The American Board of Pediatrics

APPD Annual Fall Meeting

Suzanne K. Woods, MD
Executive Vice President
Credentialing and Initial Certification
September 22, 2023
Notice

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Disclosures

None
Fasten your seat belt — Low and Tight!
Topics

- Alphabet soup of organizations
- Credentialing and Initial Certification
  - ABP ITE and SITE
  - GP Exam 2023
  - Time-Limited Eligibility
  - Absences from Training policy
  - Resources
- Continuing Certification (MOC)
- Assessment / CBME / Research
Introduction to the ABP
American Board of Pediatrics

“Certifying excellence in pediatrics – for a healthier tomorrow”

**Vision**
Advancing the health of all children

**Mission**
Certifying pediatricians who meet standards of excellence and are committed to continuous learning and improvement

**Values**
- **Belonging**
  Valuing diverse peoples, perspectives and experiences
- **Collaboration**
  Working with others to achieve meaningful outcomes
- **Consistency**
  Making impartial decisions
- **Excellence**
  Continually improving to do our best work
- **Integrity**
  Maintaining the highest ethical standards and behaviors

**Goals**
- **✓** Continuously improve our assessment and certification processes.
- **✓** Ensure that each experience with the ABP is respectful and professional.
- **✓** Leverage our unique role as a certifying body to foster learning, improvement and excellence in pediatric care.
- **✓** Engage with partners to improve child health and equity.

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- **✓** Engage with partners to improve child health and equity.
ACGME & ABP

Accreditation Council for Graduate Medical Education (ACGME)

• Develops the requirements for training programs
• Accredits training programs
• Evaluates programs through site visits and data collection

American Board of Pediatrics (ABP)

• Sets the standards residents must meet during training to be admitted to the initial certification examination and for fellows to be admitted to the subspecialty certifying examination
• Certifies individual pediatricians
• Works closely with ACGME to ensure that requirements for program accreditation & standards for certification of individuals are aligned
American Academy of Pediatrics (AAP)

- Advocates for children & pediatricians
- Source of continuing medical education in pediatrics
- Membership organization

American Board of Pediatrics (ABP)

- Track all pediatric trainees and credentials for our exams.
- Certifies pediatricians, known as diplomates
- Develops & administers In-Training, Certifying, & Maintenance of Certification (MOC) examinations
- Creates & manages process of MOC to ensure ongoing mastery of the six core competencies initially assessed during training
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.
ABP Departments and People
JOHN A. BARNARD, MD

Interim President and CEO

Dr. Barnard leads the work of the ABP in setting standards of excellence, improving child health outcomes, and engaging trainees and pediatricians to continuously improve learning and care. Dr. Barnard brings extensive experience in pediatrics and leadership to the interim role. He previously served as Chair of the Department of Pediatrics at the Ohio State University and Chief of Pediatrics and President of the Abigail Wexner Research Institute at Nationwide Children’s Hospital. He maintains board certification in Pediatric Gastroenterology.
Credentialing and Initial Certification (CIC)
CIC responsibilities

- Tracking of all trainees
- Collection of evaluations
- Offer pathways in addition to categorical training
- Review petitions
- In-training examinations
- Credential for all initial certifying examinations
- Liaison to Prometric
- ADA requests
- Disciplinary action/licensure/Credentials Committee
- Time Limited Eligibility
- Recruitment to 15 subboards, Volunteer Management System
- Education and Training Committee
ITE:
✓ Registration period: Feb. 1–May 31, 2024
✓ Exam dates: July 10 to July 24, 2024
✓ No check payments

General Pediatrics Initial Certifying Exam:
✓ Regular registration: Jan – March 2024
✓ Late registration period: April – mid May, 2024
✓ Fee increase of $23
✓ Deadline changing from 3pm to 8pm ET
General Pediatrics Certifying Exam Pass Rates: 2012-2022

First-time takers

2017 Standard Set

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Categorical Peds vs. Med-Peds First-time Taker Passing Rates

CatePeds

MedPeds
SITE – Subspeciality ITE

• Administered in February
• Need all trainees in program roster
• Fellow register Nov – Jan
• Portal dashboard registration view
• “Low stakes”
• Intended as formative feedback
• Cannot offer extensions of the testing window
SITE Pilot, Feb 2023

- SITE to **IBT (Internet Based Testing)** pilot
- 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
Email sent to Subspecialty PDs and PCs

September 21, 2023
# Subspecialty Initial Certifying Exams

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<td>Child Abuse</td>
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<td>Endocrinology</td>
<td>Adol Medicine</td>
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<td>Nov 8</td>
<td>April 2</td>
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<td>Gastroenterology</td>
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<td>Sleep Medicine</td>
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<td>April 4</td>
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Time Limited Eligibility
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.
What happens when the 7 year period expires?
The clock runs out of time......
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
ABP Corporate Policy
Time Limited Eligibility for Initial Certification Examinations

Time-Limited Eligibility – Plan for Supervised Practice and Assessment of Competence in a Subspecialty in the Accredited Training Program

OVERVIEW:
The purpose of the requirement is to provide the ABP with an independent assessment of the individual’s contemporary competence to practice a subspecialty without supervision through a supervised practice experience.

- The supervised practice must involve direct patient care, with hands-on experience, in the environment of an ACGME- (in the US) or an RCPSC- (in Canada) accredited training program that offers a breadth of subspecialty experience.
- The supervised practice must extend over a minimum of 6 months but the required experiences as detailed below could be spread out over 12 months to accommodate personal needs.
- This experience must be under the consistent supervision of attending physicians, as well as more senior fellows if appropriate, with a goal of providing sufficient exposure time per assessor in order to provide a valid assessment of the individual’s contemporary competence to practice the subspecialty unsupervised. There must be a multifaceted method for the objective evaluation and documentation of clinical competence such as a multi-source evaluation (360 degree assessments) in which faculty, residents, fellows, nursing staff, patients, and families provide input.
- The Program Director of the accredited subspecialty training program must submit the specifics of the planned experiences to the ABP for approval prior to initiation and then verify the individual’s clinical competence at the conclusion of the supervised practice.
What happens when the **SECOND** 7 year period of eligibility expires?
TLE Policy

• After supervised practice, if an individual is not successful passing the initial certifying exam in the 7 years TLE window and desires a third period of eligibility:

  ➢ **General Pediatrics:** complete three years of accredited residency training

  ➢ **Subspecialty Pediatrics:** complete two years of accredited fellowship training
Disciplinary Action/Licensure
Disciplinary Action ~ Goals

PROTECT THE PUBLIC

PROTECT THE INTEGRITY OF BOARD CERTIFICATION
PROGRAM PORTAL
THE AMERICAN BOARD of PEDIATRICS
Important messages regarding the Program Portal will appear here.
Which portion of training is incorrect?

- **Current Training**
  - Level: R-2
  - Start: 07/01/2019
  - End: 06/30/2020

- **Prior Training**
  - Level: R-1
  - Start: 07/01/2018
  - End: 06/30/2019
  - Credit: 12
  - Professional: Satisfactory
  - Clinical: Satisfactory

- Both **Current** and **Prior** Training

[Back] [Continue]
Ask for remediation if trainee receives unsatisfactory in professionalism during final evaluation

If program director indicates "Unsatisfactory" for trainee on Evaluation of Clinical Competence, follow up question to determine if repeating the current level or period of observation

3 Remediation for Unsatisfactory Professionalism
- Repeat Current Level
- Period of Observation

Repeat Current Level
Selecting this option indicates that you will require the trainee to repeat the current level (either at your institution or some other institution) due to unsatisfactory professionalism. Please attest that you acknowledge the following:
- The trainee will be required to repeat the year of training at the same level, and will receive no credit for the current year

After this evaluation is submitted, the ABP will contact you to request additional information.

4 Remediation for Unsatisfactory Professionalism
- Repeat Current Level
- Period of Observation

Period of Observation
Selecting this option indicates that you have elected to remediate deficiencies in professionalism through a period of observation. Please attest that you acknowledge the following:
- Program director will create a remediation plan to address the deficiencies in professionalism
- Program director will establish period of observation and monitor trainees professionalism during this period
- Trainee is promoted to next training level with the understanding that professionalism will be monitored as described above
**Scholarly Activity Signoff**

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<td>🧜‍♀️ Tom Tall, PHD</td>
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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 (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
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.
ABP Professionalism Guide

Teaching, Promoting and Assessing Professionalism Across the Continuum:
A MEDICAL EDUCATOR’S GUIDE

Scan this!
ABP Professionalism Guide

Chapter Authors
Michael A. Barone, MD
Debra Boyer, MD
Ann E. Burke, MD
Carol L. Carraccio, MD
Jessica Fowler, MD
Patricia J. Hicks, MD
Joseph Gilhooly, MD
Jennifer C. Kesselheim, MD
Nicholas C. Kuzma, MD
Richard B. Mink, MD
Gail A. McGuinness, MD
Beth Rezet, MD
Adam A. Rosenberg, MD
Janet R. Serwint, MD
Richard P. Shugerman, MD
Nancy D. Spector, MD
R. Franklin Trimm, MD
Nicole R. Washington, MD
Yolanda H. Wimberly, MD
Suzanne K. Woods, MD

Editors
Nancy D. Spector, MD, and R. Franklin Trimm, MD

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Carol L. Carraccio, MD
John G. Frohna, MD
Ann P. Guillot, MD
Stephen Ludwig, MD
Gail A. McGuinness, MD
Julia A. McMillan, MD
Theodore C. Sectish, MD
Edwin L. Zalneraitis, MD
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<td>Nicholas C. Kuzma, MD Nancy D. Spector, MD</td>
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<td>Jennifer C. Kesselheim, MD Janet R. Serwint, MD</td>
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<td>Carol L. Carraccio, MD Jessica Fowler, MD Beth Rezet, MD Nicole R. Washington, MD</td>
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ABP Toolkit for Remediation
More Resources

Booklet of Information
A Guide to Board Certification in Pediatrics
January 2023
THE AMERICAN BOARD of PEDIATRICS

Assessment in Graduate Medical Education:
A Primer for Pediatric Program Directors

The American Board of Pediatrics
and
The Association of Pediatric Program Directors
Supported by the ABP Foundation
Continuing Certification Department

- Work with diplomates
- MOCA Peds Administration
- Parts 2 and 4
- Portfolio Sponsor Program
Part 2 Improvements

- Learning Opportunities with MOC Cycle Fee
  - Question of the Week
  - Decision Skills micro-forms

- ACCME Collaboration
  - UpToDate

- Credit for What You are Doing
  - Upload resuscitation certificates
  - Claim credit for Diversity, Equity, Inclusion learning
# Maintenance of Certification

**My MOC Cycle:** Jan 06, 2020 - Dec 18, 2025

<table>
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<tr>
<th>Certification Area</th>
<th>Payment Schedule</th>
<th>MOCA-Peds/Proctored Exam</th>
<th>Activity Points</th>
<th>Licensure</th>
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<td>Licensure Completed for this cycle</td>
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<td>Part 2 points: 127.75/50 ✔</td>
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<td>Pay Fees</td>
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<td>Part 4 points: 25/50</td>
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You are qualified to participate in MOCA-Peds.

**MOCA-Peds**
Part 4: Improving Health and Health Care

Encourage people to engage in quality improvement activities which will give credit for work already being done in their 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.
ACGME Annual Program Evaluation: Part 4 Improvement Template

Sponsor: American Board of Pediatrics

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 for ongoing program improvement in response to the ACGME Annual Program Evaluation. These efforts may utilize a variety of improvement metrics, such as overall ITE or SITE scores, internal surveys, trainee evaluations, course evaluations, Milestones, and/or Entrustable Professional Activities (EPA).

Residency and Fellowship Programs: Part 4 Improvement Template

Sponsor: American Board of Pediatrics

This application is designed specifically for Residency or Fellowship Program Leaders to obtain Part 4 MOC credit for improvements to the educational programs designed to train pediatric residents and subspecialty fellows. These efforts may utilize a variety of improvement metrics, such as overall ITE or SITE scores, internal surveys, trainee evaluations, course evaluations, Milestones, and/or Entrustable Professional Activities (EPA).

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

- Restructuring of Inpatient Teams to Improve Education and Clinical Work Hours for Pediatric Residents (University of Michigan)
- 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.
Assessment Department

- Test Development and Psychometrics
- GP exam and 15 subspecialties
- Scoring
- Innovation (MOCA-Peds)
- Test Security
Research Department

- Workforce Data
- Behavioral / Mental Health
- The Roadmap Project
- Diversity, Equity, Inclusion, Belonging
- Family Leadership Committee

LAUREL K. LESLIE, MD, MPH
Vice President, Research

Dr. Leslie facilitates and oversees all research, evaluation, and other special initiatives funded by the ABP Foundation. She has extensive research experience in the areas of identifying, treating, and delivering health services to children and adolescents with medical, developmental, and mental health needs. She also maintains her position as Professor of Medicine and Pediatrics at Tufts University School of Medicine and has worked with a number of pediatric initiatives to improve the future of physician training and practice. Dr. Leslie is board certified and maintaining certification in Developmental-Behavioral Pediatrics.
CBME Department

- Competency Based Medical Education
- Milestones 2.0 / EPAs
- Research / Implementation

DAVID A. TURNER, MD

Vice President, Competency-Based Medical Education

Dr. Turner oversees the continuing development and implementation of the ABP’s competency-based education initiatives that provide a comprehensive framework for assessing the readiness of trainees to advance and transition to fellowship or practice. Dr. Turner joined the ABP staff in September 2020 after serving as Associate Director, Graduate Medical Education; Section Chief of Pediatric Intensive Care; and Associate Professor in the Department of Pediatrics at Duke University Hospital and Health System. He is board certified and maintaining certification in General Pediatrics and in Pediatric Critical Care Medicine.
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
Also:

- Communications
- Facilities/Operations/Privacy
- Human Resources
- Information Technology
- Professional Services
ABP Home Page

www.abp.org

- Eligibility and training requirements
- PD information, ABP policies, etc.
- Resources for Program Directors
  - Program Directors button
Thank You!