ABP Actions to Advance Equity
Updated Spring 2022
Founded in 1933, the American Board of Pediatrics (ABP) is one of twenty-four physician certifying boards of the American Board of Medical Specialties (ABMS). The ABP is an independent, nonprofit organization whose certificate is recognized throughout the world as a credential signifying a high level of pediatric physician competence.

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FOREWORD

Welcome to the American Board of Pediatrics (ABP) report on our diversity, equity, and inclusion (DEI) efforts.

This spring 2022 report shares where we currently are in our journey with respect to embedding DEI into our work. We are purposefully using the word “journey”; we are learning as we go, drawing on our own experiences as well as lessons learned from other organizations, both within medicine and globally.

The scope and depth of the ABP’s DEI reporting would not be possible without the work of the many volunteers who serve on panels, committees, subboards, and other groups at the ABP. Thank you for your commitment to ensuring that every child, adolescent, and young adult, no matter what their background or where they live, has access to high-quality, equitable, pediatric care.

We also thank the staff at the ABP who have committed to working together to improving the ABP processes and services to support pediatricians in advancing DEI. None of this work would have been possible without them.

We look forward to continuing to learn; please don’t hesitate to share your own journey and ideas with us.

Sincerely,

Judy Schaechter, MD, MBA
President and CEO
American Board of Pediatrics

Laurel K. Leslie, MD, MPH
Vice President, Research
American Board of Pediatrics
INTRODUCTION

The American Board of Pediatrics (ABP) was formed in 1933, following establishment in 1931 of the American Academy of Pediatrics (AAP), to serve as a separate credentialing body for pediatricians. In 1934, the inaugural year of pediatric certification, the ABP faced its first challenge with respect to diversity, equity, and inclusion (DEI). When the ABP was founded as an organizational member of the American Board of Medical Specialties (ABMS), the ABP was required to follow ABMS rules for board-certification, which included membership in the American Medical Association (AMA). Alonzo deGrate Smith, MD, an African American pediatrician from Washington, DC, was among the first group of physicians to be considered for certification. However, based on existing ABMS rules about AMA membership, the ABP would have been forced to reject Dr. deGrate Smith’s application because the AMA chapter in Washington, DC did not allow African American membership. The ABP’s first president, Borden Veeder, MD, fought to have the AMA membership requirement removed and succeeded. Dr. deGrate Smith became the first African American pediatrician board-certified through a practice pathway and the 20th pediatrician overall to be certified by the ABP.

Fast forwarding to almost a century later, the murder of George Floyd in May 2020 catalyzed organizations across the United States to confront the historical legacy of racism and discrimination and stimulated the ABP to actively re-evaluate its approach to DEI and embark on new initiatives to embed DEI into its work. On June 1, 2020, the ABP Board of Directors (BOD) released a statement denouncing racism and clarifying that equity work is consistent with the ABP mission: Advancing child health by certifying pediatricians who meet standards of excellence and are committed to continuous learning and improvement. While work around DEI had already been launched several years earlier, the ABP leadership reassessed, reinforced, and expanded its DEI initiatives through a multipronged approach.

This document provides an overview of the ABP’s work to advance health equity and improve child health outcomes over the last decade, recognizing that such improvements will come only as the ABP works to advance DEI in all its efforts. While a large focus has been on racial/ethnic inequities, the ABP also recognizes that pediatric health inequities arise due to gender, sexual orientation, religion, medical and physical disabilities, and social determinants of health (SDoH), defined by the Centers for Disease Control and Prevention as “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes.” Throughout this process, the ABP has benefited from input from its more than 400 diverse volunteers who serve on committees, subboards, or boards at the ABP; its public members, including parents/caregivers and young adult patients; other ABMS boards; other pediatric organizations; and individual pediatricians who have shared their concerns and efforts with the ABP.

In the text below and in Table 1, steps the ABP has been undertaking are described under four overarching action (ACTN) domains:

- Assessing knowledge and skills
- Changing outcomes through continuous learning and practice improvement
- Tending to ABP volunteers and staff
- Networking, collaborating, and sharing with others

Drs. deGrate Smith and Veeder’s examples continue to provide inspiration for the ABP as it actively seeks to embed DEI in its work.
## Table 1. Timeline of ABP Action (ACTN) Start Dates Across Four Overarching Domains

<table>
<thead>
<tr>
<th>Domain 1: Assessing knowledge and skills</th>
<th>2012</th>
<th>Implementation of intentional activities, including governance changes, to increase the diversity of appointees to general pediatric and subspecialty item writing groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
<td>Convening of working group initiated to develop items focused specifically on the impact of systemic racism on child health; exam items to be included in General Pediatrics Certifying Exam starting in 2022</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Differential item functioning (DIF) analysis for 2019 (retrospective) and 2020 (concurrent) General Pediatrics Certifying Exam</td>
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<td></td>
<td></td>
<td>Bias and Sensitivity Review (BSR) Panel for 2020 General Pediatrics Certifying Exam</td>
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<tr>
<td></td>
<td></td>
<td>Review of content outlines for antiquated topics/language, in part stimulated by petition from developmental-behavioral pediatrics community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intentional focus on DEI in Maintenance of Certification Assessment for Pediatrics (MOCA-Peds; Part 3) articles (see Table 3)</td>
</tr>
<tr>
<td></td>
<td>2021</td>
<td>DIF analysis and BSR Panel review for the 2021 General Pediatric Certifying Exam</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Update of item writing training materials to include bias prevention</td>
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<tr>
<td></td>
<td></td>
<td>Launch of “Entrustable Professional Activity (EPA) 14: Use Population Health Strategies and Quality Improvement Methods to Promote Health and Address Racism, Discrimination, and Other Contributors to Inequities Among Pediatric Populations”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>New learning objective, Understand the impact of racism on child health, announced for MOCA-Peds in 2022, focused on racism under Domain 23 Psychosocial issues with four questions developed for 2022</td>
</tr>
<tr>
<td></td>
<td>2022</td>
<td>Planning for analyses of differential exam pass rates by physician characteristics, including race/ethnicity</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>Analyses of differential exam pass rates by physician characteristics, including race/ethnicity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 2: Changing outcomes through continuous learning and practice improvement</th>
<th>2020</th>
<th>Intentional focus on DEI in continuing certification lifelong learning offerings such as Question of the Week (QOW) and self-assessments (see Table 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2021</td>
<td>Addition of questions re: stratifying data by race/ethnicity and SDoH to quality improvement (QI) applications</td>
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<tr>
<td></td>
<td></td>
<td>Panel on help-seeking experiences of African American families incorporated into Roadmap project focused on mental health needs of children with chronic medical conditions and their families</td>
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<tr>
<td></td>
<td>2022</td>
<td>Planning for templated MOC Part 4 re: collecting race/ethnicity and spoken language data to help pediatricians better measure and thus address health inequities; to be released in 2023</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>Release of templated MOC Part 4 activity re: collecting race/ethnicity and spoken language</td>
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</tbody>
</table>
### Domain 3: Tending to ABP volunteers and staff

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Implementation of term limits for ABP volunteers</td>
</tr>
<tr>
<td>2013</td>
<td>Outreach to pediatric leaders and minority-serving organizations to enhance the volunteer pool</td>
</tr>
<tr>
<td>2014</td>
<td>Creation of original version of online volunteer sign-up tool</td>
</tr>
<tr>
<td>2017</td>
<td>Tracking of race/ethnicity data of volunteers</td>
</tr>
<tr>
<td>2019</td>
<td>Expansion and increased visibility of the online volunteer sign-up tool</td>
</tr>
</tbody>
</table>
| 2020 | Removal of age criteria for appointees  
Goal set to increase the proportion of subboard appointees from under-represented minority backgrounds by 15% in five years  
Initiation of DEI executive sponsor and DEI working group  
Pay bias study by outside consultant  
Changes to facilities to enhance DEI (e.g., gender-neutral bathrooms)  
Town hall conversations, lectureships, workshops, book discussions around DEI  
Sponsorship of DEI training sessions for staff |
| 2021 | Naming of DEI co-executive sponsors and launch of DEI Council  
Initiation of periodic newsletters celebrating diversity at ABP by DEI Council  
DEI cultural assessment with staff and contractors conducted by an outside contractor  
Review of ABP policies and procedures with staff committees and outside contractor to inform the revision of employee recruitment, onboarding, and employee handbook in 2022-2023  
Launch of vendor checklist to promote DEI  
Creation of employment webpage |
| 2022 | Launch of new position of ABP HR/DEI Manager  
Addition of Juneteenth as an ABP holiday  
Revision of recruitment and onboarding procedures and approach |
| 2023 | Revision of handbook, job descriptions, and employee review process  
Sponsorship of DEI training sessions for appointees |

### Domain 4: Networking, collaborating, and sharing with others

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Initiation of ABP Foundation support for Academic Pediatric Association (APA) New Century Scholars Program</td>
</tr>
<tr>
<td>2017</td>
<td>Certification and tracking data, including demographics, publicly available on ABP website</td>
</tr>
</tbody>
</table>
| 2018 | Addition of questions on race/ethnicity and languages spoken to ABP census surveys  
Multi-stakeholder summit on sickle cell disease by ABP Foundation, leading to funding of DHHS-supported learning network in 2020 |
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>Multiple presentations on DEI work at American Board of Medical Specialties (ABMS) Member Board Connect, ABMS National Conference, pediatric and medical meetings, and credentialing-focused conferences</td>
</tr>
<tr>
<td></td>
<td>ABP Foundation collaboration with other pediatric organizations on the five-year Pediatrics 2025: Association of Medical School Pediatrics Department Chairs (AMSPDC) Workforce Initiative, including hosting summits on improving the diversity of the pediatric workforce and co-leading efforts related to data on the diversity of the pediatric workforce</td>
</tr>
<tr>
<td></td>
<td>Initiation of ABP Foundation support for AMSPDC’s Frontiers in Science Program</td>
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<tr>
<td></td>
<td>Modification of ABP question on gender identity from two to four options, including ‘nonbinary’ and ‘prefer not to answer,’ in response to requests from trainees and certified pediatricians</td>
</tr>
<tr>
<td></td>
<td>ABP discussions with ABMS and Accreditation Council for Graduate Medical Education (ACGM) on shared DEI activities</td>
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<tr>
<td></td>
<td>Addition of “ABP Strategic Brief on Diversity and Inclusion” to the ABP website</td>
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<tr>
<td></td>
<td>Development and promotion of ABP Foundation-funded video titled “The Impact of Being Black on Living with a Chronic Condition” as part of the Roadmap project, focused on the emotional health of children with chronic medical conditions and their families</td>
</tr>
<tr>
<td>2021</td>
<td>Launch of DEI webpage</td>
</tr>
<tr>
<td></td>
<td>Publication of ABP Foundation-supported race/ethnicity manuscript and launch of public dashboard on race/ethnicity of pediatric trainees and certified physicians to share data with external parties</td>
</tr>
<tr>
<td></td>
<td>ABP Foundation support for analyses related to pediatric trainee demographics, debt, and career choice</td>
</tr>
<tr>
<td></td>
<td>Approval of ABP Foundation support for APA’s Research in Academic Pediatrics Initiative in Diversity (RAPID) starting in 2023</td>
</tr>
<tr>
<td>2022</td>
<td>ASSESSING KNOWLEDGE AND SKILLS</td>
</tr>
<tr>
<td></td>
<td>Central to the ABP’s work as a member board of the ABMS is its role as an assessment organization. In that function, the ABP evaluates general pediatricians’ and pediatric subspecialists’ knowledge, skills, and clinical judgment and grants board certification to individuals who complete board-specific requirements over their career in pediatrics. ABP board certification involves a continuing process of professional assessment consisting of:</td>
</tr>
<tr>
<td></td>
<td>• Formative in-training assessments offered through its in-training exams during residency and subspecialty fellowship,</td>
</tr>
<tr>
<td></td>
<td>• Summative assessments provided through its initial certifying exams for graduating trainees in general pediatrics and 15 pediatric subspecialties, and</td>
</tr>
<tr>
<td></td>
<td>• Assessment of knowledge throughout the remainder of one’s career, through either a proctored examination or a longitudinal assessment for general pediatrics and the 15 pediatric subspecialties, termed Maintenance of Certification Assessment for Pediatrics (MOCA-Peds).</td>
</tr>
</tbody>
</table>
|      | The ABP creates its assessments through an extensive process of reviewing child health trends, conducting practice analyses with practitioners in the field, revising content outline topics, writing questions (termed items)
to address those topics, pulling items from the item bank to create its assessments, administering or outsourcing the administration of its assessments, and setting passing standards.2

Efforts to improve assessments from a DEI perspective have fallen into the following six categories:

- Intentional diversity of groups involved with assessment development
- Training for question writers
- Development of DEI-focused questions
- Review of content outlines
- Revision of the entrustable professional activities (EPAs) concurrent with practice analyses
- Review of differential item performance by demographics.

Intentional diversity of groups involved with assessment development

Since 2012, the ABP has intentionally strived to increase the diversity of appointees to item-writing groups, including the General Pediatrics Examination Committee (GPEC), the General Pediatrics MOCA-Peds Committee, and the 15 pediatric subspecialty subboards, as well as special panels convened for the practice analysis and standard-setting phases of the assessment development and implementation process. In addition to diversifying by demographics, the ABP also has focused on recruiting more private practice pediatricians and broadening the geographic representation of its volunteers. These efforts are described in more detail under “Tending to ABP volunteers and staff” below.

Training for item writers

Item writers have always required training, often needing several years of experience to become adept at writing high-quality, multiple-choice items that assess higher-order thinking. Since 2021, item-writer training for new item writers has expanded to include additional information on avoiding bias and utilizing culturally humble, inclusive language. Subsequent meetings and trainings reinforce these points.

The ABP is currently reviewing augmentation of these plans for 2023. An initial survey conducted of other ABMS member boards by the ABP in 2021 identified only a few that were requiring formal implicit bias training for their volunteers, primarily those conducting oral exams, which the ABP does not. Efforts to identify current practices across the ABMS member boards and nonphysician certifying bodies will inform future efforts.

Development of DEI-focused questions

In June 2020, ABP leadership requested that members of the GPEC consider adding items that specifically addressed the impact of systemic racism on child health. Dr. Yousef Turshani, a committee member since 2019, responded affirmatively, proposing a plan to recruit subject matter experts to the task. Dr. Turshani convened the group of volunteers, and ABP Assessment staff guided them in the item-writing process. The panel met biweekly for approximately eight months to draft 20 questions, 18 of which were accepted by the GPEC and are now available for consideration for inclusion in the General Pediatrics Certifying Exam, starting in October 2022. In addition, the MOCA-Peds writing group identified Understand the impact of racism on child health as one of the learning objectives under Domain 23, Psychosocial Issues, for MOCA-Peds for General Pediatrics for 2022; four questions were developed through a separate process and launched in January 2022.
These questions augmented existing items testing candidate knowledge of social influences of health, disparities, and professionalism.

Review of the content outlines and item pools

Content regarding the SDoH, inclusive of immigrant health, foster care, poverty, child abuse and neglect, and other adverse childhood events has been part of ABP assessments and learning resources for many years following Dr. Robert Haggerty’s highlighting of “the new morbidities.” For example, prior to 2020, the existing General Pediatrics Examination content outline incorporated several topics related to DEI and SDoH (see Table 2).

In November 2020, a petition with over 700 signatures, led by a group of pediatric developmental-behavioral pediatricians (DBP), was shared with ABP leadership, asking that the ABP incorporate competencies focused on addressing the impact of racism on child health. Based on concerns raised in the petition, a detailed review of the DBP content outline was conducted, which led to removal of concerning language by the DBP subboard.

Following the DBP petition, the ABP conducted a review of all other subspecialty content outlines to identify any potentially concerning content areas and to determine whether knowledge of systemic racism and discrimination was being assessed. The results revealed differences, with some subspecialty outlines emphasizing DEI and racism-related topics more heavily than others. The ABP has a practice analysis process in place that provides a systematic opportunity for content outlines to be reviewed and updated that now includes a review and discussion of systemic racism and SDoH. Based on observations from recent practice analyses (e.g., Neonatal-Perinatal Medicine in 2020-2021, Pediatric Cardiology in 2020-2021, and Developmental-Behavioral Pediatrics in 2021-2022), we anticipate that an increasing emphasis on knowledge pertaining to SDoH, systemic racism, health equity, and other related topics will continue.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Topics</th>
</tr>
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<tbody>
<tr>
<td>Adolescent Medicine</td>
<td>Gender identification, sexual orientation, substance use</td>
</tr>
<tr>
<td>Ethics/Professionalism</td>
<td>Patient–parent–pediatrician communications and cross-cultural issues</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>Societal–cultural and socioeconomic impacts on health, immigration, bullying, violence exposure, foster care</td>
</tr>
</tbody>
</table>

Revision of the entrustable professional activities (EPAs) concurrent with practice analyses

Approximately a decade ago, the ABP committed to moving toward a competency-based approach to education and assessment across the entire education continuum. At that time, the ABP, in collaboration with the larger pediatric and subspecialty community, developed EPAs for general pediatrics and for each of the ABP-certified pediatric subspecialties. These EPAs represent the activities that patients need from pediatricians and subspecialists, and they set the standard for professional expectations in our specialty. In response to events in 2020, as the EPAs were re-evaluated, it became clear that the issues of racism, inequities, and SDoH were inadequately addressed in the original EPA framework.

In response to this review of the EPA framework and as part of larger ABP DEI efforts, the ABP created a team of pediatrician volunteers with expertise in education, racism, and QI, led by Dr. Ndidi Unaka, in September
2020 to revise the existing QI and population health EPA to better address racism and inequities. The draft revisions were extensively reviewed by external experts, several ABP committees and the Board of Directors, trainees, the Federation of Pediatric Organizations (FOPO) members, and the pediatric residency and fellowship training program directors’ community through the Association of Pediatric Program Directors (APPD). The revised EPA, posted on the ABP website in October 2021 and published in *Pediatrics* in January 2022, now specifically addresses racism, discrimination, inequities, and SDoH, creating a professional expectation for all pediatricians and subspecialists.

The EPAs overall, including this newly revised EPA, now serve as a framework for development of the other learning objectives and assessments conducted by the ABP, including the content outlines for the initial certification exams and objectives for the MOCA-Peds longitudinal assessment. In addition to driving other ABP assessments, assessment of this EPA will be used as part of initial certification decision-making for board eligibility for graduating trainees in the coming years. The goal is for this EPA to not only be used in residency and fellowship training to guide assessment and curriculum for future pediatricians and subspecialists, but also to establish a standard for every pediatrician and subspecialist caring for children, from infants to young adults. To our knowledge, this is the first time a medical specialty has established a professional expectation that addresses antiracism and inequities to improve patient care.

**Review of differential item performance and exam pass rates by demographics**

In 2017, the ABP made the decision to begin collecting race/ethnicity from test applicants, in part to better understand the diverse composition of the pediatric workforce but also to begin to examine any potential biases by key demographic variables in individual exam questions on its assessments. Historically, the ABP had only collected gender and age. In spring 2020, the ABP began piloting an approach to examine the items on the General Pediatrics Initial Certifying Exam. The initial pilot consisted of two phases and used data retrospectively from the 2019 General Pediatrics Initial Certifying Exam. Phase 1 included a statistical analysis known as differential item functioning (DIF), which is designed to identify items that perform differently across subgroups of the population, after controlling for overall knowledge level. In Phase 2, items flagged for exhibiting statistical DIF were then reviewed and discussed by volunteer appointees on the GPEC to try to determine the characteristics of the items that were creating subgroup performance differences.

After the spring 2020 pilot, the GPEC recommended continuation of the DIF analysis and the recruitment of a racially/ethnically diverse panel of experts possessing knowledge and experience in reviewing potentially biased or problematic content. Subsequently, the ABP recruited and trained a diverse Bias and Sensitivity Review (BSR) panel in fall 2020 that was tasked with reviewing flagged items from the DIF analysis that were problematic and should be removed from the exam. The DIF/BSR process was repeated in 2021. In both years (2020 and 2021), a small percentage of items were flagged, and an even smaller percentage (<1%) of items were removed from scoring after review and discussion by the BSR panel. Starting in 2021, the ABP began providing BSR panel comments to item writers to help avoid problematic items from being developed or selected for an exam. At this point, the ABP has incorporated the DIF/BSR process into its standard work for the General Pediatrics Initial Certifying Exam, although routine evaluation will always have the potential to result in process improvements in the future. Unfortunately, the relatively small numbers of subspecialists taking pediatric subspecialty exams make it difficult to conduct meaningful DIF analyses for these exams.
In addition to the item-level analysis and review described above, the ABP is currently conducting preliminary research to investigate exam-level performance differences in average scores and pass rates by racial/ethnic subgroups using aggregated, de-identified data. The intention of this research is to determine if performance differences exist and to better understand any factors that may be contributing or associated with those performance differences.

**CHANGING OUTCOMES THROUGH CONTINUOUS LEARNING AND PRACTICE IMPROVEMENT**

Once initially certified, physicians may choose to participate in continuing certification in general pediatrics and/or in the 15 pediatric subspecialties over the course of their career to keep current with the evolving practice of pediatrics. These Maintenance of Certification (MOC) activities include a focus on continuous, lifelong learning (MOC Part 2), assessment of knowledge and the associated learning that comes with it through MOCA-Peds (MOC Part 3), and on applying learnings through QI efforts (MOC Part 4).

The ABP offers several continuous learning opportunities to fulfill its MOC requirement (Part 2). These include ABP-developed learning tools such as Question of the Week (weekly question based on a timely article with an explanation provided), Decision Skills Self-Assessment, and Article-Based Self-Assessments (topic-focused questions on a series of related articles). Pediatricians may also access continuing medical education (CME) programs that meet rigorous CME standards and include a personal reflection and commitment to change. MOCA-Peds offers both learning opportunities (Part 2 credit) as well as an assessment (Part 3). Quality improvement efforts (Part 4) may be individually developed, provided through QI portfolio programs or institutions, or completed using performance improvement modules and templates available from the ABP.

Understanding of health disparities, racism, adverse childhood events, and SDoH and their impact on child health and well-being continues to evolve. Inclusion of these topics in MOC activities will remain essential to the purpose of continuing certification.

**Continuous learning about DEI topics and their impact on child health**

Since 2017, the ABP has sought to highlight DEI-related topics in its offerings. Table 3 includes a list of Question of the Week topics as an example. The ABP also recently has launched three self-assessments: on transgender youth (October 2017 with a refresh in November 2021; total of 1371 total completions as of June 2022), the emotional and mental health needs of children with chronic medical conditions (June 2020; 607 completions), and the impact of climate change on child health (June 2021; 45 completions). The ABP also has worked to incorporate questions related to systemic racism and SDoH into MOCA-Peds. In addition, starting in July 2021, the ABP launched an MOC Part 2 credit for DEI education pathway whereby an individual can claim credit for training through an official training program, listening to a podcast, or reading a book. Since inception, the ABP has approved 427 applications reflecting over 5,000 hours of learning about DEI-related topics for 392 physicians.
Table 3. Continuing Certification Offerings Related to DEI Topics Since 2020

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOPIC</th>
</tr>
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<tbody>
<tr>
<td></td>
<td><strong>Question of the Week (Lifelong Learning; MOC Part 2) Offerings</strong></td>
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<tr>
<td></td>
<td><strong>Other Lifelong Learning (MOC Part 2) Offerings</strong></td>
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<tr>
<td></td>
<td><strong>Maintenance of Certification Assessment for Pediatrics Questions (MOC Part 3) Offerings</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Practice/Quality Improvement (MOC Part 4) Offerings</strong></td>
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<tr>
<td></td>
<td><strong>Practice improvement to foster health equity</strong></td>
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<tr>
<td></td>
<td><strong>Efforts have been three-fold in this subdomain and have included: 1) attending to DEI in QI projects, 2) adding new QI projects with a DEI focus, and 3) collaborating with learning networks.</strong></td>
</tr>
</tbody>
</table>
Attending to DEI in QI projects: In early spring 2021, staff leading the ABP’s MOC program reached out to known QI project leaders to determine if and how they collected race/ethnicity data about patients participating in their QI projects. Based on this information, staff and two outside subject matter experts crafted a series of questions to add to reports submitted to the ABP for practice/quality improvement (MOC Part 4) credit in July 2021. Preliminary data suggested very few pediatricians were collecting data by race/ethnicity to inform their QI work. Only 28 of the first 580 projects submitted (4.8%) had data stratified by race/ethnicity. Further analyses are planned for 2023-24 to examine how often projects stratify their data regarding race/ethnicity, what facilitates and impedes collection of these data, what disparities they are seeing, what change strategies they are implementing to address disparities, and ultimately if these change strategies improve differential outcomes.

Adding new QI projects with a DEI focus: The ABP continues to develop MOC Part 4 activities that also address both systemic racism and SDoH. In January 2022, the ABP released an MOC Part 4 templated activity on food insecurity. In April 2022, The Roadmap Project, an ABP Foundation-funded learning network focused on addressing the emotional and mental health needs of children with chronic medical conditions and their families, also implemented an MOC Part 4 activity. In 2023, the ABP plans to release an MOC Part 4 activity focused specifically on implementing race/ethnicity data collection in different practice settings.

Collaborating with learning networks: Last, for over a decade, the ABP has encouraged the development and growth of collaborative learning networks across pediatric subspecialties. These networks conduct joint QI efforts related to common subspecialty medical and surgical conditions (e.g., prematurity, cystic fibrosis, inflammatory bowel disease, cardiac surgery for congenital heart disease) to improve pediatric health outcomes. Beginning in 2020, the ABP has worked with some of these networks, through its partnership with the James M. Anderson Center for Health Excellence at Cincinnati Children’s Hospital,6 to stress the importance of structural racism and SDoH. For example, the Roadmap Project, an ABP Foundation-funded learning collaborative focused on the mental health needs of children with chronic medical conditions and their families and administered by the Anderson Center, launched a video titled “The Impact of Being Black on Living with a Chronic Condition” in 2021.7 Others are conducting analyses looking at disparities in outcomes by demographic and socioeconomic factors.

TENDING TO ABP VOLUNTEERS AND STAFF

This domain includes efforts with volunteers and with staff and contractors, all of whom support the ABP’s work.

Volunteers

The ABP has over 400 physician and public member appointees who serve on its committees, subspecialty subboards, task forces, and the ABP and ABP Foundation boards of directors as well as serving as content development experts for ABP exams. In addition, between 25-200 volunteers annually also work with the ABP in other capacities, depending on strategic initiatives undertaken.

Under Dr. David G. Nichols’ leadership as President and CEO (2013-2021), the ABP intentionally sought to increase diversity among its volunteers. The current President and CEO, Dr. Judy Schaechter, also has championed this effort. Actions taken have included:
- Term limits set for committee members in 2012
- Outreach to department chairs and minority-serving programs and/or organizations beginning in 2013
- Establishment of a volunteer tool, initially focused on diversity by gender and geography, in 2014 and continuing to expand its use
- Creation of general communications to encourage diverse volunteers in 2019
- Launch of a diversity appointee survey and dashboard in 2019 and then maintaining it for all appointee groups at the ABP
- Removal of age criteria for appointees in 2020
- Messaging to staff and committee and subboards chairs on the importance of diversity in nominees for appointee positions and setting a goal to increase the proportion of underrepresented minorities on ABP subboards by 15% in five years starting in 2020. (For a comparison of 2019 to 2022, see Table 4.)

These actions are moving the ABP towards greater diversity among appointees with respect to age, gender, race/ethnicity, medical school location, medical degree, geographical location, and practice setting.

The recruitment for practice analysis, standard setting, and user panels also has undergone changes over the last several years to increase diversity and representation on these panels. While initially the ABP strove to reflect the makeup of the pediatric workforce when recruiting for these groups, review of the research suggested that inclusion of underrepresented minorities did not equal true representation from a population perspective. To amplify the voices of nonwhite volunteers, the ABP currently over-samples for volunteers from underrepresented minority backgrounds (see Table 4). In addition, the ABP has sought to include volunteers from a variety of clinical practice settings, including pediatricians in smaller practice settings, such as community hospitals, military hospitals, and private practice. The ABP also has begun collecting information on patient populations served (e.g., uninsured, privately insured) and is reporting those data on its dashboards.

For all these recruitment activities, the ABP strives to continuously improve the volunteer selection process to better represent the breadth of the practice and to increase the input and visibility of pediatricians from underrepresented minority backgrounds.

Table 4. Race/Ethnicity of ABP Appointees and Other Volunteers

<table>
<thead>
<tr>
<th>Race/Ethnicity Survey Response Option</th>
<th>2019 N (%)</th>
<th>2022 N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABP appointees to committees, subboards, and boards</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>229 (68.0%)</td>
<td>241 (65.1%)</td>
</tr>
<tr>
<td>Asian</td>
<td>43 (12.8%)</td>
<td>56 (15.1%)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>15 (4.5%)</td>
<td>28 (7.6%)</td>
</tr>
<tr>
<td>Hispanic/Latinx, or Spanish Descent</td>
<td>11 (3.3%)</td>
<td>12 (3.2%)</td>
</tr>
<tr>
<td>Middle Eastern/North African</td>
<td>3 (0.9%)</td>
<td>5 (1.4%)</td>
</tr>
<tr>
<td>Other</td>
<td>–</td>
<td>1 (0.9%)</td>
</tr>
<tr>
<td>More than one race/ethnicity</td>
<td>13 (3.9%)</td>
<td>14 (3.8%)</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>23 (6.8%)</td>
<td>13 (3.5%)</td>
</tr>
<tr>
<td>Race/Ethnicity Survey Response Option</td>
<td>2019 N (%)</td>
<td>2022 N (%)</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Other ABP volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>41 (46.6%)</td>
<td>80 (53.0%)</td>
</tr>
<tr>
<td>Asian</td>
<td>14 (15.9%)</td>
<td>32 (21.2%)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>5 (3.3%)</td>
<td>7 (4.6%)</td>
</tr>
<tr>
<td>Hispanic/Latinx, or Spanish Descent</td>
<td>4 (4.5%)</td>
<td>8 (5.3%)</td>
</tr>
<tr>
<td>Middle Eastern/North African</td>
<td>2 (2.3%)</td>
<td>3 (2.0%)</td>
</tr>
<tr>
<td>Other</td>
<td>--</td>
<td>1 (0.7%)</td>
</tr>
<tr>
<td>More than one race/ethnicity</td>
<td>--</td>
<td>5 (3.3%)</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>22 (25.0%)</td>
<td>13 (8.6%)</td>
</tr>
</tbody>
</table>

**Staff and contractors**

The ABP currently has approximately 130 employees and contractors. While the ABP does not collect demographics for contractors, data for employees indicate that staff average 47.9 years of age, are majority female (59.8%), and that about one-quarter (24.2%) are from minority backgrounds. Since June 2020, the ABP, in collaboration with several external consultants, has worked to enhance DEI at the ABP through the following activities:

- Conducted a pay bias study through an outside contractor (fall 2020)
- Identified two DEI executive sponsors (June 2020 and March 2021)
- Launched a series of voluntary town hall conversations, lectureships, workshops, book discussions, newsletters, and other activities (June 2020)
- Launched a DEI Council (March 2021)
- Launched changes to facilities to enhance DEI (e.g., gender neutral bathrooms; fall 2020)
- Established a vendor checklist to promote diversity and inclusion (March 2021)
- Revised signage in buildings to affirm a commitment to creating an inclusive work environment (July 2021)
- Conducted a DEI cultural assessment with staff and contractors to determine areas of focus through an outside contractor (summer/fall 2021)
- Reviewed ABP policies/procedures to inform revision of the employee handbook (winter 2021–spring 2022)
- Launched an Employment webpage (December 2021)
- Hired an HR/DEI Manager (March 2022)
- Added Juneteenth as an ABP holiday (April 2022)
- Initiated efforts to improve recruiting, onboarding and to track metrics with respect to DEI (April 2022)

In addition, we are establishing interactive activities to celebrate diversity at the ABP in the future.
NETWORKING, COLLABORATING, AND SHARING WITH OTHERS

The ABP is highly cognizant of the importance of networking, collaboration, and sharing to enact change in medical education, training, and certification. Within pediatrics, networking and sharing best DEI practices have actively occurred across members of the Federation of Pediatric Organizations (FOPO), a membership organization that “promotes optimal health for children by building on the efforts and expertise of the member organizations.”4 These include the Academic Pediatric Association (APA), the American Academy of Pediatrics (AAP), the ABP, the American Pediatric Society (APS), the Association of Medical School Pediatric Department Chairs (AMSPDC), the APPD, and the Society for Pediatric Research (SPR). Several other organizations, including the Council for Pediatric Subspecialties (CoPS), Council on Medical Student Education in Pediatrics (COMSEP), and the Children’s Hospital Association (CHA) also work to inform pediatric DEI training and equitable care delivery. Prior to 2020, the AAP had already highlighted the impact of racism on child and adolescent health with the publication of its policy statement in August 2019; this was followed by the publication of a pre-published online policy statement in Pediatrics in May 2022 titled “Eliminating Race-Based Medicine,” calling out that race is a historically derived social construct and has no place as a biologic proxy.9 FOPO is finalizing a publication summarizing DEI efforts across pediatrics. These efforts will inform future collaborations around health equity.

Outside of pediatrics, the ABMS includes 24 member boards that work together to disseminate best practices with respect to DEI across the board community. The Accreditation Council for Graduate Medical Education (ACGME) also has actively worked with the ABP and other boards to share data and address health and training inequities. In addition, researchers and members of the public have partnered with the ABP on several initiatives.

Four specific areas of networking, collaboration, and sharing are highlighted below.

Catalyzing a sickle cell disease (SCD) collaborative improvement network

Variability in care negatively impacts child health outcomes. In 2002, the ABP chartered a workgroup of QI design experts and representatives from the ABP-certified pediatric subspecialties to develop a framework for the MOC practice improvement (Part 4) activities. While many of the resulting QI efforts have been short-term, narrowly focused projects, the ABP has also partnered with pediatric organizations to launch several collaborative improvement networks that work together over time to address barriers to high-quality pediatric care.10 In 2018, the ABP Foundation hosted a multi-stakeholder summit including leadership from the American Society of Hematology (ASH), QI experts, federal agencies, and patient advocacy groups, to consider the launch of a network specifically focused on Sickle Cell Disease (SCD), a condition disproportionately affecting persons of African descent. Research has consistently documented inequities in the care and outcome of children with SCD, including suboptimal antibiotic prophylaxis, pain control, vaccination against pneumococcus, transcranial doppler imaging, and transition to adult care. As a result of that conference, the Department of Health and Human Services issued a call for a proposal to develop an SCD learning network and awarded funds in October 2020 to ASH.11

Collecting data, conducting research, and sharing publicly

In response to feedback from the ABP Foundation Board of Directors in March 2016, the ABP moved its certification and tracking data to publicly available data dashboards that included some DEI domains such as
gender, American/international medical graduate, age, geographical location, and current practice characteristics (e.g., academic/other; GP/sub). The ABP also added questions regarding race/ethnicity and language(s) spoken to its surveys with trainees and certified pediatricians in 2017. In addition, in 2021, the ABP changed its question regarding gender identity from a dichotomous set of options (male/female) to a four-option question (male/female/nonbinary/prefer not to answer) on its surveys and incorporated this revision into the ABP Portfolio.

The ABP Foundation is currently supporting a series of analyses describing the racial/ethnic makeup of the current pediatric residency and fellowship populations, links between educational debt and race/ethnicity, and comparisons of certified general and subspecialty pediatricians to the U.S. Census data on the overall population and children less than 18 years of age. These data should be publicly available, either on the ABP website or in a peer-reviewed journal, in summer 2022.

These and other efforts are publicly shared on our website and through briefs and other communications.

Building pathways to inclusion for pediatricians from under-represented minority backgrounds

Research has consistently demonstrated the impact of isolation, microaggressions, and other factors on the recruitment and sustainment of a diverse pediatric workforce. The ABP Foundation has partnered with several pediatric organizations as part of AMSPDC’s Pediatrics 2025: AMSPDC Workforce Initiative, to host a series of summits in 2021-2022 identifying barriers to recruitment and advancement as well as amplifying and creating solutions. The ABP Foundation also financially supports two programs that support residents from backgrounds that are typically under-represented in medicine and who are interested in becoming physician scientists: the APA’s New Century Scholars Residency Mentoring Program (since 2014) and the AMSPDC’s Frontiers in Science Program (since 2021). We will begin supporting the APA-initiated Research in Academic Pediatrics Initiative on Diversity (RAPID) program in 2023.

Highlighting DEI in ABP Foundation-funded honors

The ABP Foundation funds several honors where DEI has been prioritized including:

- The James A. Stockman Lectureship (2014 to date) at the AAP’s annual fall meeting, featuring parent/caregiver and young adult patient perspectives
- The Paul V. Miles Fellowship (2013-2021) awarding excellence in improving pediatric care through research or QI leadership
- The David G. Nichols Educational Symposium, in collaboration with the National Medical Association (NMA)
- The David G. Nichols Health Equity Award, an award and lectureship at the annual Pediatric Academic Societies meeting, in collaboration with the APS.
CONCLUSION

Looking forward, the ABP plans to build on the work of the last decade. Many of the activities discussed in this paper will be maintained and improved; additional planned activities for 2023-24 are listed in Table 1.

The ABP is committed to improving DEI and continues to look for ways to enhance its efforts toward an equitable future for all children, families, and the pediatricians who care for them. The ABP plans to work with appointees, volunteers, and staff; partners in pediatrics and medicine; and trainees and certified pediatricians to engage in this critical work to set and maintain addressing racism, inequities, and all forms of discrimination as a professional standard to improve care for all children.
REFERENCES


