

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



Disclosures

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

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.

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





ACGME & ABP

Accreditation Council for Graduate Medical Education (ACGME)



Accreditation Council for
Graduate Medical Education

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

American Board of Pediatrics (ABP)



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Certifying excellence in pediatrics – for a healthier tomorrow

- 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



AAP & ABP

American Academy of Pediatrics (AAP)

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

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

American Board of Pediatrics (ABP)



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Certifying excellence in pediatrics – for a healthier tomorrow

- 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



WELCOME
to our home
N 39° W 78°
55'38" 53'55"
DURHAM, NC

LIFE IS BETTER
in
DURHAM
north carolina
2 7 7 0 1

WORKSHOP
Durham
love grows best in
houses just like this

FLOWER MARKET
DURHAM

Angela

Justin

Kimberly

Jennifer

Wendy

Bobby

Sheleria

Angela

Megan

Cecilie


Yijing

Ronan

Angela







Question of the Week Popularity Increases

Nearly 1/3 of pediatricians participate in QOW.
Pediatric trainees also can participate.

[LEARN MORE ABOUT QOW](#)

Is Your Pediatrician Board Certified?



Board certification is a voluntary process that goes beyond state medical licensing. Find out if a pediatrician is ABP-certified by clicking the button below

[VERIFY CERTIFICATION](#)

¿Está certificado su pediatra?

[HAGA CLIC AQUÍ PARA VERIFICAR LA CERTIFICACIÓN](#)

 **FOR PARENTS
& CAREGIVERS**

 **FOR
PEDIATRICIANS**

 **FOR RESIDENTS
& FELLOWS**

 **FOR PROGRAM
DIRECTORS**





General Pediatrics Exams

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 `!**



www.abp.org

Additional Information

▸ What is the format of the ITE?

▸ Who can order ITEs?

▸ Who can take the ITE?

▾ Who cannot take the ITE?

The following is the list of trainees who cannot take the In-Training Examination. If an ineligible trainee takes the ITE, the exam will be voided, without a refund, and not scored.

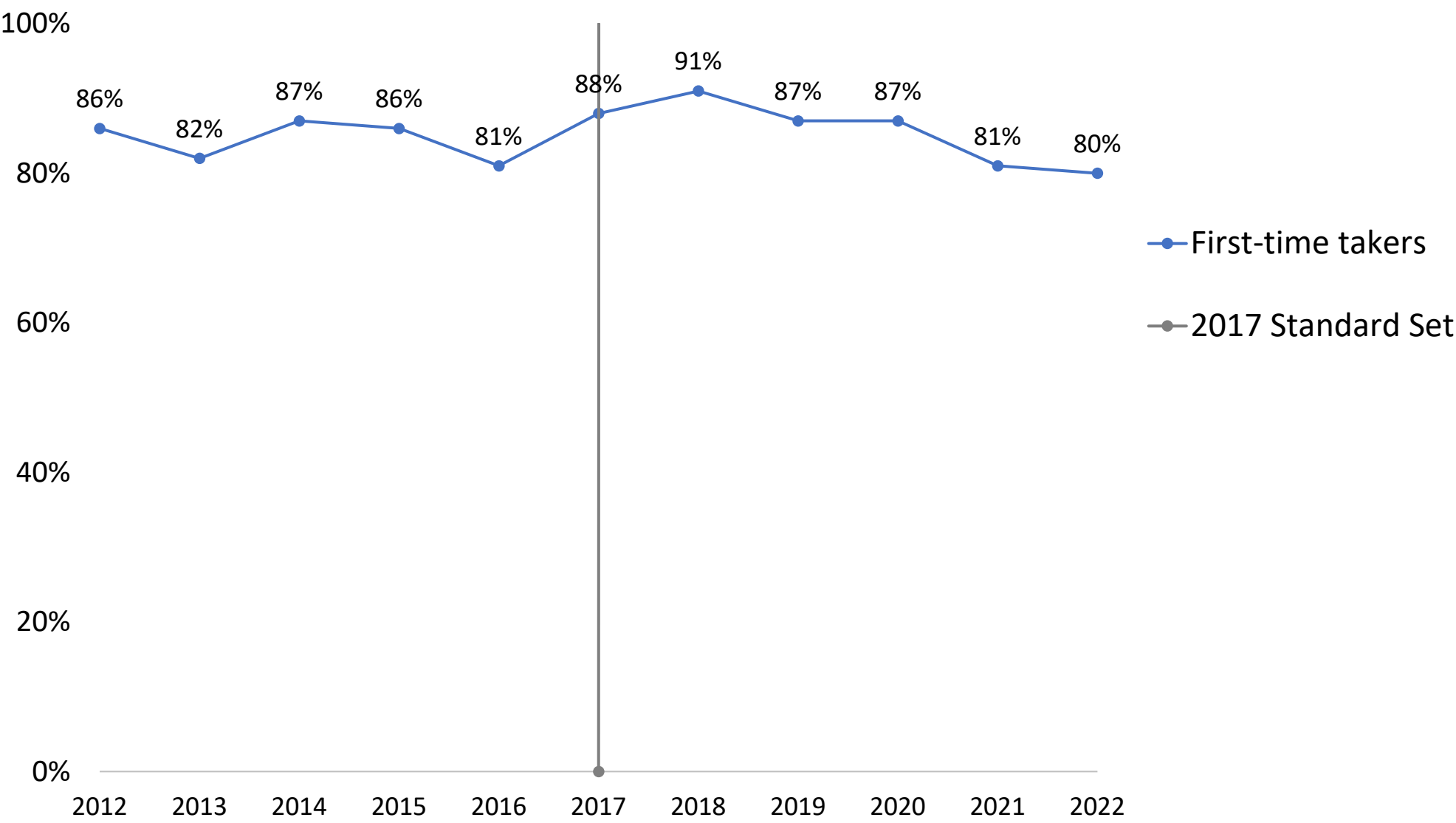
- A chief resident who has completed a categorical or a medicine-pediatrics residency.
- A Peds-Neurology or Peds-Neurodevelopmental Disabilities resident who has completed the pediatrics portion of their training.
- A Peds-Psychiatry-Child Psychiatry resident in their fifth year of training
- An individual completing a supervised practice experience to regain eligibility to apply for the certification by the ABP.
- An individual who will begin training after the ITE is administered.

▸ When is the payment deadline?

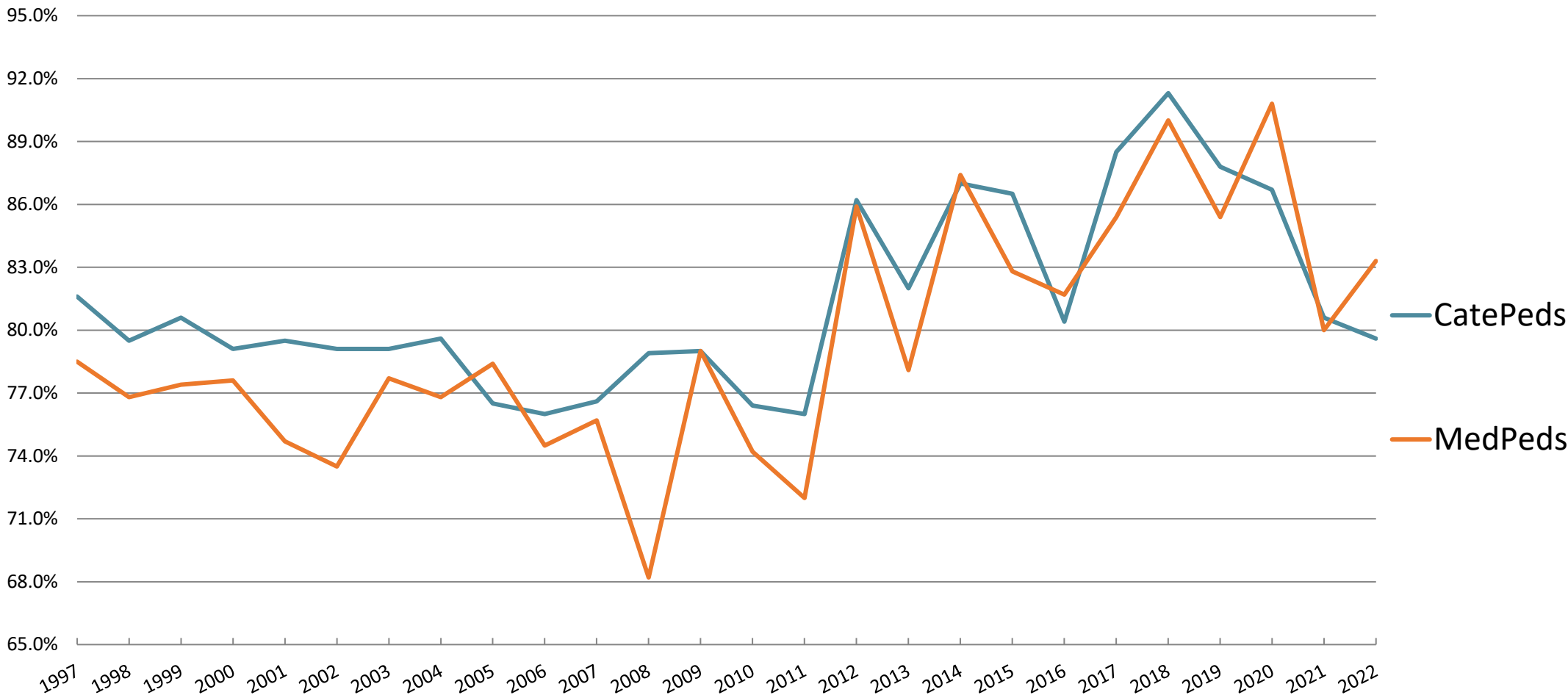
▸ Can I receive a refund or credit for unused exams?



General Pediatrics Certifying Exam Pass Rates: 2012-2022



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





SITE – Subspecialty 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



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Training Programs To Administer SITE In-House

Fellows from more than 1,000 training programs will no longer have to travel to a Prometric Testing Center to take their Subspecialty In-Training Examination.

[HOW IT WILL WORK](#)

Is Your Pediatrician Board Certified?



Board certification is a voluntary process that goes beyond state medical licensing. Find out if a pediatrician is ABP-certified by clicking the button below.


[VERIFY CERTIFICATION](#)

¿Está certificado su pediatra?

[HAGA CLIC AQUÍ PARA VERIFICAR LA CERTIFICACIÓN](#)

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Advancing child health by certifying pediatricians who meet standards of excellence and are committed to continuing education and improvement.

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TRAINING PROGRAMS TO ADMINISTER SITE IN-HOUSE

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NEWS

[Press Releases](#)
[In Memoriam](#)
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[ABP Blog](#)

Thursday, August 10, 2023

PRESS RELEASES

[TWO-PART QOW SERIES HIGHLIGHTS CYSTIC FIBROSIS](#)

[TRAINING PROGRAMS TO ADMINISTER SITE IN-HOUSE](#)

[ABP FOUNDATION BOARD MEMBER SELECTED FOR OBAMA FOUNDATION LEADERSHIP PROGRAM](#)

[ABP BOARD MEMBER RECEIVES RACIAL JUSTICE IN MEDICINE AWARD](#)

[ABP EXECUTIVE VICE PRESIDENT NAMED TO ABMS BOARD OF DIRECTORS](#)

[SUBSTANCE USE DISORDER TRAINING AVAILABLE FOR MOC PART 2 CREDIT](#)

[ABMS ENHANCES PHYSICIAN INFORMATION ON 'CERTIFICATION MATTERS' WEBSITE](#)

[ABP ANNOUNCES JOHN A. BARNARD, MD, AS INTERIM PRESIDENT AND CEO](#)

[ABIM TO OFFER SLEEP MEDICINE AND HOSPICE AND PALLIATIVE MEDICINE EXAMS ANNUALLY](#)

[PEDIATRICIANS EARN SURPRISE MOC CREDIT FOR QUALITY IMPROVEMENT \(QI\) PROJECTS](#)

Beginning in 2024, the Subspecialty In-training Examination (SITE) will transition away from delivery at Prometric Testing Centers and will move to in-house administration by pediatric subspecialty training programs. This means fellows from more than 1,000 training programs will no longer have to travel to a Prometric Testing Center.

The change comes after the American Board of Pediatrics (ABP) pilot tested the implementation of Internet-Based Testing (IBT) for the 2023 SITE across 16 institutions and four pediatric subspecialty areas.

"I'm really happy that we were able to administer SITE for our fellows. I think it just made life so much easier for them to not have to go off site and take the exam," says Dr. Lindsay Rogers, MD, MEd.



Dr. Rogers, the Program Director of the Pediatric Cardiology Fellowship Program at the Children's Hospital of Philadelphia (CHOP), participated in the ABP's pilot program.

The new method eliminates the need for fellows to schedule with Prometric and travel to an external testing center. Instead, their programs will schedule and administer the exams within their respective institutions.

"In the past, they've had a lot of issues. They were very happy to now have it here — at their own hospital — and not have to go anywhere," Rogers says. "And it allowed us to create dates that would fit into many different fellows' schedules."

Programs will use their own proctors and coordinate with their IT departments for proper equipment and space.

For Rogers, the transition was seamless.

"I would advise that whoever is proctoring the exam has read through all the requirements and knows how to troubleshoot," Rogers says. "We found that any question we had, our IT department and the ABP were quick to answer."

The ABP will continue to send fellowship program directors and coordinators communications about this important change and encourage programs to [contact the ABP](#) with any questions or concerns.

KEY DATES TO REMEMBER

Exam Registration	Nov. 1, 2023-Jan. 11, 2024
Exam Administration	Feb. 7-21, 2024

[READ HOW SITE IS CHANGING](#)

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Email sent to
Subspecialty
PDs and PCs

September 21, 2023

Can't see this email? Open it in a [web browser](#).



THE AMERICAN BOARD *of* PEDIATRICS
Certifying excellence in pediatrics – for a healthier tomorrow

Dear Subspecialty Program Directors and Coordinators:

The Subspecialty In-Training Examination (SITE) format is changing!

Starting in 2024, the American Board of Pediatrics (ABP) will bring the SITE exam to you! Instead of visiting a Prometric center, trainees will soon have the ability to take the exam online at your institution.

The online exam will be proctored by their program director, coordinator, and other faculty members. Following the successful pilot implementation of Internet-Based Testing (IBT) for the 2023 SITE across 16 institutions and four pediatric subspecialty areas, the ABP has decided to transition to administering the SITE online. We received positive feedback from participants, and we are confident that IBT will benefit all trainees and fellowship programs across 15 pediatric subspecialty areas. Beginning in 2024 the SITE will transition to internet-based testing (IBT), proctored at your training program.

Key Dates to Remember

Exam Registration: November 1, 2023 - January 11, 2024

Exam Administration: February 7 - 21, 2024

What You Need to Know About the New SITE Format

1. Fellows will continue to register through their ABP Portfolio.
2. The exam will be fully administered on computers at your institution. **Remember to secure a computer lab or conference room for the exam as soon as possible!**
3. The IBT platform is the same one used by all residency programs for the General Pediatrics In-Training Exam (ITE) every July.
4. For guidance on scheduling and proctoring trainees for the SITE, please consult with your General Pediatrics and Medicine-Pediatrics program directors and coordinators.

You can watch the video below for an overview of your Program Portal, including how to monitor your fellows' SITE registrations and how to update and manage your Proctor List.



Subspecialty Initial Certifying Exams

Fall 2023

Infectious Diseases	Nov 2
Endocrinology	Nov 8
Gastroenterology	Nov 9
Sleep Medicine	Nov 21

Spring 2024

Child Abuse	March 27
Adol Medicine	April 2
Nephrology	April 3
Neonatal~Perinatal	April 4



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
IS
RUNNING
OUT.



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





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?

7 YEARS

7 YEARS



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



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



Reports and Documents

2022 Reports



SITE Exam Results

[2021 Reports](#)

[2020 Reports](#)

[ALL REPORTS AND DOCUMENTS >](#)


Scholarly Activity Signoff

No Data Available

Your Current Fellows

18

Fellows



5

F-1

7

F-2


6

F-3

[FELLOW ROSTER >](#)

2022 Subspecialty In-Training Examination

Fellows Registered



18/18

[Who's Registered?](#)

[Who's Not Registered?](#)


[SITE EXAM INFORMATION >](#)


Action Required


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

[View Actions](#)

ABP Communications

 **1**
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 >](#)

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Pediatric Infectious Diseases Training Program

Nationwide Children's Hospital
Div. Pediatric Infectious Diseases
Children's Hospital
700 Children's Drive
Columbus, Ohio 43205
Email: william.barson@nationwidechildrens.org

Program Coordinator
Moore, Lin

Your Current Fellows

6 Fellows

F-1
F-2
F-3

Reports and Documents

2021 Reports

SITE Exam Results
Submitted Evaluations

2020 Reports
2019 Reports

2022 Subspecialty In-Training Examination

Fellows Registered

6/6

Who's Registered?
Who's Not Registered?

ABP Communications

Messages
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Trainee Operations

Absences from Training Waiver
Add a New Trainee
Leave / Transfer Trainee
Documents and Resources
Reports and Documents
Help and Policies

Scholarly Activity Signoff

No Data Available

ABP Communications

1

Messages
Notifications
Events

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My Portfolio Log Out

ABP Program Portal

⚠ Important messages regarding the Program Portal will appear here.

General Pediatrics Training Program

Your Current Residents

ABP Communications



Thicke, James Edward - 07/01/2019 to 06/30/2020

[← Back to Dashboard](#)

2 Which portion of training is incorrect?

☐ Current Training

Level	Start	End
R-2	07/01/2019	06/30/2020

☐ Prior Training

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

Fellows with SOC
Signoff Completed



Who's Complete?

Who's Not Complete?

[VIEW DETAILS >](#)



Scholarly Activity Signoff

[< Back to Dashboard](#)

✓ = Complete ✗ = Disapproved 🚩 = Pending

Submitted	Fellow	Signoff Status	SOC Members	E-Mail	Reminders
09/29/2021	Jonah Day (ABP ID# 671112)	In Progress	🚩 John Doe, MD	John.doe@abpeds.edu	22
			✓ Jane Doe, PHD	Jane2doe@abpeds.nc.edu	2
			✓ Tom Tall, PHD	Ttall@abpeds.nc.edu	



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/peds.2022-057775.

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>

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

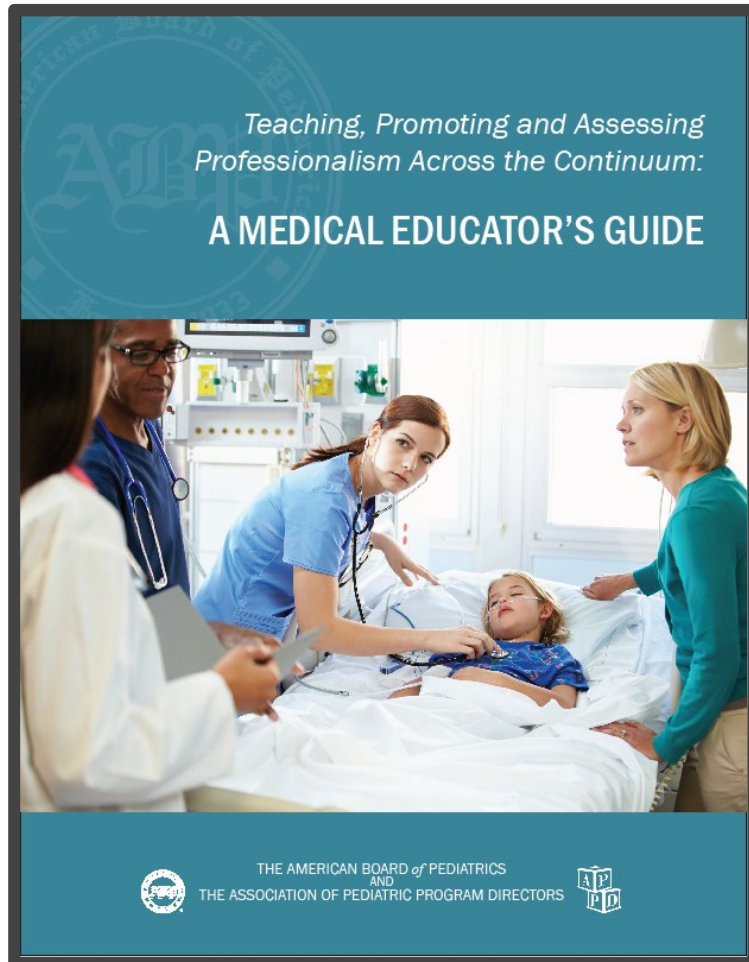
Attestation of Trainee Competence

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

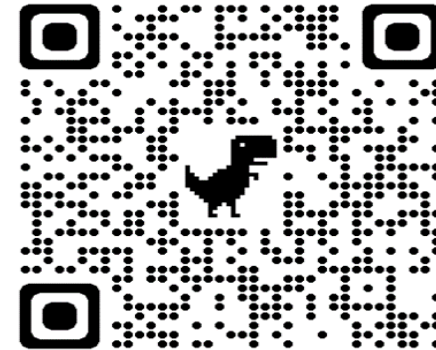
- ☒ I attest that the trainee has completed all core program rotations and met expectations, and is deemed competent and ready for independent practice by the CCC using our usual program standards to graduate from our program, despite the interruption and reduction in training duration.



ABP Professionalism Guide



Scan this!





ABP Professionalism Guide

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ABP Toolkit for Remediation



Unprofessional Behavior *Recommending a Period of Observation*

A program director has the responsibility to notify the ABP if a lack of professionalism has been identified during training. Although reporting may occur at any time, the ABP requires program directors to evaluate the clinical competence and professionalism of a trainee at the end of each year of training on the tracking roster. If an unsatisfactory evaluation is given for professionalism, the trainee must repeat the year of training or, at the discretion of the ABP and recommendation by the program director, complete a period of observation. Until the unsatisfactory evaluation is remediated, the Board will withhold permission to take the certifying examination. A resident or fellow who receives an unsatisfactory evaluation for professionalism receives no credit for that year of training, unless the program director provides evidence as to why a period of observation would be more appropriate than a repeat year of training. If a period of observation is acceptable and the trainee is at the end of his/her training period, this observation will expand into a subsequent training period, such as during a subspecialty fellowship or during a physician's initial period in practice. A plan for remediation must be developed and submitted to the ABP for approval. The ABP intends the development of a remediation plan for a period of observation to accomplish the following:

- ✓ Focus the individual's attention on the seriousness of the issue by denying admission to the certification process
- ✓ Initiate a process by which the individual self educates as to the exact nature of the unprofessional behavior
- ✓ Promotes change in professional behavior with a goal of long-lasting, fundamental change

While the decision to recommend a period of observation rests with the program director, it is recommended that the monitoring plan be developed with significant involvement from the trainee. The Board feels strongly that the trainee must spend time reflecting on the specific professionalism lapses, and use this insight in the development of the monitoring plan.

Developing the Plan

The first portion of the plan must describe the lapse(s) that led to the unsatisfactory performance in professionalism. There must be sufficient detail such that the observer(s) understand the issues and will be able to monitor this behavior appropriately. In the second portion of the plan, the trainee must describe how this behavior affected others (e.g., patients, families, peers, faculty, and other healthcare staff). The description must include whether this behavior or other closely related behaviors had occurred previously.

The third portion of the plan must describe the monitoring plan. A multi-source evaluation tool must be included in the monitoring plan to collect input from multiple individuals (medical students, junior trainees, faculty, nurses, other healthcare staff). Multi-source evaluation tools could be a general assessment of professionalism (e.g., the P-MEX), or a more specific assessment related to the specific professionalism lapse(s). The reporting must occur frequently enough to allow the observer(s) to provide meaningful feedback. The program director and the trainee must describe the preferred behaviors and activities that would indicate that the specific behavior in question has stopped or improved.

The fourth portion of the plan must describe additional interventions that will be required as part of the observation period. This should include focused readings, written reflections, regular meetings with the



Remediation of Unsatisfactory Professionalism *The Observer (Evaluator)'s Role*

- Under most circumstances, the observer should be a board-certified pediatrician.
- The observer must understand the nature of the behaviors that led to the unsatisfactory professionalism evaluation.
- The observer must be aware of the identified behaviors and activities that would indicate that the specific behavior in question has stopped or improved.
- The ABP expects the observer to be actively involved in monitoring and providing feedback/counseling to the individual being monitored.
 - ✓ This monitoring must include the use of a multi-source evaluation.
 - ✓ Meetings should occur frequently enough to provide meaningful formative feedback
- The observer must provide a summary of these meetings and the individual's progress to the ABP as requested by the ABP. In general, such reports are required on a quarterly basis.

The observer's signature on the submitted remediation plan signifies that the observer understands the ABP's expectations.



Plan for Remediation of Unsatisfactory Professionalism: Resident Moving to Fellowship

Program Director: Describe the lapse(s) leading to the unsatisfactory rating for Professionalism.

There needs to be sufficient detail such that the observer(s) understand the issues and will be able to monitor the resident's behavior appropriately. The description should include whether this behavior or other closely related behaviors had occurred previously, or whether it represented an isolated episode and whether the resident had received prior counseling about professionalism.

Resident: Describe how this behavior affected others (e.g., patients, families, peers, faculty, other health care staff).

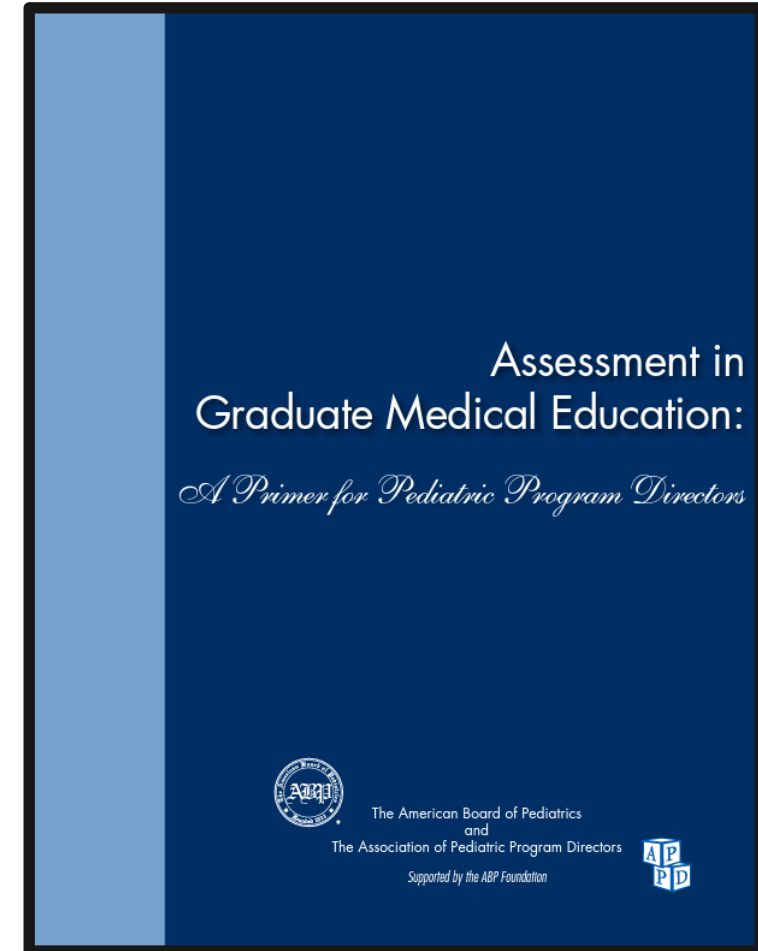
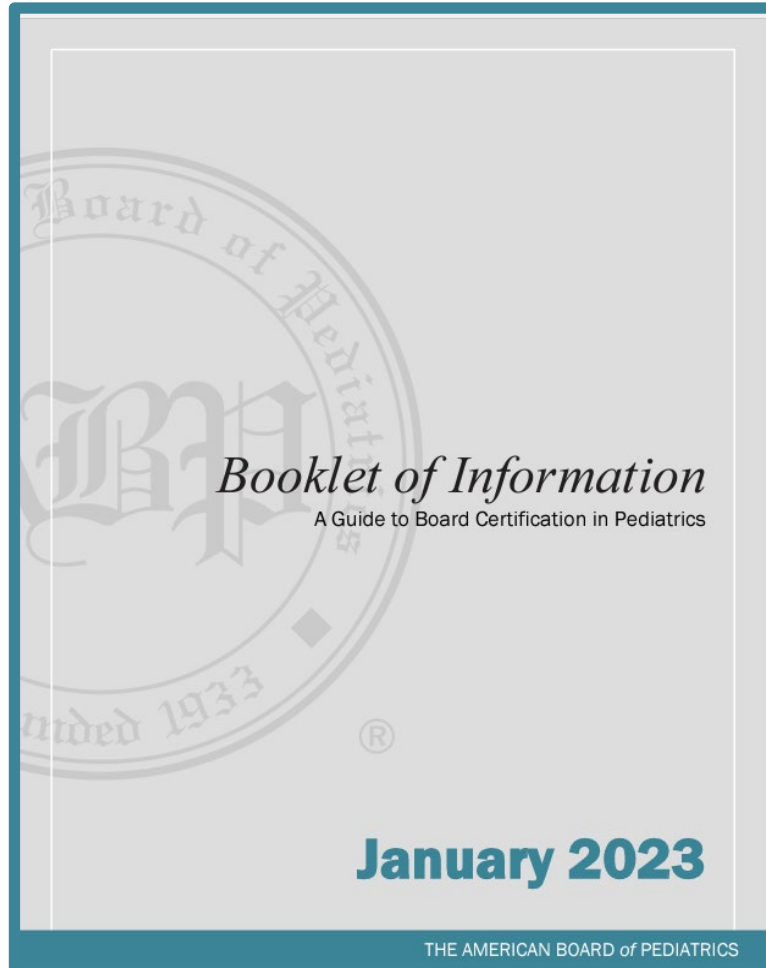
The resident should initiate self-reflection on how they could have handled the situation differently.

Work site observer (must be Fellowship Program Director): Describe the specific monitoring plan and the criteria for acceptable performance.

The monitoring plan should include input from multiple sources (medical students, junior residents, faculty, nurses, other health care staff, patients). The residency program director should be involved with the development of the plan for professionalism remediation during the fellowship period. The fellowship program director or designee should meet frequently enough to provide meaningful formative feedback to the trainee. A summary of these meetings and the trainee's progress should be conveyed to the ABP as requested by the ABP. In general, such reports are required on a quarterly basis.



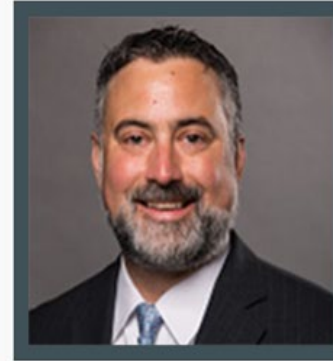
More Resources





Continuing Certification Department

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



KEITH J. MANN, MD, MED

**Vice President, Continuing
Certification**

Dr. Mann oversees the continued development and implementation of the Maintenance of Certification (MOC) program for the ABP. He provides expertise in health care quality, lean methodology, patient safety, evidence-based medicine, and education. Dr. Mann joined the ABP staff in November 2018 after serving as the Vice President, Chief Medical Quality and Safety Officer at Children's Mercy — Kansas City. He was also a Vice Chair for Quality and Safety in the Department of Pediatrics and a Professor of Pediatrics at the University of Missouri — Kansas City. He is board certified and maintaining certification in General Pediatrics.



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

Certification Area	Payment Schedule	MOCA-Peds/Proctored Exam	Activity Points	Licensure
<p>General Pediatrics</p> <p>✓ Meeting MOC Requirements</p> <p>✓ Certified</p> <p>MOC Transcript</p>	<p>⚠</p> <p>Annual Payment</p> <p>Due by 12/31/2022</p> <p>Pay Fees</p>	<p>🕒</p> <p>Due this cycle</p> <p>MOCA-Peds 2021 - 2024</p> <p>OR</p> <p>Pass exam by 2025</p> <p>My Details</p>	<p>🕒</p> <p>Points due by 2025</p> <p>Part 2 points: 127.75/50 ✓</p> <p>Part 4 points: 25/50</p> <p>Activity Search</p> <p>View Completed Activities</p>	<p>✓</p> <p>Licensure Completed for this cycle</p>

You are qualified to participate in MOCA-Peds.

MOCA-Peds



[My ABP Portfolio](#) » [MOC Dashboard](#) » MOC Activities

[« Back to MOC Dashboard](#)

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

Self-Assessment (Part 2) Search

Quality Improvement (Part 4) Search

Request Reciprocal Credit

My Bookmarked Activities

Resume My Activities

My Completed Activities

ABP CME Certificates

Portfolio Sponsor List

Your COVID-19 Improvement Project
(New or Group Code)

Your QI Project (New or Group Code)

NCQA PCMH Credit

Institutional QI Leadership

Online Modules

Attestation Forms



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**



MULTI-INSTITUTION
OR LARGE-SCALE QI
PROJECTS



WORKPLACE BASED
QI PROJECTS



NCQA PATIENT
CENTERED MEDICAL
HOME



INSTITUTIONAL QI
AND SAFETY
LEADERSHIP



ONLINE PERFORMANCE
IMPROVEMENT
MODULES

63 % Decrease



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.



Sponsors

- ☒ American Board of Pediatrics
- ☐ American Academy of Pediatrics
- ☐ Cincinnati Children's Hospital Medical Center
- ☐ Illinois Chapter, American Academy of Pediatrics
- ☐ NASPGHAN

Search Term : Residency ✕ American Board of Pediatrics ✕

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).

☐ 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

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☐ Bookmark Activity

MOC Points: 25

Cost: Free with MOC Enrollment

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?



Assessment Department

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



LINDA A. ALTHOUSE, PHD

Vice President, Assessment

Dr. Althouse oversees the test development and psychometric activities for the ABP assessment products. This includes, but is not limited to, practice analysis, item development, scoring, standard setting, statistical analysis, and

evaluation of measurement properties with a focus on ensuring the validity and reliability of the final product. She is also active in collaborative projects involving innovative assessment approaches, lifelong learning, and the next generation of continuous professional development models for physicians. Her doctorate is in educational psychology with a concentrated focus on measurement and assessment.



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

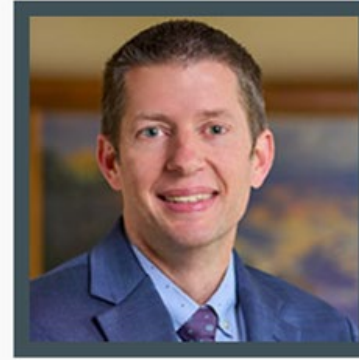
Dr. Leslie facilitates and oversees all research, evaluation, and other special initiatives funded by the ABP Foundation. She has extensive research experience in the areas of identifying, treating, and delivering health services to children and

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!

