
- ❖ India
- ❖ Israel
- ❖ Nigeria
- ❖ Pakistan
- ❖ United Kingdom
- ❖ United States





# Cataloging Best Practices

- Curricular documents from 11 international accrediting bodies representing over 50 countries
- Reviewed by educational experts from around the world
- Collated into one document representing “core” knowledge



# The Core Curriculum: Core Content Syllabus

Table of Contents

Section	Syllabus Area	Principal Reviewer	Page
I.	<a href="#">Genetics</a>	Branski	4
II.	<a href="#">Growth &amp; Development</a>	Branski	5
III.	<a href="#">Cognitive Function</a>	Branski	5
IV.	<a href="#">Language &amp; Learning</a>	Branski	5
V.	<a href="#">Psychosocial</a>	GUI	6
VI.	<a href="#">Behavioral</a>	GUI	7
VII.	<a href="#">Adolescent Medicine</a>	GUI	7
VIII.	<a href="#">Gynecology</a>		
IX.	<a href="#">Prevention &amp; Care</a>		
X.	<a href="#">Child Abuse/Neglect</a>		
XI.	<a href="#">Mental Health</a>		
XII.	<a href="#">Community Pediatrics</a>		
XIII.	<a href="#">Respiratory</a>		
XIV.	<a href="#">Allergy</a>		
XV.	<a href="#">Immunology</a>		
XVI.	<a href="#">Cardiology</a>		
XVII.	<a href="#">Rheumatology</a>		
XVIII.	<a href="#">Musculoskeletal</a>		
XIX.	<a href="#">Nutrition</a>		
XX.	<a href="#">Gastrointestinal &amp; Hepatology</a>		
XXI.	<a href="#">Neonatology</a>		
XXII.	<a href="#">Toxicology/Poisoning</a>		
XXIII.	<a href="#">Emergency Medicine</a>		
XXIV.	<a href="#">Critical Care</a>		
XXV.	<a href="#">Infectious Diseases</a>		
XXVI.	<a href="#">Hematology</a>		
XXVII.	<a href="#">Oncology</a>		
XXVIII.	<a href="#">Substance Use &amp; Abuse</a>		
XXIX.	<a href="#">Pharmacology</a>		
XXX.	<a href="#">Nephrology</a>		
XXXI.	<a href="#">Urology</a>		
XXXII.	<a href="#">Endocrinology</a>		
XXXIII.	<a href="#">Metabolism</a>		
XXXIV.	<a href="#">Fluid &amp; Electrolyte</a>		
XXXV.	<a href="#">Dermatology</a>		
XXXVI.	<a href="#">Dental</a>		
XXXVII.	<a href="#">Otolaryngology</a>		
XXXVIII.	<a href="#">Ophthalmology</a>		
XXXIX.	<a href="#">Neurology</a>		
XL.	<a href="#">Orthopedics</a>		
XLI.	<a href="#">Pre- and Post-Surgical</a>		
XLII.	<a href="#">Rehabilitation</a>		
XLIII.	<a href="#">Research (see note)</a>		

Global Pediatric Syllabus  
February 2010 Draft

## THE GLOBAL PEDIATRICS CONTENT SYLLABUS

### General Pediatrics

January 2010

Global Pediatric Syllabus  
January 2010 Draft

1

#### A. Developmental stages

1. Pregnancy, birth, first days after birth (prenatal care, high-risk pregnancy, parent-infant attachment)
2. Infancy (colic, feeding, rocking movements, temperament)
3. Toddler and preschool (toilet training, habits (eg, thumb sucking), anticipatory guidance, temper tantrums, breath-holding, head banging)
4. Middle childhood (fears and phobias, lying and stealing, anticipatory guidance)
5. Adolescence (anticipatory guidance)

#### B. Externalizing behaviors and conditions

#### I. Genetics:

##### A. General

1. Mendelian inheritance (autosomal dominant, autosomal recessive, X-linked recessive, X-linked with incomplete penetrance, X-linked dominant)
2. Multifactorial inheritance
3. Mitochondrial inheritance

##### B. Diagnostic testing

1. Prenatal
  - (a) Invasive (preimplantation genetic diagnosis, chorionic villus sampling, amniocentesis, prenatal umbilical blood sampling)
  - (b) Noninvasive (ultrasonography, maternal blood screening)
2. Postnatal (karyotyping, fluorescent in situ hybridization, comparative genomic hybridization, molecular analysis, metabolic analysis, newborn screening)

##### C. Chromosomes : Normal Karyotype and Abnormal Karyotypes

1. Autosomal (eg, trisomy, deletions, translocations, duplications, inversions, contiguous gene syndromes)
2. Sex chromosomes (eg, Turner syndrome, Klinefelter syndrome)
3. 47,XXY
4. 47,XXX

##### D. Gene abnormalities

1. Short stature
2. Overgrowth syndromes
3. Neuromuscular disorders
4. Facial and limb abnormalities
5. Osteochondrodysplasia
6. Craniosynostosis
7. Storage disorders
8. Connective tissue disorders
9. Hamartoses

##### E. Miscellaneous

1. Pharmacogenetics
2. Trinucleotide expansion
3. Imprinting
4. Anticipation
5. Associations

VII.

Global  
January

Global Pediatric Syllabus  
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1

# Core Content Syllabus: Index

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- I. Genetics
- II. Growth & Development
- III. Cognitive Function
- IV. Language & Learning
- V. Psychosocial
- VI. Behavioral
- VII. Adolescent Medicine
- VIII. Nutrition
- IX. Neonatology
- X. Gastrointestinal & Hepatology
- XI. Respiratory
- XII. Cardiology
- XIII. Allergy
- XIV. Immunology
- XV. Rheumatology

# Core Content Syllabus: Index

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- XVI. Musculoskeletal
- XVII. Hematology
- XVIII. Oncology
- XIX. Nephrology
- XX. Urology
- XXI. Neurology
- XXII. Endocrinology
- XXIII. Metabolism
- XXIV. Fluid & Electrolyte Management
- XXV. Infectious Diseases
- XXVI. Dermatology
- XXVII. Pre- and Post-Surgical Care
- XXVIII. Orthopedics
- XXIX. Gynecology
- XXX. Otolaryngology
- XXXI. Ophthalmology

# Core Content Syllabus: Index

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- XXXII. Dental
- XXXIII. Toxicology/Poisoning
- XXXIV. Emergency Medicine
- XXXV. Critical Care
- XXXVI. Substance Use & Abuse
- XXXVII. Pharmacology
- XXXVIII. Prevention & Care of Healthy Children
- XXXIX. Child Abuse/Neglect
- XL. Rehabilitation

# Core Content Syllabus: Level 2

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## XIV. Cardiology

- A. General aspects
  1. Blood pressure
  2. Chest pain
  3. Syncope
  4. Murmur
  
- B. Congestive heart failure
  1. Diagnosis
  2. Management
  
- C. Congenital heart disease
  1. General
  2. Cardiogenic shock
  3. Cyanotic disease (Diagnosis and Management)
  4. Acyanotic disease (Diagnosis and Management)
  
- D. Infectious and post-infectious diseases
  1. Infective endocarditis
  2. Rheumatic fever
  3. Myocarditis
  4. Pericarditis
  5. Kawasaki disease
  
- E. Rate and rhythm disorders, ischemia
  
- F. Systemic diseases affecting the heart

# The Core Curriculum: Core Clinical Skills and Procedures

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## THE GLOBAL PEDIATRICS CLINICAL SKILLS AND PROCEDURES

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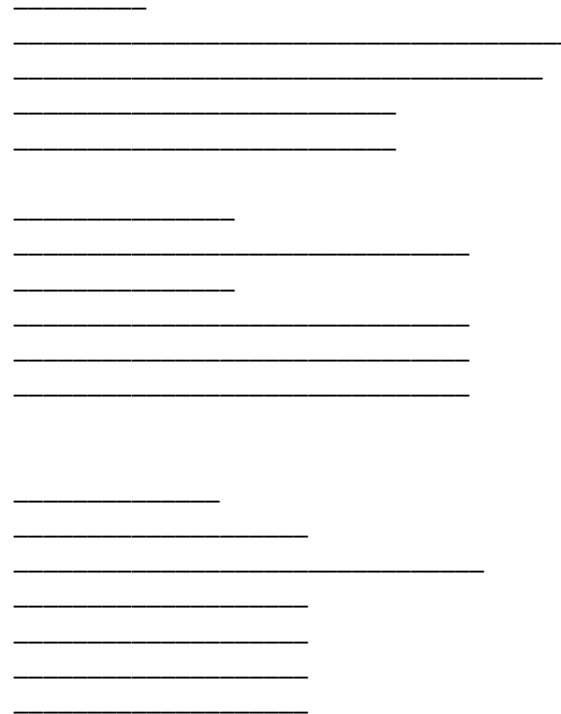
### **General Pediatrics**

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**January 2010**

Global Pediatric Syllabus  
January 2010 Draft

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# Competencies: Clinical Skills and Procedures Index

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- I. Assessment and Diagnostic Skills
- II. Life Support Skills
- III. Procedural Skills
- IV. Therapeutic Skills
- V. Laboratory, Diagnostic Imagine and Other Skills
- VI. Patient Safety & Quality Improvement
- VII. Communication and Interpersonal Skills
- VIII. Collaborative Skills
- IX. Health Advocacy
- X. Ethics & Professionalism
- XI. Practice Skills
- XII. Leadership Skills
- XIII. Scholarly Activity
- XIV. Global Health



# Clinical Skills and Procedures: Level 2

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## III. Procedural Skills

**Residents must be able to successfully complete the following procedures:**

- Placement of gastric tube (oro and naso)
- Arterial puncture (for blood gas analysis)
- Phlebotomy (venesection for obtaining blood samples)
- Bedside measurement of blood glucose
- Umbilical artery and vein catheterization
- Placement of peripheral intravenous lines
- Obtain intraosseous access
- Ventilation techniques (bag/mask)
- Endotracheal intubation
- Cardiopulmonary resuscitation (neonatal and pediatric)
- Lumbar puncture
- etc...

**In addition, residents should have exposure to the following procedures or skills:**

- Placement of central venous lines (PICC/PCVC)
- Circumcision
- Drainage techniques (arthrocentesis, thoracentesis, paracentesis)
- Vision and hearing screening
- Simple removal of foreign bodies (eg, from eyes, ears or nose)
- Incision and drainage of superficial abscesses
- Chest tube placement
- Gastric lavage
- Bone marrow aspiration

# Core Training Structure

THE GLOBAL PEDIATRICS  
**TRAINING STRUCTURE**

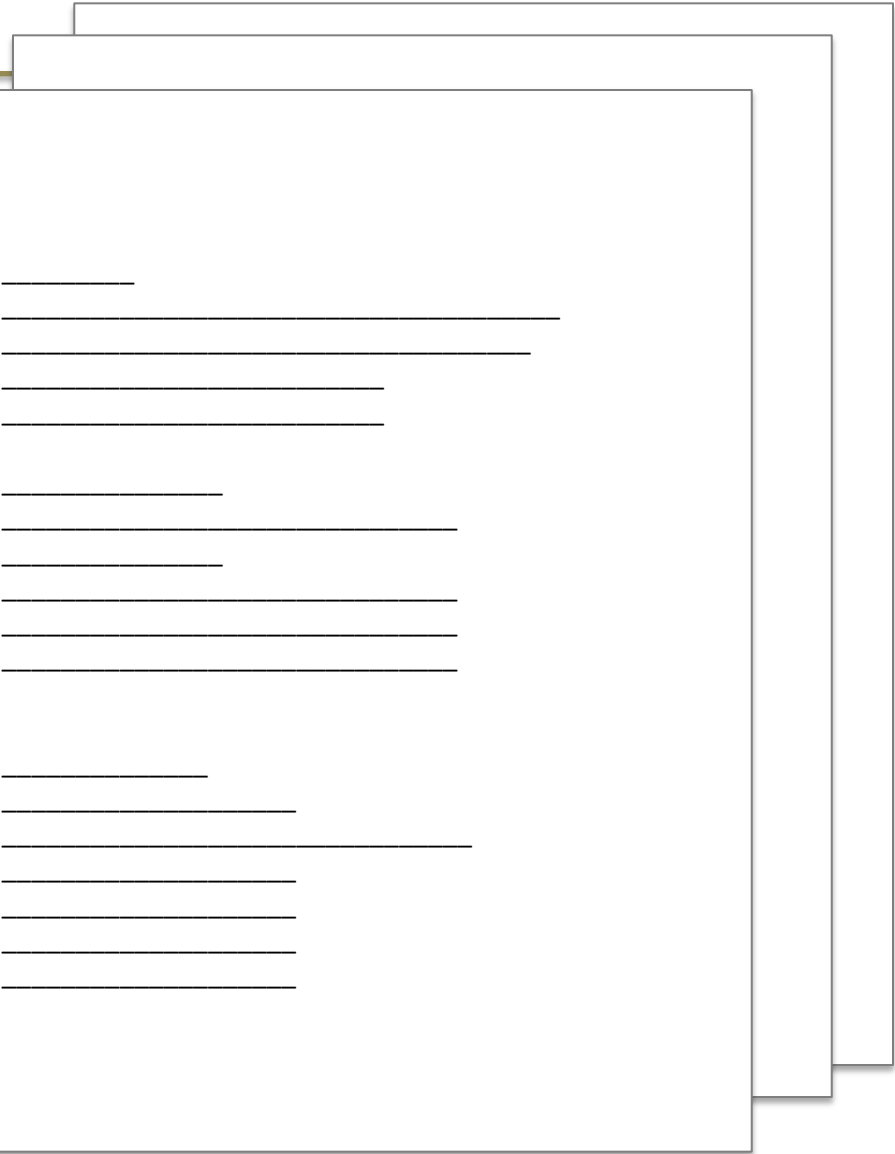
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**General Pediatrics**

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**January 2010**

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# Structure of Training: Best Practices

## Australasia

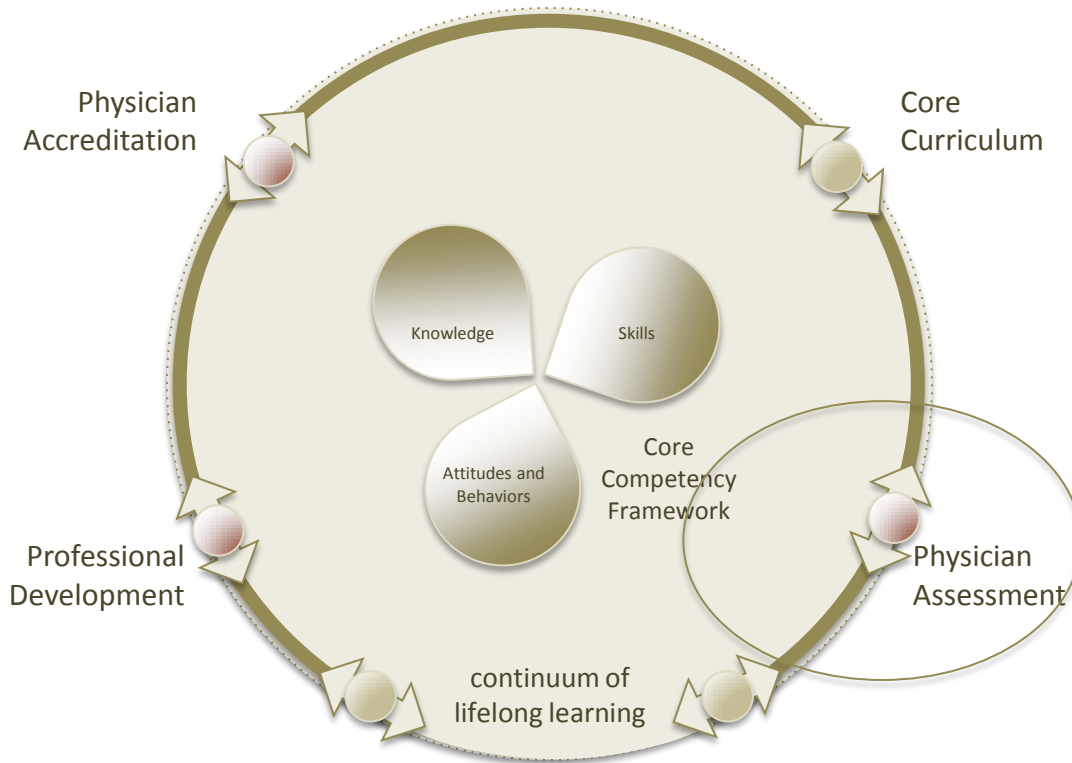
Education and Practice Milestones	Number of Years	Approximate Age at Completion	Required Assessments	Terminal Degree
Undergraduate (College/University) <sup>1</sup>	3	22		BSc
Medical School <sup>2</sup>	4 or 5/6	23-26	See note 2	MBBS/MBCH
Internship <sup>3</sup>	1	24-27	See note 3	General Registration
Specialist Training <sup>4, 5</sup>	6	30-33	See note 5	Fellow RACP
Maintenance of Certification (MOC)	<i>Not Available</i>			

## Italy

Education and Practice Milestones	Number of Years	Approximate Age at Completion	Required Assessments	Terminal Degree
Secondary School <sup>1</sup>	5	19	National Exam	Diploma
Medical School <sup>2,3,4,5</sup>	6	25	Thesis National License Exam	Degree in Medicine & Surgery Medical License
Residency Training <sup>6,7</sup>	5	30	Annual and Final Summative Exams; Discussion of Thesis	Specialty Diploma
CME	<i>see #8 below</i>			

# The Assessment Toolbox

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## The Assessment Toolbox:

- ✓ Virtual repository of high-quality evaluation tools and methods
- ✓ Evaluate efficacy of training and professional development

# The Assessment Toolbox

Valid/Reliable  
Assessment Tools

Consortium  
Approved

Internet Delivered

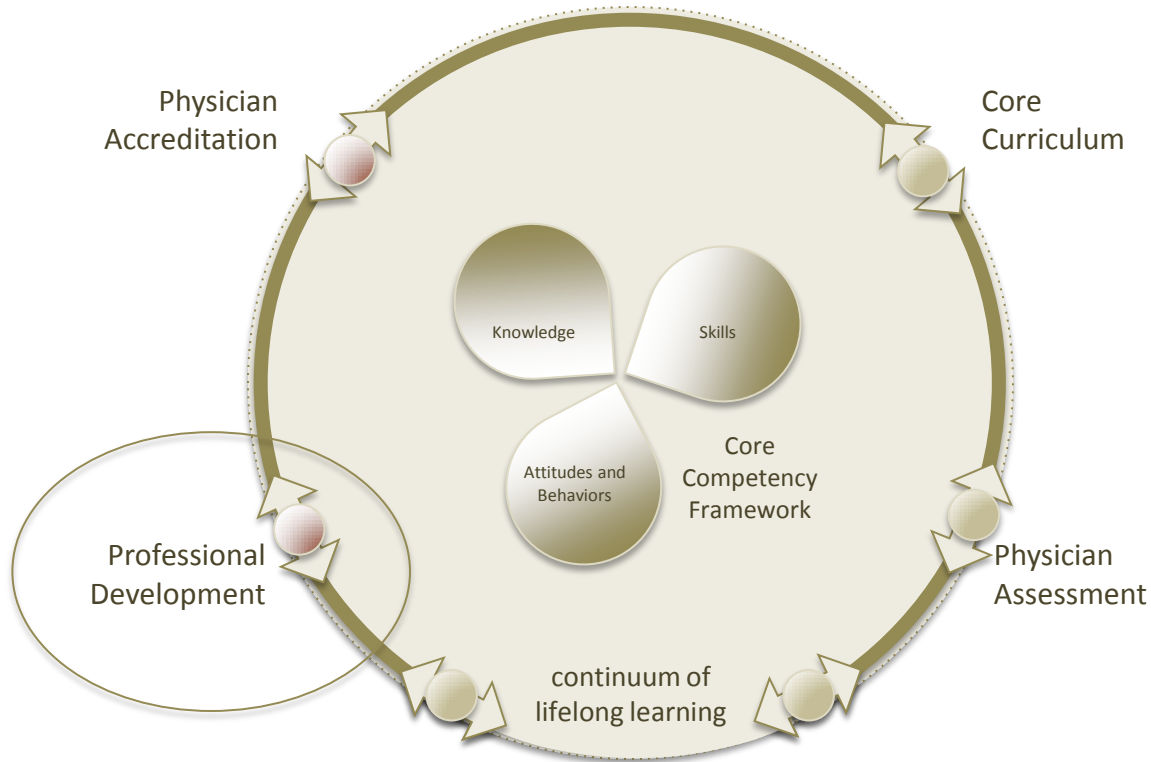


## Potential Partners:

- IVMEDS
- The Scottish Dr.
- UofAriz Telemed

# Continuing Professional Development

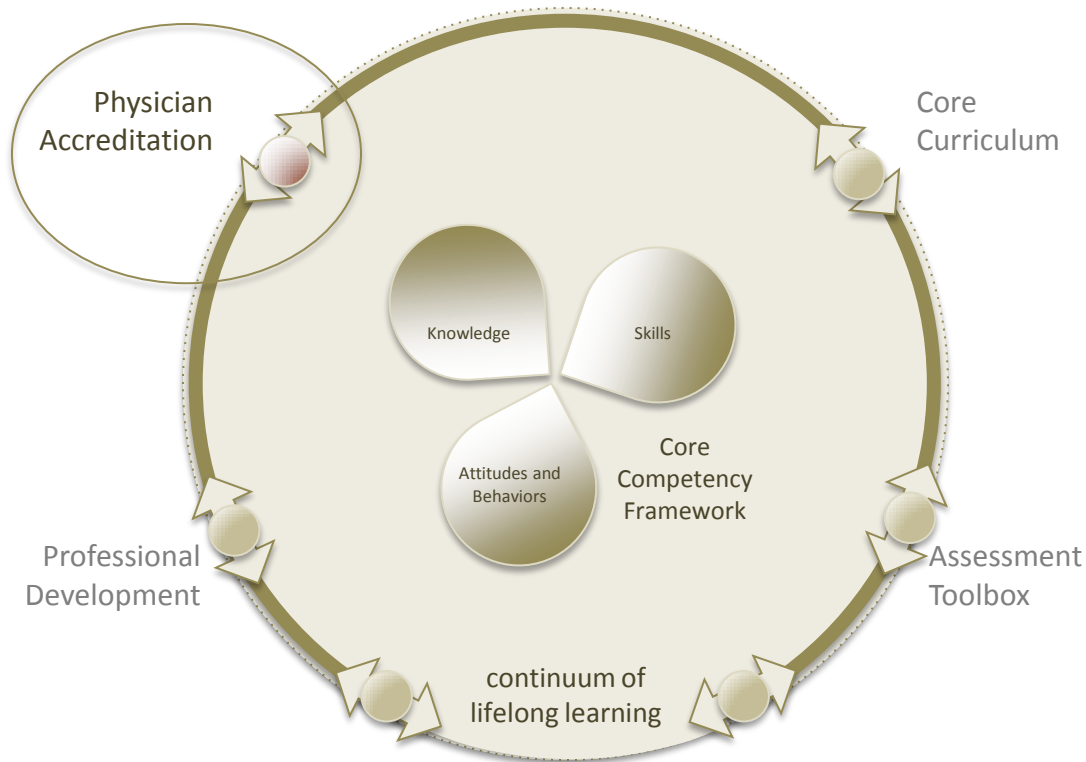
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A process to assist pediatricians remain current and up-to-date throughout their careers

- CME
- Assessment
- Outcomes

# Individual Physician Accreditation

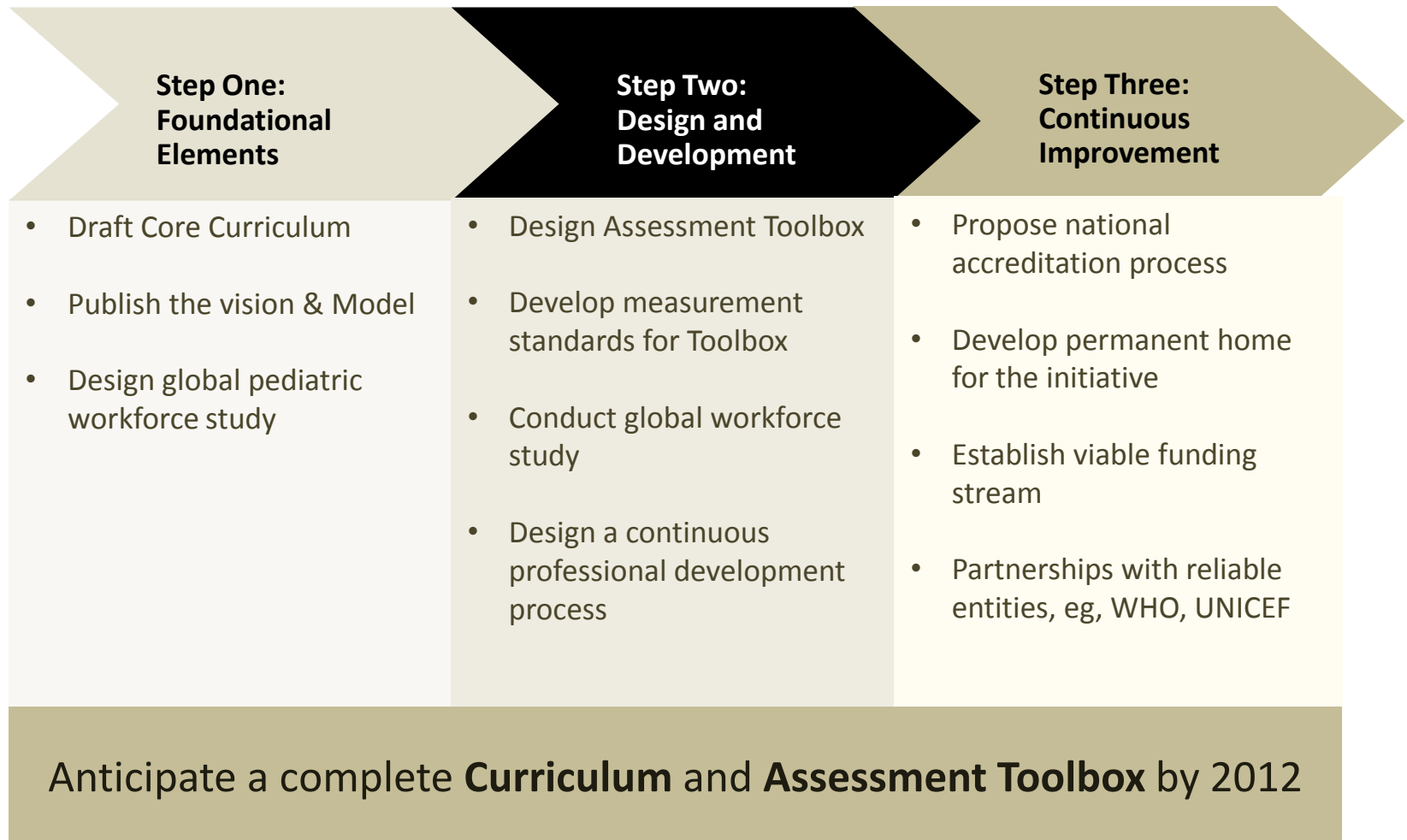


## National Physician Accreditation:

- Propose a template for other countries
- Collaborative network of accrediting bodies
- Consultative services, resources, e-learning, etc

# The Work Plan: 3-step Process

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# Summary

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- ❖ Draft a set of common standards
- ❖ Establish substantial equivalence for training and evaluation
- ❖ Geographic boundaries and limited resources should NOT contribute to variations in training & practice
- ❖ Pooling resources via the *Global Pediatric Consortium* will provide access to knowledge, expertise and quality tools

## What we EXPECT

**Working together as a community of educators and standard setters, we can positively impact the global pediatric workforce and improve the quality of life for the world's children.**

- Dr. Alfred Tenore  
Chair, Global Pediatric Education Consortium