ABP Updates

APPD Annual Spring Meeting

Suzanne K. Woods, MD
Executive Vice President
Credentialing and Initial Certification
March 30, 2023
Disclosures

None
| VISION | Inspiring a lifetime pursuit of learning to improve child health |
| MISSION | Advancing child health by certifying pediatricians who meet standards of excellence and are committed to continuous learning and improvement |
| VALUES | **Consistency**: Making unbiased decisions based on published ABP policies  
**Excellence**: Striving to do our best work  
**Reliability**: Living up to responsibilities and commitment  
**Transparency**: Sharing non-confidential information openly |
| GUIDING PRINCIPLES | **Overarching Principle**: The “North Star” for the ABP is and will remain the improvement of health outcomes for children, adolescents, and young adults.  
- The ABP is primarily accountable to children, from infants to young adults, and their families as it guides professional self-regulation and certifies pediatricians.  
- ABP certification recognizes pediatricians who meet rigorous standards for competencies essential to improving child health.  
- The ABP supports best practices for the assessments of all core competencies using tools that are fair, valid, reliable, and contribute to lifelong professional development.  
- The ABP prioritizes work that the organization is uniquely positioned to do.  
- The ABP strives to align opportunities for continuing certification with pediatricians’ professional practice.  
- The ABP continually evaluates and improves its work based on changing trends in child health, stakeholder feedback, and advances in knowledge, assessment, technology, and care delivery.  
- The ABP engages in open dialog with pediatricians, patients and families, and other members of the public.  
- The ABP seeks out and respects diverse backgrounds, experiences, and perspectives to inform its work.  
- The ABP collaborates with other regulatory bodies, medical organizations, and professional societies to align accreditation and certification across the continuum from training through practice. |
ABP and Program Directors

The ABP acknowledges the work of program director is complex, challenging and stressful.

It is also critically important, meaningful and rewarding!

The relationship between ABP and PDs must have a foundation of trust. Together we are responsible for verifying the competence of pediatric graduates to the public.
Topics

- ITE and SITE
- GP Exam 2022
- Time-Limited Eligibility
- Absences from Training policy
- Program Portal – Evaluation Time!
- CBME
- MOC Updates
Exams
General Pediatrics Exams

Exam Application Deadlines

ITE:
Registration period: Feb. 1, 2023 – May 31, 2023
Exam dates: Wednesday, July 12, to Wednesday, July 26, 2023
No check payments please

General Pediatrics Initial Certifying Exam:
Regular registration: ENDS March 31, 2023 3 pm ET
Late registration period: April 1, 2023, until 3 pm ET on May 16, 2023
SITE – Subspeciality ITE

- Administered in February
- Need all trainees in program roster
- Fellow register Nov – Jan
- Portal dashboard registration view
- Exam at Prometric
- “Low stakes”
- Intended as formative feedback
- Cannot offer extensions of the testing window
SITE Pilot

- SITE to **IBT (Internet Based Testing)** pilot
- February 2023
- 16 institutions, 381 trainees
- Cardiology, Child Abuse, Neonatal-Perinatal Medicine, Rheumatology
- Needed to have at least 3 of the 4 subs
- Proctor manual, follow up surveys
November 2023
➢ Fellows register as usual

February 2024
➢ **ALL** fellows use IBT at home institutions

November 2024
➢ New registration format planned
# Subspecialty Initial Certifying Exams

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General Pediatrics
Initial Certifying Exam
ABP Testing Webinar

Linda Althouse, PhD
Vice President, Assessment

Andrew Dwyer, PhD
Director of Assessment
Time-Limited Eligibility (TLE)

• For all ABMS member boards there must be a TLE policy for initial certification.

• The duration of time following the successful completion of accredited training to expiration of eligibility to sit for an exam must be no fewer than 3 years and no more than 7 years.
Time-Limited Eligibility – How to Regain

General Pediatrics
✓ Supervised Practice
✓ CPEP - Center for Personalized Education for Professionals
✓ KSTAR - Knowledge, Skills, Training, Assessment and Research

Subspecialities
✓ Supervised Practice
Absences from Training
ABSENCES FROM GENERAL PEDIATRICS TRAINING

Parental, Medical, and Caregiver Leave

The duration of accredited training as required by the ACGME or RCPSC varies by pathway. For general pediatrics categorical residency and most core pediatric fellowship training, it is 36 months. All pathways, though, allow for one month of absence each year for time away from training which can be used for vacation, illness, or family leave.

Consistent with our long-standing policy, individuals in three-year core training programs are allowed up to a total of eight weeks of additional parental, medical, or caregiver leave once over their training period. Similarly, effective July 1, 2021, individuals in nonstandard* and combined++ pathways will be allowed up to a total of six weeks of additional parental, medical, or caregiver leave once over their training period. The additional leave time is over the entire duration of training and is not allocated annually.

ABSENCES POLICY (PDF)
ABSENCES FAQ'S (PDF)
Allow for all trainees – 1 month/year of training

For 3 year core GP programs – up to 8 additional weeks of leave

For combined Med-Peds programs – up to 6 additional weeks of leave
The ABP requires action from you regarding 1 of your trainees.

- Absences from Training Waiver
- Add a New Trainee
- Leave / Transfer Trainee
- Documents and Resources
- Reports and Documents
- Help and Policies
2. Training Waiver Question after launching the evaluation process:

**Training Waiver Needed for this Trainee?**

Will you require any portion of this trainee’s training to be waived due to parental, maternity or caregiver leave?

- Yes
- No

2a - If the evaluation process was started but not submitted and a waiver not indicated, the following question displays:

**What Would You Like To Do?**

You have already made some progress in this evaluation. Please indicate how you would like to proceed.

- Review my progress
- Pick up where I left off
- Need a waiver?
3. After answering that you wish to inform the ABP of a waiver for the trainee, you are prompted to answer six attestations.

### About the Training Waiver

The ABP's policy allows all trainees to have one month away from training each year for any reason. Trainees who take more than one month of leave per year due to parental leave, medical leave, or caregiver leave, may have additional time waived at the discretion of the program director. The amount of time that may be waived depends on the residency or fellowship program (e.g., categorical pediatrics, medicine-pediatrics, dual subspecialty fellowship), as outlined in the ABP's Absences from Training Policy and FAQs. For this additional time to be waived, the program director must attest that the trainee has completed all core rotations, met all program expectations, and is deemed competent and ready for independent practice by the Clinical Competency Committee using the usual program standards despite the reduction in training duration.

By completing this waiver you, as program director, are affirming that:

- The program director has communicated waiver to trainee.
- The time being waived is only for parental leave, medical leave, or caregiver leave. Waivers are not permitted for any other reason.
- The trainee is in the final three months of training.
- The trainee has satisfactory performance in all core domains of competence, including professionalism, in all years of training.
- All training requirements will be met except for elective training or research time.
- The scholarly activity requirement will be met if the trainee is a fellow.

### Attestation of Trainee Competence

In the box below, please attest to the competence of this trainee to practice despite not completing the current ACGME required duration of training.

- I attest that the trainee has completed all core program rotations and met expectations, and is deemed competent and ready for independent practice by the CCC using our usual program standards to graduate from our program, despite the interruption and reduction in training duration.
What are Entrustable Professional Activities (EPAs)? (aka ‘Everyday Pediatrician Activities’)

Observable activities that describe important activities that patients need (e.g., Care for the Well Newborn or Provide Consultation)

• Integrate competencies
• Define the profession
The Road Ahead for EPAs

• EPAs are now **aligned and connected** with all ABP assessments

• EPAs will be integrated into certification decision-making by **2028**

• EPAs create a **framework for lifelong learning** that can be used from the beginning of training until the end of practice
Two New Part 4 Pathways for Educators

ACGME Annual Program Evaluation: Part 4 Improvement Template

- Continuous improvement of residency and fellowship training programs is at the core of the ACGME Annual Program Evaluation. This application is designed specifically for Residency or Fellowship Program Leaders to obtain Part 4 MOC credit (25 points) for ongoing program improvement in response to the ACGME Annual Program Evaluation.

Residency and Fellowship Programs: Part 4 Improvement Template

- This application is designed specifically for Residency or Fellowship Program Leaders to obtain Part 4 MOC credit (25 points) for improvements to the educational programs designed to train pediatric residents and subspecialty fellows.
### Restructuring of Inpatient Teams to Improve Education and Clinical Work Hours for Pediatric Residents
(University of Michigan)

- **MOC Points:** 25
- **Cost:** Free with MOC Enrollment
- **Expires:** Dec 31, 2026

### An Effort to Improve Faculty Engagement in Fellow Education
(UPMC Children’s Hospital of Pittsburgh)

### Improve the wellness and mental health of Pediatric residents
(University of Colorado)
Monkeypox, a zoonotic disease caused by an orthopoxvirus, results in a smallpox-like disease in humans.

Smallpox vaccination with vaccinia virus that many received as a child decades ago is approximately 85% protective against monkeypox.

The first human cases of monkeypox were reported in Africa in the 1970s.

In a recent report, the death rate associated with infection due to the West African clade of monkeypox (the clade spreading now in the United States), was found to be 3.6%.

Children and adults with monkeypox infection may present with a rash and no other clinical findings.
Strategic Planning
Strategic Planning
Finalizing this Spring

- 100 Interviews
- 60+ Documents
- 3 Surveys
- 1 Orientation Meeting
- 6 Vision, Mission, & Values Meetings
- 6 Strategic Planning Committee Meetings
- 1 Retreat
- 1 Comment Period
Eligibility and training requirements

PD information, ABP policies, etc.

Resources for Program Directors
  - Program Directors button
I faced this test again and boy it wasn't easy,
Most questions were quite tough, only a few felt breezy.
I know I've gained a lot in my training years thus far,
But there's always more to know to keep me up to par.
I'll just keep doing my best to absorb all that I can,
From my mentors and attendings I'll keep learning--that's the plan.
I love being a pediatrician, a most humbling, rewarding task,
To keep growing in my knowledge and do my best, that is all I ask!

See you next year :)

Debra Zharnest, MD
Pediatric Emergency Medicine fellow
SITE exam comment
Thank You!