Association of Pediatric Program Directors: Virtual Cafe

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Goals for today

By the end of this session, we will:

1. **Discuss** the new competency-based subspecialty training and certification model
2. **Review** the planned petition process for 2-year pathways in 2028
3. **Discuss** the continued transition toward implementation



What exactly is the new model?

High-level blueprint

Competency-based certification with options:

- **3-year pathway** with CBME expectations requiring fellows to demonstrate readiness for practice based on the EPAs with time built in for scholarship / advanced training.
- **2-year pathway** *(where appropriate)* that includes the same CBME/EPA expectations.



Key elements of the new model

1

EPAs as outcomes

Subspecialty and common EPAs define readiness for practice

2

≥ 18 clinical educational units

Minimum clinical time; assumes curricular innovation and redesign

3

Scholarship EPA

Scholarly Work Product eliminated as a certification requirement and replaced with the Scholarship EPA

4

Robust assessment

Workplace-based assessment (app-supported) and multisource / 360 feedback

5

Longitudinal CCC review

EPA progress tracked over time, with CCC review and attestation

Effective date: fellows entering training July 2028 — one year before revised ACGME program requirements (expected July 2029)

The 2028 Petition Process

Approaching the transition year

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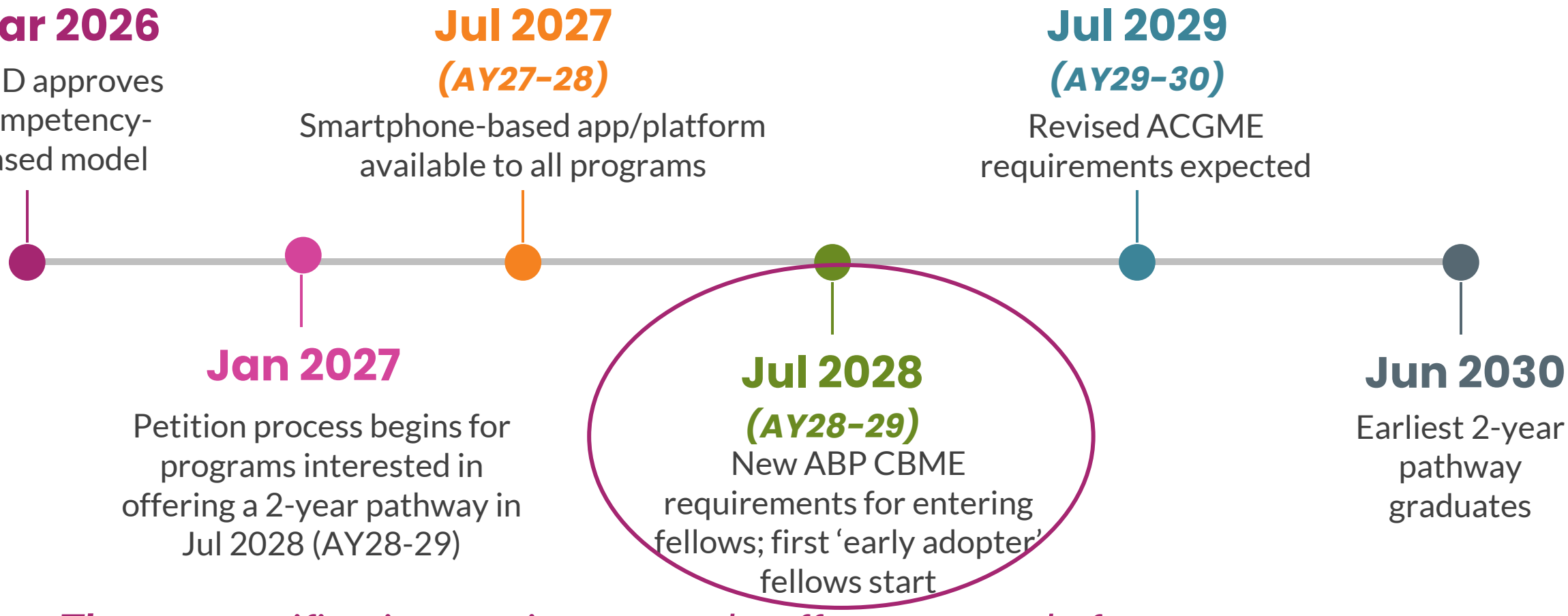
Why 2028 is a transition year



The gap: *certification requirements take effect one year before program requirements are revised — the 2028 petition process bridges that interval*

Eligibility for the 2028 petition process

Eligible to petition (n = 7)	Not eligible in 2028 (n = 7)
Adolescent Medicine	Cardiology
Developmental-Behavioral Pediatrics	Child Abuse Pediatrics
Emergency Medicine	Critical Care Medicine
Endocrinology	Gastroenterology
Infectious Diseases	Hematology-Oncology
Nephrology	Neonatal-Perinatal Medicine
Rheumatology	Pulmonology

Hospital Medicine: already has a 2-year fellowship option, so no petition is required

A two-stage petition process

STAGE 1 Preliminary program approval

Evidence of CBME infrastructure:

- EPA-aligned curriculum
- Workplace-based assessment
- Multisource feedback
- Longitudinal EPA tracking
- EPA-based Clinical Competency Committee
- Institutional ability to extend training if readiness is not reached

STAGE 2 Fellow-specific confirmation

- After the Match, once the specific fellows entering July 2028 are identified
- Confirms the 2-year pathway aligns with the individual trainee's career goals
- Modeled on the familiar process for combined integrated training programs

Jan–Apr 2027	Jun 2027	Jul–Nov 2027	Feb 2028	Apr 2028	Jul 2028
Program petition applications	Preliminary decisions to programs	Fellow recruitment and Match	Fellow-specific (stage 2) final petitions due	Final decisions to programs	Fellows begin

Petition Specifics



Commit to using the ABP provided workplace-based assessment app (or equivalent) to collect front line trainee EPA data.



Commit to collecting 360 multi-source feedback at least annually.



Commit to having a Clinical Competency Committee meeting at least every 6 months in which progress on EPAs is discussed, documented, and shared with fellows for development and coaching.



A willingness and financial commitment from the PD / CCC, the academic department, and the sponsoring institution to extend training until practice-readiness is achieved if all EPAs are not met at 24-months.

Petition Specifics: Curriculum Expectations

A curriculum that aligns with and covers all EPAs for the subspecialty

A curriculum that includes 12 core months as defined by the current ACGME program requirements and ABP requirements for certification.

A curriculum that includes 6 additional educational and/or clinical units (for a total of ***approximately*** 18 months).

What is a clinical educational unit?

- What ***should not*** count:
  - Attendance at conference, grand rounds, etc.
  - Educational experience embedded in rotations (e.g. simulations built into an inpatient rotation)
- What ***should*** count:
  - QI projects and Patient Safety efforts
  - Simulation rotations (e.g., Comprehensive ultrasound simulation curriculum)
  - Procedural rotations
  - Community clinical experience (e.g. youth camp for dialysis patients)
- ***We want this answer to come from all of you!***
- Will likely be impacted by the ACGME Program Requirement revisions – opportunity to create alignment

Logistics for Submitters

- Phase 1 → January – April 2027
- Rolling acceptances
- Petitions will be initiated in the Program Portal
  - Phase 1 – EPA readiness → Qualtrics survey
  - Phase 2 – Trainee match → Program Portal
- Once submitted, will go to an ABP Staff (Angela Godwin) for review
- Incomplete petitions or petitions that do not demonstrate the minimum CBME infrastructure will have an opportunity to re-submit ***only after*** CBME Consultant support

Resources to Support Program Directors

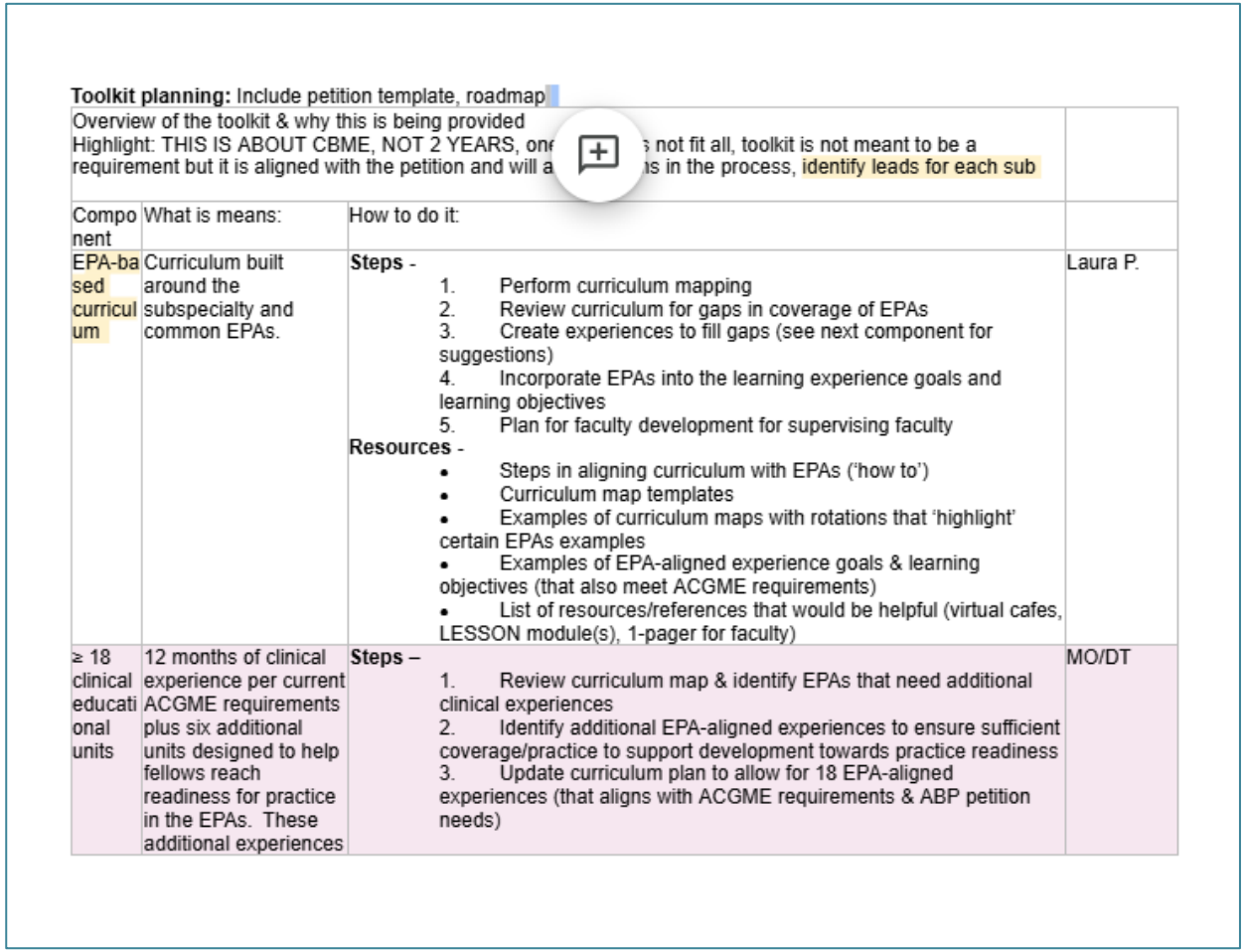
- Education and Guidance Related to CBME
  - Transforming Pediatric Education: CBME Essentials for Pediatric Residency and Fellowship Leaders (APPD LESSON)
  - CBME Implementation Roadmap for Program Directors (ABP)

- Specifically Related to the Petition Process
  - Petition Toolkit (in development)
  - CBME / Petition Coaches

- Workplace Based Assessment App
  - Provided by the ABP starting in July 2027

Petition Toolkit

- Toolkit provides a 'how to guide' for the petition process
- Steps align with petition requirements/questions
- Completion of the steps and using the resources in the toolkit will set petitions up for success



Toolkit planning: Include petition template, roadmap

Overview of the toolkit & why this is being provided Highlight: THIS IS ABOUT CBME, NOT 2 YEARS, one [illegible] not fit all, toolkit is not meant to be a requirement but it is aligned with the petition and will a[illegible]s in the process, identify leads for each sub			
Component	What is means:	How to do it:	
EPA-based curriculum	Curriculum built around the subspecialty and common EPAs.	**Steps** - 1. Perform curriculum mapping 2. Review curriculum for gaps in coverage of EPAs 3. Create experiences to fill gaps (see next component for suggestions) 4. Incorporate EPAs into the learning experience goals and learning objectives 5. Plan for faculty development for supervising faculty **Resources** - • Steps in aligning curriculum with EPAs ('how to') • Curriculum map templates • Examples of curriculum maps with rotations that 'highlight' certain EPAs examples • Examples of EPA-aligned experience goals & learning objectives (that also meet ACGME requirements) • List of resources/references that would be helpful (virtual cafes, LESSON module(s), 1-pager for faculty)	Laura P.
≥ 18 clinical educational units	12 months of clinical experience per current ACGME requirements plus six additional units designed to help fellows reach readiness for practice in the EPAs. These additional experiences	**Steps –** 1. Review curriculum map & identify EPAs that need additional clinical experiences 2. Identify additional EPA-aligned experiences to ensure sufficient coverage/practice to support development towards practice readiness 3. Update curriculum plan to allow for 18 EPA-aligned experiences (that aligns with ACGME requirements & ABP petition needs)	MO/DT

CBME Petition Consultation/Coaching

- Individual consultant/coach will be assigned to each ‘early adopter’ subspecialty

- Specific details (and names of individuals) will be published later this month

- These individuals will work through the Toolkit and Petition with each program and provide support ***before*** petitions are submitted to ABP

CBME Petition Consultation/Coaching

Program Support

- Single individual as primary contact for petition-related questions and support
- Three 1-hour office hours per month available in each specific subspecialty plus individual 1:1 time with programs as needed

Petition Review

- Consultants will review draft petitions and provide feedback to programs
- 'Coaching to success' model

What everyone needs to know about 2028

CBME applies to everyone in 2028

This change is about readiness for practice. All programs — 2- or 3-year — are held to the new CBME requirements

The 2-year pathway is optional

Not mandated or expected in any program or subspecialty

Petitions for 2028 are at the individual level

Handled at the trainee level, allowing individual programs to have 2 or 3-year pathways that are focused on matching training with career goals

2028 petition eligibility is a bridge

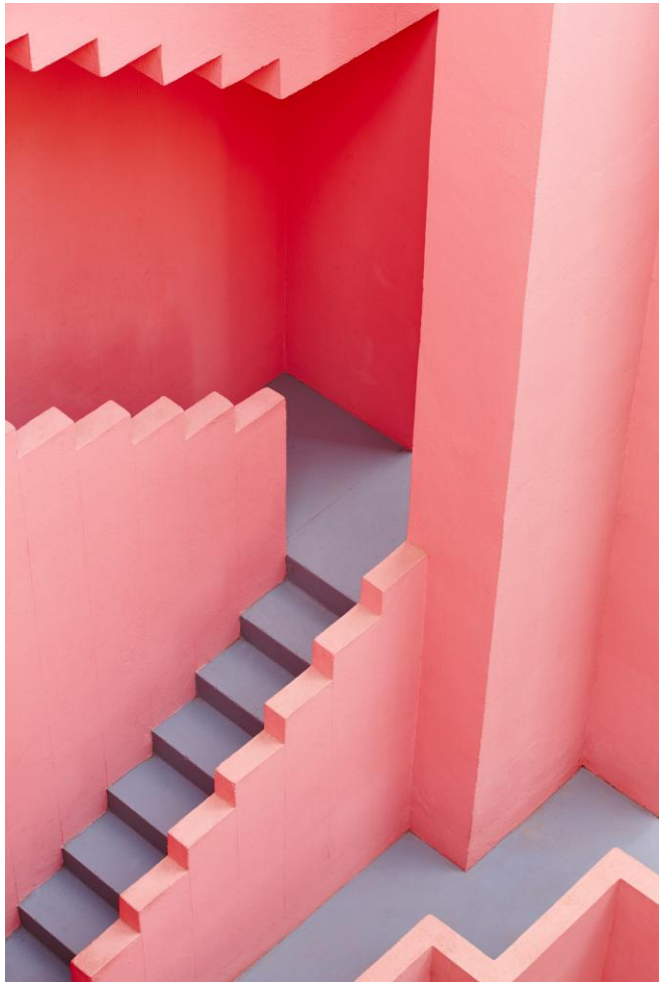
Transition-year decision until the new ACGME program requirements are in place (expected in 2029) - not a judgment or endorsement about duration for any subspecialty



Image generated by Microsoft CoPilot

Next Steps

- Petition toolkit and consultant specifics will be available in the ***next few weeks***
- Petition application will be available in ***January***
- In the meantime, work aligned with the CBME Implementation Roadmap will begin setting programs up for success



Questions, Comments, & Feedback

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