



PHILIPPINE PEDIATRIC SOCIETY, INC.

A Specialty Division of PMA

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Questions and Responses During the HAB Meeting with Chairs and Training Officers

March 17, 2021 2 PM

QUESTIONS	RESPONSE
<p><u>WISE Issues:</u></p> <ol style="list-style-type: none"> Will it be virtual/online? Will it be given this year? What does 5% weight mean in the hospital accreditation? How do you compute the 5% from WISE? Will it be based on the passing rate? What are the pointers for the coverage of the WISE so we can prepare trainees? Can we use WISE as criteria for promoting a resident to next year level? 	<ol style="list-style-type: none"> WISE is still being discussed but it will be sometime in September 2021. It cannot be done this May because it would be too soon. WISE will be one of the performance indicators. WISE will be 5% of the computation for the area of the training program. (HAB manual page 34). The computation will be based on how many passed divided by how many took the exam. Compute the percentage of successful examinees. If more than 90% passed, then that is assigned 5 points, 70-89% 4 points, 50-69% 3 points, 30-49% 2 points, 10-29% 1 point, <10% 0 point. The WISE is aligned with HAB training manual. Page 22 of the curricular content of the 2019 manual contains all the illnesses are there and that will be include with WISE and the SB written and oral exam. This is up to the training committee. The WISE is a performance indicator, just a formative assessment
<p><u>COMMUNITY issues</u></p> <ol style="list-style-type: none"> We have occasional limited F2F community engagements, will this be taken against us? We practiced safety standards as much as possible. Will rotation/exposure to health center for immunization be allowed? Our MOA with community expired last August 2020. We have already wrote our letter of intent to renew the MOA since January 2021 and followed up but the local government is moving very slow...they are busy with many other things. Can you help us create a rubric for videos and infographics made by residents during their community rotation. 	<ol style="list-style-type: none"> This will not be taken against the hospital Yes The HAB will be considerate about this. HAB cannot provide rubrics for the videos because the outcomes for the activities are different



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RESEARCH issues

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| <ol style="list-style-type: none"> How many years are residents allowed to finish their research if they have completed their training already but with pending research? Can 2 residents join as co-authors in a research at least for this year? They have difficulty in data collection due to frequent quarantines specially for the seniors/graduating residents. Even with retro studies, all residents/trainee are required to have a consultant as co-author, how many coauthors is accepted in PPS research paper? if meta analysis is okay , systematic review, this is still about our graduate who wishes to have oral exam but validity of his research is more than 5 years There is a graduate who passed the written exam but did not the oral exam yet. Can he be a co-author of research? Will the residents who are considered graduates before the interim guidelines allowed to submit retrospective papers? Could a graduate resident who wishes to take orals but the research is more than 5 years, can he be co-author with a resident Since both the written and oral exams were moved the validity of the research became a question. | <ol style="list-style-type: none"> They cannot graduate as long as they do not have their research. If he wants to graduate then he needs to finish the research (no matter how many years). The resident should be the main author. So 2 residents cannot share research. Retrospective researches are allowed. There is no limit to the number of co-authors. The validity of the research is 5 years. If the research is more than 5 years, then another research should be done. No, he should be the main author Answer was clarified that retrospective papers are allowed. Another research should be done and he should be the main author Meta-analysis is welcomed by the committee. |
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SB Exams

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| <ol style="list-style-type: none"> Could the graduates 2 years ago who took the 2021 exam still take their orals 2 years after graduation (2022)? For uniformity of computation of percentage of passers for SB, what is the denominator that should be used? Is it the number of exam takers or number of graduates? Because not all graduates immediately take the SB exam. | <ol style="list-style-type: none"> The requirement based on 2020 revised SB policies states that the 2 years of pediatric practice is after the completion of the residency training program not after passing the written exam. An updated copy of the SB policies will be provided. The denominator should be the graduates who have diploma. The Indonesian graduates should not be included. |
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| <p>3. Could the graduates 2 years ago who took the 2021 exam still take their orals 2 years after graduation (2022)?</p> <p>4. For uniformity of computation of percentage of passers for SB, what is the denominator that should be used? Is it the number of exam takers or number of graduates? Because not all graduates immediately take the SB exam.</p> <p>5. Regarding deployment... Can the SB accept a certificate of completion of the residency training requirements in lieu of the diploma, for those who would want to take the SB written exam, since the residency diploma is being issued after their deployment?</p> <p>6. For DOH hospitals the DOH allows deployed residents to take PPS boards but will not issue a Certificate of Completion until completion of their deployment. These residents have complied ALL training requirements. Will PPS SB honor a certificate of completion from the HAB Accredited hospital?</p> | <p>3. The requirement based on 2020 revised SB policies states that the 2 years of pediatric practice is after the completion of the residency training program not after passing the written exam. An updated copy of the SB policies will be provided.</p> <p>4. The denominator should be the graduates who have diploma. The Indonesian graduates should not be included.</p> <p>5. A diploma is needed for the SB exam</p> <p>6. The resident needs a diploma to take the SB examination. The SB does not consider the deployment. DOH is a different matter.</p> |
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7. If we have graduate years ago, he passed the written exam but was not able to get oral exam because of personal reason, can he still get oral exam, but there's a problem re: year of research he finished has passed, so can he co-author with research of current resident?

8. Training requirements have been complied but return of service requirement (DOH) has not been complied. Based on the training requirements (SB), the graduate had complied with all the requirements. Some would want to go to subspecialty fellowship training and they will be delayed. Would it be possible for SB to consider if the department of pediatrics of the hospital (accredited by HAB) will issue a certificate of graduation separate from that of DOH?

7. This is a matter for the SB to decide, not the HAB

8. The hospital should issue a diploma. The SB does not mind the deployment. The DOH is a different matter.

ACCREDITATION ISSUES

1. What if both the quantity and quality of cases are affected in private hospitals?
2. Will the current guidelines supersede the other guidelines?
3. If the hospitals will not be able to meet the minimum requirements, will the accreditation be downgraded? This will not be a selling point for recruitment.
4. Who are the hospitalists being referred to? The junior consultants?
5. What if our hospitalists are board certified?
6. How about those hospitals who applied for the first time?

1. HAB will be lenient but the hospital can also provide explanation for this
2. The only that changed is that the accreditation has been extended to Dec 2021
3. HAB will be lenient as long as the residents are learning. What is important is that you are able to assess using authentic assessments.
4. The hospitalists are those that are not board certified.
5. Then include them in the training program
6. All accreditation visits will start in 2022, virtual or hybrid. For the first timers, you will be visited. The program should be in existence of at least 1 year with three trainees. The HAB has to see your program.



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| <p>7. Several questions on end of the accreditation and when to submit the HAB documents</p> <p>8. Is there a HAB policy that turn-over of chairmanship and TO be done after the re-accreditation? If there is such a policy, our term will be for a total of 5 years. Or we can elect a new chair and TO this year, they will be 1 year in their term during the accreditation.</p> <p>9. Just confirming, HAB manual 2019 will not be used for reaccreditation this year 2021?</p> <p>10. Do we need to comply with 6 mini CEX/ year/resident? This is difficult to complete - lack of cases, lack of faculty to do mini CEX on line.</p> <p>11. Do we follow strictly rubric given in the last seminar? Will you check test blueprints for written exam, OSOE, OSCE? Our faculty would still familiarize with these.</p> <p>12. For those who have no residents anymore, when will they lose their accreditation, immediately or at the next re-accreditation? What if after 5 months an applicant came? Will they apply for a new accreditation and start all over?</p> <ul style="list-style-type: none"> ➤ What will happen to hospitals with no resident applicants? If a hospital have no residents what will happen to their accreditation? Will they lose their accreditation? If they are due for re accreditation can they still apply for reaccreditation if without residents? ➤ As long as their training program is at par with the requirements set by HAB, maybe those hospitals should be given re accreditation even if they are still looking for trainees so as to entice possible applicants. | <p>7. All accreditations that expired in 2020 and 2021 are extended to December 2021 so the documents would have to be submitted 6 months before or June 2021. Accreditation will start January 2022. This will be assigned on a first come first served basis.</p> <p>8. This decision is for the hospital, not the HAB. If there is a new chair and there is an accreditation, the past chair can help.</p> <p>9. The 2019 HAB manual took effect after 1 year so this is effective and will be used.</p> <p>10. This just one of the suggestions. It is okay if you cannot comply with this. There are TLAs that the can be conducted. The mini CEX however is very good.</p> <p>11. This is just a guide</p> <p>12. If the hospital is not yet due for accreditation then the hospital should look for a resident or exhaust all means to get a trainee. The accreditation will not be taken out until the hospital is visited by HAB. The hospital can also write HAB to inform that they do not have applicants.</p> <ul style="list-style-type: none"> ➤ The hospital is granted one accreditation period if other that and there is still no resident, then the hospital loses the accreditation |
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<p>13. Considering there are a lot of changes, can we put an asterisk on points deviated or innovated a little or modified or have been resourceful in, in response to the interim guidelines. Can the hospital present them side by side so HAB can see how we coped, but just one report? ➤ Will there be separate reports pre-pandemic and during?</p> <p>14. Is there a manual of the different assessments?</p> <p>15. For the denominator for passing rate in the SB exam. If the graduate whose research is done, does not want to take the SB exam, and wants to go abroad</p> <p>16. Accreditation documents have been submitted early 2021 because the accreditation was due in 2019. Do we need to submit additional documents for 2021?</p> <p>17. The level of accreditation will be decided by HAB? We do not apply for a change in status?</p> <p>18. In PCMC, we are going to start implementation of electronic portfolio, will you allow this?</p> <p>19. For Level II hospital, can a board eligible Intensivist head the PICU?</p>	<p>13. Yes good suggestion. Hospital can also report the situation pre-pandemic. The hospital will be in charge of how to format the report. The suggestion of putting side by side, pre and during COVID is good. This will help the accreditors in reading the document. ➤ Just put the dates. The HAB can identify pre-pandemic and during the pandemic.</p> <p>14. You can access the website for this</p> <p>15. He is still part of the denominator since he is a graduate of the institution</p> <p>16. Additional documents to cover until December 2021 should be submitted</p> <p>17. For level 1, you should level up after 12 years. If you are applying, the level of accreditation being applied can be stated. The HAB can also give the higher level than what is applied.</p> <p>18. A portfolio can be implemented</p> <p>19. Level II PICU head must be board certified intensivist, active or visiting (p 88 HAB Manual)</p>
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<p><u>OUTSIDE ROTATION/ SUBSPECIALTY ROTATION</u></p>	
<p>1. For subspecialty rotation, as the case comes, can the resident just document that he saw the case even if he is assigned to another rotation?</p> <p>2. Will rotation to a local health center for immunization be allowed?</p> <p>3. Will rotation to non-HAB accredited hospital be allowed, supervised by PPS certified members</p>	<p>1. Yes</p> <p>2. Yes</p> <p>3. No it is not allowed. The resident can rotate only in the same level hospital.</p>



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<p>4. We usually send our residents to PCMC for subspecialty rotation for 2 months. Can this be replaced by preceptorship to subspecialists in our hospital since at present we have a cardiologist, neurologist, and nephrologist?</p> <p>5. We have a recommendation from our accreditors to apply for subspecialty rotation to another hospital. We initially planned to apply to RITM but pandemic set in. Can we hold application for subspecialty rotation until the end pandemic?</p> <p>6. How about a CPU exposure with a PPS board certified consultant in a non HAB accredited hospital? Is it allowed?</p>	<p>4. Yes</p> <p>5. Yes, just provide the explanation</p> <p>6. Yes it is allowed</p>
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OTHERS

<p>1. Can we standardize salaries for the different institutions?</p> <p>2. We do not practice telemedicine, should the residents be trained to do this? (they don't have the set up for this)</p> <p>3. What do you do if there are those who do not want to be fellows thinking that more work will be given to them?</p> <p>4. How about residents who will do lateral entry? What if the residents didn't finish the one year of First year residency- example 9 - 10 months only from previous training hospital? - for lateral entry residents. Do they need to fulfill the remaining months as first year?</p>	<p>1. No. the HAB has no legal personality in the hospitals, so it cannot dictate to the hospitals.</p> <p>2. The set-up is needed in order to practice telemedicine. It would be nice to have the residents be trained as we do not know what is in store in the future.</p> <p>3. There are more privileges in being a fellow</p> <p>4. They have to finish the total number of area rotations/year level (p. 25 HAB Manual)</p>
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