



**President and Chief Executive Officer
The American Board of Pediatrics**

Chapel Hill, North Carolina

The Search

The American Board of Pediatrics (ABP) seeks a highly respected and accomplished pediatrician dedicated to the long-term improvement in the care of infants and children to serve as its next President and Chief Executive Officer. Always the standard-bearer of quality in pediatrics since its founding in 1933, the ABP continues to develop new and enhanced systems, drawing from evidence-based medicine and research into clinical effectiveness. Certification by the ABP provides assurance to the public that a physician has the competencies essential to delivering high-quality care to children and a commitment to lifelong learning and improvement.

The new President will take the helm at the ABP at a unique time in our nation's history when strong and courageous leadership in health care will be needed as never before. The impact of the COVID-19 pandemic is widespread, and the President will be expected to continue the ongoing strategic planning necessary to successfully meet the needs brought on by the crisis. The President will lead a dedicated staff with transparency and cultural awareness, prioritizing diversity, equity, and inclusion efforts across the organization.

As the public face of the ABP, the President will maintain and strengthen critical relationships outside of the organization. The ABP addresses the major issues that arise in pediatric health care, and the President will be responsible for clear communication with the broadest possible health care constituencies. The President is responsible for the ABP's relationship with the American Board of Medical Specialties (ABMS), the American Academy of Pediatrics (AAP), related academic and pediatric societies, and the full range of regulatory bodies that govern medical education, licensure, and certification. Working alongside the ABP Board of Directors and with the support of the Senior Management Team (SMT), the President will work tirelessly to find new ways to improve upon the ABP's benefit to pediatricians and to patients and families everywhere.

The position is expected to be filled in the summer of 2021, with the selected candidate formally taking office in early 2022. The ideal candidate should bring considerable

administrative experience, familiarity with pediatric training and certification at all levels, adaptability, superb leadership and communication skills, and a deep commitment to standards of excellence in health care.

The ABP has retained Isaacson, Miller to assist in this important recruitment. Please direct all inquiries and applications as indicated at the end of this document.

Background

The ABP is an independent, nonprofit organization, and its certificate is recognized around the world as assurance to the public of physician competence. It is one of the 24 certifying boards of the ABMS, and as one of the three primary care boards, together with Internal Medicine and Family Medicine, it is among the largest and most influential of the certifying boards. Although ABP certification is voluntary, nearly all qualified pediatricians seek this recognition. After initial certification, pediatricians are enrolled in the Maintenance of Certification (MOC) program, a five-year cycle of learning activities and assessments designed to help them enhance their knowledge in general or subspecialty pediatrics. Since its inception, the ABP has awarded more than 128,000 certificates in general pediatrics and more than 33,000 in subspecialties.

History

The ABP was established in November 1933 by the three national pediatric organizations: the newly established American Academy of Pediatrics, the American Pediatric Society (APS), and the American Medical Association (AMA) Section on Pediatrics. Amidst a growing movement to develop certifying boards, the ABP became affiliated with the Advisory Board for Medical Specialties (now the ABMS). In creating this new entity, the founders of the ABP thought it imperative that it be an autonomous entity, not responsible directly to any of the three sponsoring organizations with regard to the rules and regulations for its examinations or certifications. The ABP conducted the first oral examinations in June of 1934. Certification of subspecialties began in 1961 (Cardiology). In 1973, the Association of Medical School Pediatric Department Chairmen (AMSPDC) became a fourth nominating society for the ABP. In 2006, the Association of Pediatric Program Directors (APPD) became the fifth nominating group. Board members are recommended to the ABP by the nominating organizations and adopt a fiduciary role and are responsible for the strength and success of the ABP and its certification process.

Current Status

In 2012, the ABP appointed Dr. David Nichols as President and CEO. Prior to joining the ABP, Dr. Nichols spent almost three decades in leadership roles at the Johns Hopkins University School of Medicine, most notably as the Vice Dean for Education, overseeing all undergraduate and graduate medical education training programs as well as the medical library and international programs.

During Dr. Nichols's tenure at the ABP, the organization has made great strides in several important areas. Relationships with key partners such as the American Academy of Pediatrics and the Association of Medical School Pediatric Department Chairs have been significantly

strengthened, leading to a more collaborative and unified effort to address the most pressing health needs of children. Under Dr. Nichols's guidance, the ABP has remained one of the key leaders and conveners among pediatric organizations, launching efforts to bring these organizations together to discuss important issues such as behavioral and mental health problems among children and the need for enhanced prevention, identification and management of those problems by pediatricians.

Over the last eight years, the ABP has also taken a leadership role in advancing the assessment of pediatric trainees. Since creating a position dedicated to competency-based medical education (CBME) in 2011, the Board has worked tirelessly with the pediatrics community to identify entrustable professional activities (EPAs) and milestones to build a comprehensive framework for trainee assessment. Foundational validity studies and implementation studies are well underway, with data to date suggesting that EPAs add important evidence upon which to make performance judgments about trainees. In light of these results, it is anticipated that research will only grow in the future.

In 2017, the ABP announced pilot testing for an entirely different approach to the Maintenance of Certification Part 3 requirement with a goal of more effectively balancing the promotion of learning with assessment of medical knowledge among pediatricians. This nonproctored online platform provides board-certified pediatricians an alternative to the traditional assessment exam. Multiple choice questions are delivered electronically each quarter, and pediatricians have the flexibility to answer these questions at their convenience within that quarter. After two years of testing this program and with the work and feedback of more than 11,000 board-certified pediatrician volunteers, the MOCA-Peds online platform was officially rolled out in 2019 and is now the default method for pediatricians to complete this requirement.

Major Program Areas

Initial Certification and Subspecialty Certification

The ABP awards certificates in General Pediatrics as well as 15 subspecialty areas and co-sponsors five additional certificates in conjunction with other specialty boards. The certification process strives to achieve a comprehensive, fair, reliable, and valid assessment of a physician's knowledge of and competence in basic science and clinical aspects of pediatric medicine. The ABP accomplishes this through evaluation of a candidate's performance in training and residency in close consultation with pediatric program directors, credentialing by state medical licensing bodies and medical schools, and its own certifying examination. Its measures of success are aligned with the review standards for the Accreditation Council for Graduate Medical Education's (ACGME) six areas of competency. The ABP also oversees and approves alternative or combined pathways to credentialing on a case-by-case basis.

The ABP's progress is measured through the tracking of exam performance; feedback from pediatricians, pediatric residency programs directors, and department chairs; and collaboration with other boards. The ABP works assiduously to develop and review procedures, award initial certification, and assure its maintenance.

In 2019, 3,385 first-time test takers took the initial certification exam in General Pediatrics with a passage rate of 87.4%. More than 2,800 physicians took a subspecialty exam, with Hospital Medicine having the largest number of examinees with 1,491.

To learn more about initial and subspecialty certification, visit:

<https://www.abp.org/content/become-certified>

Maintenance of Certification (MOC)

MOC is an ongoing process of lifelong learning and assessment to improve knowledge and clinical performance. In 1988, the ABP issued its last permanent certificate. In 2003, the comprehensive MOC curriculum was developed, driven by the pace of scientific change and research that had uncovered gaps in the quality of health care delivered to children and adults, and by public expectations of competence and quality. The research revealed that even the best physicians have demonstrable gaps in the quality of their work. Pediatricians who participate in MOC learn how to measure quality of care, effectively fill the gaps in their own practice, and influence the practice of their colleagues.

MOC is a continuously evolving framework, but the contemporary MOC process is a five-year cycle with the following four components:

Part 1. Professional Standing & Licensure: The ABP requires that pediatricians and pediatric subspecialists hold a valid, unrestricted allopathic and/or osteopathic medical license in at least one jurisdiction in the United States, its territories, or Canada.

Part 2. Lifelong Learning and Self-Assessment: The ABP, in collaboration with other medical organizations such as the American Academy of Pediatrics and other continuing medical education (CME) providers, develops self-assessments that enhance a pediatrician's clinical knowledge and skills important to their individual practices.

Part 3. Cognitive Expertise Exam: To maintain certification, successful completion of a proctored examination is required once every five years. The ABP began to explore new assessment options in 2015. After three years of research, building, and pilot testing, they officially launched the Maintenance of Certification Assessment for Pediatrics (MOCA-Peds) as an assessment option in January 2019. MOCA-Peds is a web-based, nonproctored assessment platform that is designed as an alternative to the traditional test. It offers pediatricians the option to decide when and where they take questions and allows test takers the flexibility to answer questions on their computers, tablets, or smartphones. Today, MOCA-Peds is the default way for pediatricians to complete the Part 3 requirement, which is now aligned with the five-year MOC cycle.

Part 4. Improving Professional Practice and Quality Improvement: Pediatricians are required to demonstrate competence in systematic measurement and improvement in patient care, which involves surveying patients about their experience of care and completing ABP-approved quality improvement (QI) projects and activities.

Core Competencies, Milestones, and Entrustable Professional Activities

In the past decade, pediatric educators and researchers, with support and leadership from the ABP, have developed and evaluated the integration of frameworks for assessing trainee readiness to practice medicine without supervision. These frameworks — core competencies along with their milestones and entrustable professional activities (EPAs) — complement each other and fill the assessment gaps that result when either is used alone.

The Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties developed the six core competency domains used to assess physicians during medical training and throughout their careers. The core competencies are patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

To implement assessment in a competency-based medical education (CBME) system, health care teams directly observe trainees' behavior when the trainees are providing care. The goal is to gather evidence of individual physician competence and give meaningful feedback to trainees that is specific, immediate, and behaviorally based. Other goals include measuring and improving training program effectiveness and, ultimately, linking educational and patient care outcomes.

Milestones are narrative descriptions of behaviors for each of the competencies along a continuum of development ranging from a novice or early medical student to an advanced beginner, competent practitioner, proficient practitioner, and then to an expert clinician who is committed to ongoing practice improvement. They also can be used as a learning roadmap at each phase of pediatric training to help reinforce and set learning goals and to assess the developmental progress along the novice-to-expert trajectory. The milestones were developed as a joint initiative of the ACGME, the ABMS, and the ABP, with feedback from the APPD.

Entrustable professional activities describe the essential activities that physicians are entrusted to perform safely and effectively without supervision and provide the context in which the competencies and milestones come to life. The ABP, along with both the general pediatrics and subspecialty pediatrics communities, identified the EPAs and developed their descriptions, functions, and curricular components.

More information on milestones and EPAs can be found here:

<https://www.abp.org/content/milestones-and-epas>

The ABP Foundation

Established in 1986, the ABP Foundation funds research that advances knowledge around the improvement of delivery of care and supports new strategic initiatives undertaken by the ABP. The ABP has a longitudinal research project to understand the current and future trends in the pediatric workforce and the Foundation has funded much of the ABP's initial forays into current

projects, such as research studies on quality improvement, the milestones project, and MOCA-Peds.

In 2019, the ABP Foundation conducted a strategic planning process to develop a blueprint for its work over the next few years. As a result, the Foundation affirmed that funded activities would continue to include research, evaluation, and other mission-driven activities across three main focus areas: Child and Family Health; Lifelong Learning, Assessment, and Practice Advancement; and Pediatric Workforce.

Organization and Finances

ABP Volunteers and Directorate

ABP volunteers are pediatricians, drawn broadly from the ranks of community-based practice, academic medicine, and research science to serve as members of the various ABP committees and subboards. Within this group are members of the ABP's 15 subboards representing the major subspecialties, each comprised of 12 or 13 physicians. Subboard members serve six-year terms and volunteer their time for the preparation of tests, among other responsibilities. The ABP encourages the involvement of volunteer public members on their committees and utilizes a Family Leadership Committee to provide a diverse perspective into the issues facing children and families regarding pediatric health.

The governance of the organization resides in a 15-person Board of Directors. Directors must be diplomates of the ABP. Eight members who have demonstrated their judgment and commitment through service on the committees or subboards of the ABP are chosen to represent the six nominating societies and are referred to the nominating societies for their approval.

Staff and Finances

The ABP staff has grown significantly over the last decade, and today the organization employs 108 highly qualified professionals and contracts an additional 25 positions (mostly within the IT department).

Reporting directly to the President is the Senior Management Team (SMT), which is comprised of the following positions, four of whom are MDs: Executive Vice President, Credentialing & Initial Certification; Vice President, Continuing Certification & Quality; Vice President, Finance & CFO; Vice President, Assessment; Vice President, Operations & COO; Vice President, Research; Vice President, Information Technology; Vice President, Competency-Based Assessment Medical Education; Vice President, Human Resources and Team Alignment; Acting Director of Communications; and Director of Professional Services. An Executive Assistant also reports directly to the President and CEO.

The ABP has a strong finance and financial planning department. The FY2020 budget is \$35.7M. Revenues, generated from fees for initial certification and MOC enrollment, are forecast in ten-year plans that are highly reliable due to the accuracy of projections for the number of pediatric

residents and fellows as well as the number of expiring certificates. The ABP strives to keep its initial certification fees in line with those of other boards and have kept these fees relatively flat since its inception when adjusted for inflation. Pediatricians who enroll in Maintenance of Certification may choose to break up their fee into annual payments or pay the full fee once every five years when they enroll in a new five-year cycle.

THE ROLE OF THE PRESIDENT AND CEO

The President and CEO of the ABP serves as the bridge between the Board of Directors and staff—in addition to actively engaging with diplomates and all external audiences. For this integral position, the ABP requires a strategic-minded pediatrician who possesses the experience and stature to effectively lead on the national stage. This individual should have experience guiding complex organizations and working with a variety of stakeholders including a board of directors. The President will bring a deep commitment to delivering excellence in health care and a clear understanding of certification, assessment, quality improvement, and continuous education. They should be passionate about supporting pediatricians in their continuous professional improvement while remaining mindful of the competing demands on their time and linking this to a broader dialogue on quality improvement in patient care. As the public face of the Board, the President should be a superb communicator, have a proven ability to bring groups together, and possess experience leading through crises. They must be an excellent listener who is open, receptive, and responsive to feedback to promote strong relationships and further the mission of the ABP.

The President and CEO of the ABP is responsible as a leader and a manager for the overall oversight of the ABP and its related Foundation. The position requires an MD, completion of pediatric residency, and current participation in MOC by the ABP.

Challenges and Opportunities for the President and CEO:

Working closely with the Board of Directors, the next President and CEO will effectively direct and inspire the ABP in proactively responding to and addressing the following opportunities and challenges:

Broadcast the work and importance of the ABP's activities to the constituency

The President is the lead advocate, the person who imbues the mission and who communicates in large and small groups the fundamental importance of constantly improved care. The ABP is grounded in science and evidence-based best practice, but beneath the technical proof lies a fundamental conviction that pediatricians can improve the outcome of the nation's children. The President is the translator-in-chief who grounds current and new initiatives in this essential mission. The President is the ambassador to all diplomates and to the public and must listen to them and routinely remind them of the importance of certification and the promise of lifelong practice improvement.

Maintain strong external relationships with other organizations such as the ABMS, other boards, AAP, ACGME, and the Federation of State Medical Boards

In an increasingly costly health care environment, the public will seek reassurance on issues of quality and will demand increased accountability. Pediatrics will be inextricably linked to the forces unleashed in the wider health care world and should respond in context. Health care will prosper and will deliver higher quality if its many parts act in concert. The ABP has been a leader in drawing together the members of many related boards and their sponsoring organizations to create a more easily understood, more efficient, higher quality, and more accountable health care system. As advances in medical care continue to grow exponentially every year, it will be through a combination of improved communication and increased engagement that the President keeps the ABP at the forefront, leading initiatives to identify gaps in physician knowledge and training and to improve practice standards and processes across the sector. The next President must understand the most pressing issues facing pediatrics today including subspecialty workforce shortages, initiatives to improve diversity across the pediatrics community, and physician burnout. The President will be expected to maintain strong relationships with key external organizations and become more strategically aligned with them in order to overcome these critical challenges.

Provide strategic, transparent leadership and guidance during a critical transition period to ensure success in all areas

The ABP is a mission-driven organization, and its greatest strength is its exemplary staff, all of whom are deeply committed to improving health outcomes for children everywhere. The Board has high standards for performance, great tolerance and respect for each other's work, and a strong sense of the interdependence of the parts. The ABP staff has grown in recent years, and the President must ensure that the proper organizational structures are in place and that all departments are supported appropriately. The President will have to navigate the immediate and long-term challenges brought on by the COVID-19 pandemic and now, more than ever, the ABP will require flexibility and nimbleness to adapt to these rapidly changing times. The President will strategically and transparently work to prioritize internal projects, allocate resources appropriately, and delegate and empower the Senior Management Team. The President will lead efforts to ensure that the culture across the organization is one that promotes a healthy working environment and attend vigorously to issues of diversity, equity and inclusion.

Foster and support a unified and coherent information technology environment that addresses both internal and external needs

Over the last five years, the ABP has prioritized its technology needs and invested heavily in both the IT infrastructure and in the staff itself (the single largest department today, with approximately 45 staff members including contractors). Technology touches every department, and a robust IT function will be critical to the successful execution of the strategic plan. Although the Board has had success migrating from legacy systems to a more modernized

environment, considerable work remains to ensure that the Board is well positioned to meet the needs of the organization internally and to also support its diplomates.

As pediatricians continue to work in an increasingly virtual work environment, and as MOCA-Peds continues to develop, the ABP must take a customer service approach and make changes with an eye towards what would be most helpful for the pediatricians the Board serves. The President must demonstrate thoughtful judgment in managing competing interests and resources and set realistic expectations regarding services provided, systems built and vendor relationships. Clear communication, explicit decision-making criteria, and open channels will be vital.

Manage and support current ABP volunteers and raise awareness within the pediatric community of volunteer opportunities

More than 400 board-certified pediatricians and pediatric subspecialists volunteer their time to the ABP, and the importance of these volunteers as an asset to the organization cannot be understated. These volunteers are ambassadors for the ABP within the pediatric community and they must be managed and supported appropriately. In recent years, it became clear that pediatricians across the community were unaware of what volunteer opportunities exist at the ABP, and steps have been taken in response to make the volunteer application process clearer. The President will continue the ongoing effort to make the volunteer process more welcoming and informative to the next generation of pediatricians, while also making the process more efficient administratively. As the pediatric workforce demographics continue to change and become more diverse, it is critical that the next President leads the effort in creating ABP subboards and committees that reflect those demographics.

Collaboratively work with the Board of Directors

The Board of Directors invests significant time and energy to enable the ABP to function as a highly successful organization, and a strong and collaborative working relationship with the Board will be critical to the success of the next President. Over the coming years, the President will assess and evaluate the ABP's current needs and work with the Directors to set a strategic plan for the future. The President serves as the bridge between the Directors and staff, internalizing feedback from both, while managing the feasibility and scope of what Directors expect and translating those strategic priorities to staff assignment and goals.

Qualifications and Experience

For this pivotal role, the ABP seeks a bold leader who is passionate about the organization's mission, committed to its longstanding standards of excellence, and motivated by its future potential to advance the field of pediatrics.

The President must be a highly credible representative of the ABP among diverse audiences. While no one candidate will embody every quality, the successful candidate will bring many of the following professional qualifications and possess these personal characteristics, attributes and values:

- Sincere commitment to the core mission of the ABP and ABP Foundation in all ways, at all times, avoiding all conflicts of interest
- Demonstrated skill and a track record in advocating for children's needs
- An innovator in advancing excellence in care
- Organizational and administrative management skills sufficient to lead a complex, medium-sized organization
- Financial skills sufficient to direct and utilize appropriate advisors, as well as tend to the day-to-day fiscal affairs of the ABP
- A naturally respectful, consultative, and accessible leadership style, coupled with the willingness to lead decisively and to energize and inspire, even when consensus is elusive; an inclination to circulate, listen, and learn
- Sound judgment; a highly ethical and honest individual (personally and intellectually)
- A willingness to stand for the principles of the ABP and the ABP Foundation among sometimes vocal critics and opponents
- A powerful commitment to diversity and a demonstrable track record of individual action and institutional leadership to advance diversity
- An understanding of the service mission of the ABP to the pediatric community and to the general population; recognition that the constituency of the ABP is the public, not the practitioner
- Exceptional ability to write for publication, understanding scientific principles
- The ability to speak to and communicate well with a variety of audiences, in settings large and small
- Strong negotiating and "political" skills at the organizational level
- Ability to inspire loyalty among staff
- Flexibility and adaptability
- Drive and stamina, accompanied by uncommon grace, warmth and personal decency
- A current ABP board certification

TO APPLY

The ABP has retained Isaacson, Miller, a national executive search firm, to assist in this search. Inquiries, nominations, referrals, and applications should be sent in confidence to:

Ariannah Mirick, Partner
Micah Pierce, Managing Associate
Isaacson, Miller, Inc.
263 Summer Street, 7th Floor
Boston, MA 02210
www.imsearch.com/7522

The American Board of Pediatrics is an Equal Opportunity Employer.