

The logo of The American Board of Pediatrics is a circular seal. It features the text "The American Board of Pediatrics" around the top inner edge and "Founded 1933" around the bottom inner edge. In the center, there is a stylized figure of a child and a caduceus.

ABP Updates

APPD Annual Spring Meeting

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



Disclosures

None



THE AMERICAN BOARD *of* PEDIATRICS

Certifying excellence in pediatrics – for a healthier tomorrow

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	<p>Consistency: Making unbiased decisions based on published ABP policies</p> <p>Excellence: Striving to do our best work</p> <p>Reliability: Living up to responsibilities and commitment</p> <p>Transparency: Sharing non-confidential information openly</p>
GUIDING PRINCIPLES	<p>Overarching Principle: The “North Star” for the ABP is and will remain the improvement of health outcomes for children, adolescents, and young adults.</p> <ul style="list-style-type: none"> • 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 – Subspecialty 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





SITE

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

Spring 2023

Hematology/Oncology	April 3
Emergency Medicine	April 4
Rheumatology	April 5
DBP	April 11

Fall 2023

Sports Medicine	July 11-15
Infectious Diseases	Nov 2
Endocrinology	Nov 8
Gastroenterology	Nov 9
Sleep Medicine	Nov 21



General Pediatrics Initial Certifying Exam



ABP Testing Webinar

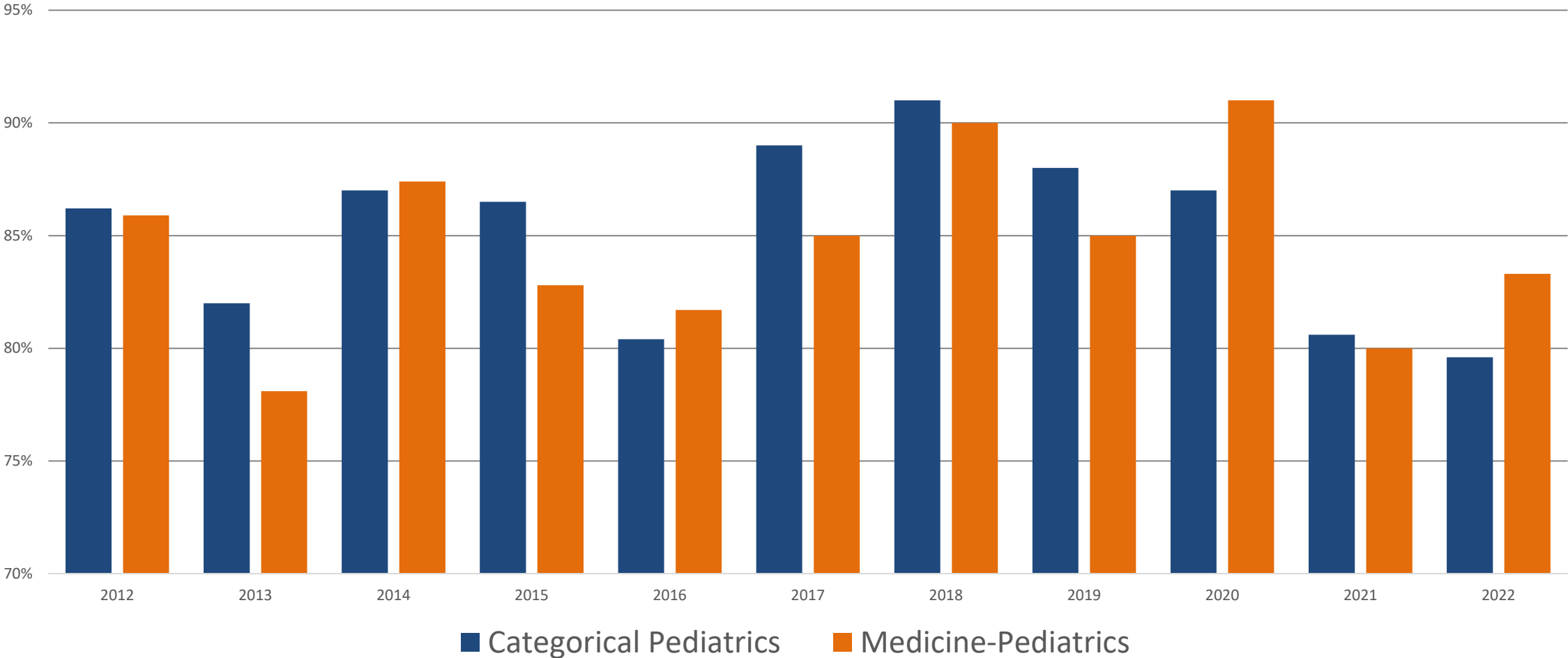


Linda Althouse, PhD
Vice President, Assessment

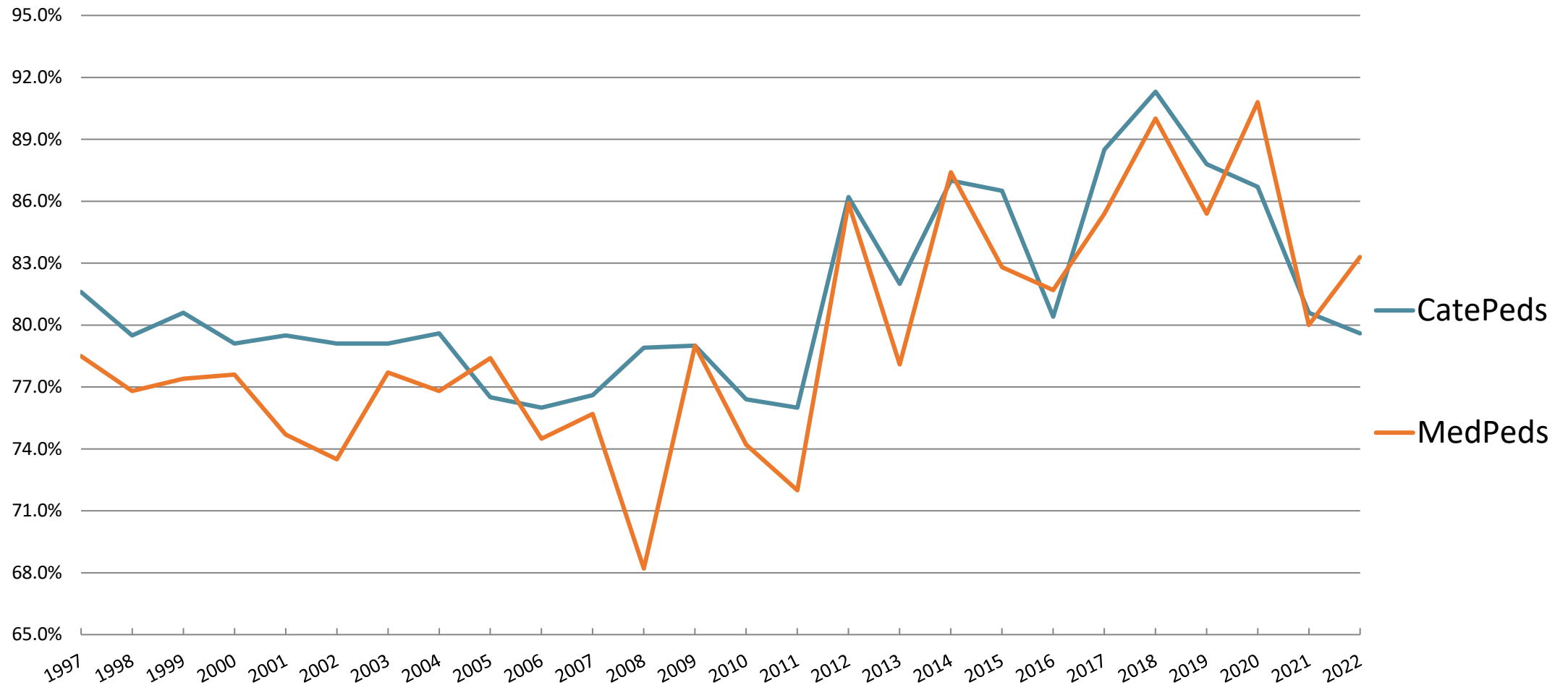


Andrew Dwyer, PhD
Director of Assessment

Categorical Pediatrics vs Medicine-Pediatrics First-time Taker Pass Rates



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





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



Subspecialties

- ✓ Supervised Practice





Absences from Training



ABSENCES FROM GENERAL PEDIATRICS TRAINING

HOME » BECOME CERTIFIED » GENERAL PEDIATRICS » ABSENCES FROM TRAINING

GENERAL PEDIATRICS



Admission Requirements

Absences from Training

Waiver of Accredited Training

Other Training Irregularities

▶ Non-standard Pathways and Combined Programs

Residents & Fellows Evaluation & Tracking

Program Directors Training Verification

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 FAQs (PDF)

Caring for Our Children While Training to Care for All Children

Judy Schaechter, MD, MBA, Suzanne K. Woods, MD, Laurel K. Leslie, MD, MPH

The transition to parenthood can be welcome, joyous, and celebratory. It is also rarely without challenges, requiring rapid learning, substantial physical and emotional adjustment, and the shouldering of new roles and responsibilities. When peripartum complications occur either in the mother or infant, this transition is even more difficult.

In this issue of *Pediatrics*, Drs Bruney and Sojar eloquently recount Dr Bruney's personal postpartum experience of preeclampsia, breastfeeding difficulties, feelings of isolation and inadequacy, and postpartum depression in "Confessions of a Pediatrician: A Resident Mom's Perspective."¹ The challenges Dr Bruney encountered were amplified in balancing family and residency responsibilities. Given the high rates of postpartum depression and the relationship between child and maternal wellbeing, Drs Bruney and Sojar call for pediatricians to better connect with and support new mothers. They also seek additional support for resident-parents through that transition, specifically, clarification of family and medical leave policies.

As pediatricians at the American Board of Pediatrics (ABP), we agree that the emotional, behavioral, and mental health needs of infants and their parents during the peripartum period are critically important. The American Academy of Pediatrics,² the US Preventive Services Task Force,³ and the American College of Obstetrics and Gynecology⁴ have all published guidelines in the last

5 years calling for enhanced screening, recognition, and treatment of postpartum depression. State and federal resources are being implemented, including the Maternal and Child Health Bureau's maternal mental health hotline for new mothers⁵ and state-based perinatal psychiatry access lines for clinicians.⁶ We support Drs Bruney and Sojar's appeal to pediatricians and training programs. As a certifying body, we will review our own efforts to highlight these guidelines and resources through our content outlines, examinations, continuing certification activities, and efforts to improve competency-based medical education and behavioral mental health care.

Trainee-parent perspectives, such as that provided by Drs Bruney and Sojar, also urge us as a field to provide the time, space, and support that pediatric trainees need to care for themselves and their own children. Parental and child wellness matter, regardless of parental employment or stage of training. Residents should be encouraged to take the time they need for their own and their families' emotional, physical, and social health. In 2021, the Accreditation Council for Graduate Medical Education (ACGME)⁷ and the American Board of Medical Specialties (ABMS)⁸ announced a new requirement that all training programs of at least 2 years in duration offer 6 weeks of paid leave for trainees.

As a certifying body, the ABP aims to support trainees and recognizes that

American Board of Pediatrics, Chapel Hill, North Carolina

Drs Schaechter, Woods, and Leslie drafted the commentary and reviewed it critically for important intellectual content; and all authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

COMPANION PAPER: A companion to this article can be found online at www.pediatrics.org/cgi/doi/10.1542/peds.2022-05775.

DOI: <https://doi.org/10.1542/peds.2022-059827>

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- 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



<https://www.abp.org/sites/abp/files/pdf/cic-absences-from-training.pdf>

<https://www.abp.org/sites/abp/files/pdf/cic-absencefromtrainingfaq.pdf>



PROGRAM **PORTAL**

THE AMERICAN BOARD *of* PEDIATRICS



Fellowship Evaluation

 Opens in 7 days

About This Process

To Do
21

To Approve
0

Done
6

Pediatric Critical Care Medicine Training Program



Modify

 Program Coordinator
Amburn, Breana

Your Current Fellows

18
Fellows



5 F-1
7 F-2
6 F-3

FELLOW ROSTER >

Reports and Documents

2022 Reports



SITE
Exam Results

2021 Reports

2020 Reports

ALL REPORTS AND DOCUMENTS >

2022 Subspecialty In-Training Examination

Fellows Registered



Who's Registered?

Who's Not Registered?

SITE EXAM INFORMATION >

Scholarly Activity Signoff

No Data Available

Action Required

The ABP requires action from you regarding 1 of your trainees.

View Actions

ABP Communications

 Messages |  Notifications |  Events

Trainee Operations

- 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 (eg, 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:
(affirm by checking each check box)

- 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.

Exit

Back

Continue

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



Continuing Certification (MOC)



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.

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Sponsor: American Board of Pediatrics

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Bookmark Activity

MOC Points: 25

Cost: Free with MOC Enrollment

Expires: Dec 31, 2026

[View](#)

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).

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Expires: Dec 31, 2026

[View](#)

- [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)



HOME

MY INFO

MY CME INFO/CERTIFICATES

WEEKLY EMAIL REMINDER

ABOUT ACTIVITY

EDITOR BIOS

CURRENT

INCOMPLETE

COMPLETED

Key Takeaways

- 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



August 2022



8/31/22

A 5-year-old boy with pustular skin lesions: could this be monkeypox?

8/24/22

Is too much serotonin a good thing or a bad thing? Afterall, it has been called the “feel good hormone.”

8/17/22

Is the preparticipation physical examination replacing the annual well-child examination among student-athletes?

8/10/22

Words matter: Implicit bias, racism, and the EHR

8/3/22

Passage of meconium: when is the timing right?



Strategic Planning

100 Interviews

60+ Documents

3 Surveys

1 Orientation Meeting

Strategic Planning

Finalizing this Spring



6 Vision, Mission,
& Values Meetings

6 Strategic Planning
Committee Meetings

1 Retreat

1 Comment Period



ABP Home Page

www.abp.org

- 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!

