APPD CBME Data Hub
Frequently Asked Questions (FAQs)

What does the APPD CBME Data Hub offer?
The scope of how the APPD CBME Data Hub helps and benefits programs and their trainees will be built out over time. To begin, the Data Hub allows programs to upload entrustable professional activity (EPA) supervision levels that are determined by clinical competency committees (CCCs) and receive two things in return: 1) recommended ACGME milestone levels, and 2) summary of EPA practice readiness (i.e., ready for unsupervised practice).

The recommended milestones and EPA practice readiness summaries can be downloaded in two formats:
1. An Excel spreadsheet containing information for multiple trainees (such as all trainees in a program)
2. A PDF document that displays EPAs, milestones, and EPA readiness data for each trainee in a manner intended to be shared with individual trainees. These PDF reports will contain historical data (e.g., in Spring 2026, data for Fall 2025 and Spring 2026 will be included if both have been reported to the Data Hub).

The EPA to milestones predictions are currently based on the Crosswalk Study of over 5000 residents and nearly 200,000 CCC-determined EPA supervision levels. There is a place for you to leave feedback about these milestones recommendations when you receive them from the system, which allows us to learn about how to improve them for you in the future. The EPA practice readiness designation reflects that you reported a trainee was ready for unsupervised practice (level 5 on the EPA supervision scale). Though this is simply a reflection back of EPA data you reported to us, we include this to reinforce that you should consider EPA practice readiness, ready for unsupervised practice, and level 5 of the EPA supervision scale as synonymous.

Why is this helpful for me?
The APPD CBME Data Hub provides a mechanism for programs to focus on EPAs primarily but be ready to report both EPAs and milestones.

Why focus on EPAs over milestones?
There are a few key reasons.

First, the EPAs define the routine activities expected of a general pediatrician (the General Pediatrics EPAs) or a pediatric subspecialist (the Pediatric Subspecialty EPAs). Preparing graduates for these activities is our shared responsibility for the future care of children.

Second, because of their importance to the care of children, EPAs are being integrated into initial certification decision-making by the ABP.

Third, EPAs are more intuitive for faculty than milestones because they describe activities germane to the practice of pediatrics that they are very familiar with and they either perform routinely or see performed routinely.

Fourth, members of the APPD community that have used EPAs prefer them to milestones as a primary focus of their assessment efforts.

What about milestones then?
Our community has long advocated that EPAs are ideal to determine if trainees are ready for unsupervised practice, both for individual activities (single EPAs) and overall (all EPAs together). If a trainee is not yet ready for unsupervised practice or if there is a desire to focus on development in specific competency areas, milestones are helpful for this developmental focus.

Does the ACGME know about this work?
Yes. You can use the APPD CBME Data Hub without ACGME-related concerns.

Do I simply report the milestones predictions I receive from the APPD CBME Data Hub to the ACGME?
No. The predictions should be reviewed and vetted by your CCC.

Where did the ability to do these predictions come from?
The APPD CBME Data Hub EPA to milestones predictions are currently based on the Crosswalk Study. This was a 3-year study with 64 programs (48 categorical and 16 med-peds), included 5069 residents, and collected 193,335 CCC-determined EPA supervision levels across the previous 17 ABP General Pediatrics EPAs. The modeling holds up with the updated 12 ABP General Pediatrics EPAs and the revised EPA supervision scales. Crosswalk Study data was used to inform these changes, including determining that 12 EPAs is sufficient to make reliable overall decisions about readiness for unsupervised practice.

The Crosswalk Study was supported by the ABP Foundation and conducted through APPD LEARN.

To learn more about the modeling used in the Crosswalk Study that the APPD CBME Data Hub is built on, please see this article:
https://journals.lww.com/academicmedicine/abstract/9900/development_and_validation_of_a_model_to_predict.1234.aspx
Note that this article presents only the data for categorical residents (i.e., not including med-peds residents), but the modeling approach described details how our approach allows use for all residents.

Will the APPD CBME Data Hub predictions always be based on data from the Crosswalk Study?

No. The modeling and predictions will be regularly improved with new data submitted to the Data Hub. The more you and other programs use the Data Hub, the better the predictions the Data Hub will be able to provide.

Can I use the APPD CBME Data Hub to receive predictions for combined training program residents (e.g., med-peds residents)?

Yes. Our modeling approach enables this. However, med-peds residents were generally reported as requiring less supervision than categorical residents in the Crosswalk Study. Therefore, combined program directors should consider additional vetting of the predictions for their residents with their CCC and program leadership before considering them final.

Does the scope of the APPD CBME Data Hub include fellowships?

Not yet, but it will.

Do I need IRB approval to use the APPD CBME Data Hub?

No. It is not a research platform. However, it will share *de-identified* data with APPD LEARN for the purposes of research to improve the recommendations made by the system. Research using the de-identified data will be conducted under IRB-approved protocols.