

**Title:** Competency based board certification in pediatric surgical oncology

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**What problem was addressed:** Pediatric Cancer is a burden worldwide, and ideally all the affected children and adolescents should receive the best care available, providing both adequate control and the least possible sequelae. General Pediatric Surgeons have operated on them for many years, but complex cases may be beyond their scope or expertise. Pediatric Surgical Oncology (PSO) has “come of age” as a subspecialty of Pediatric Surgery, and there are now both specialized centers and training programs in many countries.

In Mexico, there is a National Program for the Diagnosis and Treatment of Cancer in Children and Adolescents, which includes accreditation of comprehensive cancer centers, with adequate resources and staffed with the required subspecialists. Not all the centers have a PSO specialist, and even though chemotherapy and radiation therapy may be standardized with treatment protocols, it may not be the case for surgery. Formal Assessment is needed for Credentialing and Certification, and indirectly to have an impact on the care of pediatric cancer.

**What was tried:** A Model of Clinical Practice in PSO was defined, stratifying which patients could be under the care of General Pediatric Surgeons and which ones should be referred to PSO specialists. The competencies for PSO fellows and specialists were identified, and a Certifying Process was planned, under the umbrella of the Mexican Board of Oncology and the National Committee for Specialty Boards.

A team of examiners was assembled, and a workshop was organized to standardize the type of questions / items for MCQs for the written part of the exam, and clinical cases for the oral exam, as well as the dynamics of interpersonal interaction for this last segment. Item banking was done in sufficient amount to have a 150 MCQ test, as well as clinical cases vignettes were elaborated for the oral exam. The blueprinting for both components of the Examination was completed, and a pilot was run. The actual Examination is yet to be held.

**What lessons were learned:** Where there is overlapping of competencies between two or more specialties, constructing a Clinical Model of Practice involving all the stakeholders can avoid, or even solve, potential conflict. Being under the umbrella of an established Board has advantages, yet it also has a defined set of practices that may not completely welcome new ideas.

The endpoint of impact on the quality of surgical care of children and adolescents with cancer could not be directly measured, because the examination of competencies cannot be translated into performance. Nevertheless, an assumption could be done that more competent surgeons would deliver better care.

## Reference

1. Hockberger RS, LaDuca A, Reinhart MA, Sklar DP. Creating a model of clinical practice: the case of emergency medicine. *Acad Emerg Med* 2003 Feb; 10(2):161-8.