



**President and Chief Executive Officer  
The American Board of Pediatrics**

Chapel Hill, North Carolina

### **The Search**

The American Board of Pediatrics (ABP) seeks a highly respected, accomplished pediatrician and leader dedicated to the long-term improvement in the care of infants and children to serve as its next President and Chief Executive Officer. Always the standard-bearer of quality in pediatrics since its founding in 1933, the ABP continues to develop new and enhanced systems, drawing from evidence-based medicine and research into clinical effectiveness. Certification by the ABP provides assurance to the public that a physician has the competencies essential to delivering high-quality care to children and a commitment to lifelong learning and improvement.

In the role of the President, it is imperative to possess substantial experience in leading organizations with diverse stakeholders. Serving as the public face of the ABP, the President will maintain and strengthen critical relationships outside of the organization. The ABP addresses the major issues that arise in pediatric healthcare, and the President will be responsible for clear communication with the broadest possible healthcare constituencies. The President is responsible for the ABP's relationship with the American Board of Medical Specialties (ABMS), related academic and pediatrics societies, and the full range of regulatory bodies that govern medical education, licensure, and certification. With a wealth of experience and a keen understanding of the intricacies involved, the President will work in close concert with the ABP Board of Directors and will leverage the support of the Senior Leadership Team (SLT). Together, they will tirelessly explore innovative avenues to enhance and elevate the ABP's contributions to the field of pediatrics. The President's leadership will be instrumental in not only advancing the interests of pediatricians but also in championing the well-being of patients and their families on a broader scale, solidifying the ABP's role as a beacon of excellence in pediatric healthcare.

The ideal candidate should bring considerable administrative experience, familiarity with pediatric training and certification at all levels, adaptability, superb change leadership and communication skills, and a deep commitment to standards of excellence in healthcare.

The ABP has retained Isaacson, Miller to assist in this important recruitment. Please direct all inquiries and applications as indicated at the end of this document.

## **Background**

The ABP is an independent, nonprofit organization, and its certificate is recognized around the world as an assurance to the public of physician competence. It is one of the 24 certifying boards of the ABMS, and as one of the three primary care boards, together with Internal Medicine and Family Medicine, it is among the largest and most influential of the certifying boards. Although ABP certification is voluntary, nearly all qualified pediatricians seek this recognition. After initial certification, pediatricians are enrolled in the Maintenance of Certification (MOC) program, a five-year cycle of learning activities and assessments designed to help them enhance their knowledge in general or subspecialty pediatrics. Since its inception, the ABP has awarded more than 137,000 certificates in general pediatrics and more than 38,000 in subspecialties.

## *History*

The ABP was established in November 1933 by the three national pediatric organizations: the newly established American Academy of Pediatrics (AAP), the American Pediatric Society (APS), and the American Medical Association (AMA) Section on Pediatrics. Amidst a growing movement to develop certifying boards, the ABP became affiliated with the Advisory Board for Medical Specialties (now the ABMS). In creating this new entity, the founders of the ABP thought it imperative that it be an autonomous entity, not responsible directly to any of the three sponsoring organizations with regard to the rules and regulations for its examinations or certifications. The ABP conducted the first oral examinations in June of 1934. Certification of subspecialties began in 1961 (Cardiology). In 1973, the Association of Medical School Pediatric Department Chairmen (AMSPDC) became the fourth nominating society for the ABP. In 2006, the Association of Pediatric Program Directors (APPD) became the fifth nominating group. Board members are recommended to the ABP by the nominating organizations, adopt a fiduciary role, and are responsible for the strength and success of the ABP and its certification process.

Over the last ten years, the ABP has taken a leadership role in advancing the assessment of pediatric trainees. Since creating a position dedicated to competency-based medical education (CBME) in 2011, the Board has worked tirelessly with the pediatrics community to identify Entrustable Professional Activities (EPAs) and Milestones to build a comprehensive framework for trainee assessment. Foundational validity studies and implementation studies are well underway, with data to date suggesting that EPAs add important evidence upon which to make performance judgments about trainees. In light of these results, it is anticipated that research will only grow in the future.

In 2017, the ABP announced pilot testing for an entirely different approach to the Maintenance of Certification for Pediatrics (MOCA-Peds) Part 3 requirement with a goal of more effectively balancing the promotion of learning with assessment of medical knowledge among pediatricians. This non-proctored online platform provides board-certified pediatricians an alternative to the traditional assessment exam

required every ten years. Multiple choice questions are delivered electronically each quarter, and pediatricians have the flexibility to answer these questions at their convenience within that quarter. After two years of testing this program and with the work and feedback of more than 10,000 board-certified pediatrician volunteers, the MOCA-Peds online platform was officially rolled out in 2019 and is now the default method for pediatricians to complete this requirement.

## **Major Program Areas**

### *Initial Certification and Subspecialty Certification*

The ABP awards certificates in General Pediatrics, as well as 15 subspecialty areas, and co-sponsors five additional certificates in conjunction with other specialty boards. The certification process strives to achieve a comprehensive, fair, reliable, and valid assessment of a physician's knowledge of and competence in basic science and clinical aspects of pediatric medicine. The ABP accomplishes this through evaluation of a candidate's performance in training and residency in close consultation with pediatric program directors, credentialing by state medical licensing bodies and medical schools, and its own certifying examination. Its measures of success align with the review standards for the Accreditation Council for Graduate Medical Education's (ACGME) six areas of competency. The ABP also oversees and approves alternative or combined pathways to credentialing on a case-by-case basis.

The ABP's progress is measured through the tracking of exam performance; feedback from pediatricians, pediatric residency programs directors, and department chairs; and collaboration with other boards. The ABP has a longitudinal research project to understand the current and future trends in the pediatric workforce. It uses the workforce data internally for policy decisions and organization improvement and publishes that data for the benefit of the entire pediatric community. Assisted by psychometric experts, the ABP is a leader in standards of assessment. The ABP works assiduously to develop and review procedures, award initial certification, and ensure its maintenance.

In 2022, 3,364 physicians took the initial certification exam in General Pediatrics with a passage rate of 80%. Additionally, more than 3,400 physicians took a subspecialty exam, with Pediatric Hospital Medicine having the largest number of examinees.

To learn more about initial and subspecialty certification, visit: <https://www.abp.org/content/about-us>

### *Maintenance of Certification (MOC)*

MOC is an ongoing process of lifelong learning and assessment to improve knowledge and clinical performance. In 1988, the ABP issued its last permanent certificate. In 2003, the comprehensive MOC curriculum was developed, driven by the pace of scientific change and research that had uncovered gaps in the quality of healthcare delivered to children and adults, and by public expectations of competence and quality. The research revealed that even the best physicians have demonstrable gaps in the quality of

their work. Pediatricians who participate in MOC learn how to measure quality of care, effectively fill the gaps in their own practice, and influence the practice of their colleagues.

MOC is a continuously evolving framework, but the contemporary MOC process is a five-year cycle with the following four components:

**Part 1. Professional Standing & Licensure:** The ABP requires that pediatricians and pediatric subspecialists hold a valid, unrestricted allopathic and/or osteopathic medical license in at least one jurisdiction in the United States, its territories, or Canada.

**Part 2. Lifelong Learning and Self-Assessment:** The ABP, in collaboration with other medical organizations such as the American Academy of Pediatrics and other Continuing Medical Education (CME) providers, develops required self-assessments that enhance a pediatrician's clinical knowledge and skills important to their individual practices.

**Part 3. Cognitive Expertise Exam:** To maintain certification, successful completion of a secure examination is required once every five years. The ABP began to explore new assessment options in 2015. After three years of research, building, and pilot testing, they officially launched the Maintenance of Certification Assessment for Pediatrics (MOCA-Peds) as an assessment option in January 2019. MOCA-Peds is a web-based, non-proctored assessment platform that is designed as an alternative to the traditional test. It offers pediatricians the option to decide when and where they take questions and allows test takers the flexibility to answer questions on their computers, tablets, or smartphones. Today, MOCA-Peds is the default way for pediatricians to complete the Part 3 requirement and is now aligned with the five-year MOC cycle.

**Part 4. Improving Professional Practice and Quality Improvement:** Pediatricians are required to demonstrate competence in systematic measurement and improvement in patient care, which involves surveying patients about their experience of care and completing ABP-approved Quality Improvement (QI) projects and activities.

#### *Competency-Based Medical Education (CBME)*

In the past decade, pediatric educators and researchers, with support and leadership from the ABP, have developed and evaluated the integration of frameworks for assessing trainee readiness to practice medicine without supervision. These frameworks — core competencies along with their milestones and Entrustable Professional Activities (EPAs) — complement each other and fill the assessment gaps that result when either is used alone.

The Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties developed the six core competency domains used to assess physicians during medical training and throughout their careers including patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

To implement assessment in a competency-based medical education (CBME) system, healthcare teams directly observe trainees' behavior when the trainees are providing care. The goal is to gather evidence of individual physician competence and give meaningful feedback to trainees that is specific, immediate, and behaviorally based. Other goals include measuring and improving training program effectiveness and, ultimately, linking educational and patient care outcomes.

Milestones are narrative descriptions of behaviors for each of the competencies along a continuum of development ranging from a novice or early medical student to an advanced beginner, competent practitioner, proficient practitioner, and then to an expert clinician who is committed to ongoing practice improvement. They also can be used as a learning roadmap at each phase of pediatric training to help reinforce and set learning goals and to assess the developmental progress along the novice-to-expert trajectory. The milestones were developed as a joint initiative of the ACGME, the ABMS, and the ABP, with feedback from the APPD.

Entrustable Professional Activities describe the essential activities that physicians are entrusted to perform safely and effectively without supervision and provide the context in which the competencies and milestones come to life. The ABP, along with both the general pediatrics and subspecialty pediatrics communities, identified the EPAs and developed their descriptions, functions, and curricular components.

More information on Milestones and EPAs can be found here: <https://www.abp.org/content/milestones-and-epas>

#### *The ABP Foundation*

Established in 1984, the ABP Foundation funds research that advances knowledge around the improvement of delivery of care and supports new strategic initiatives undertaken by the ABP. It has funded much of the ABP's initial forays into current projects, such as research studies on quality improvement, the milestones project, and MOCA-Peds.

In 2019, the ABP Foundation conducted a strategic planning process to develop a blueprint for its work over the next few years. As a result, the Foundation affirmed that funded activities would continue to include research, evaluation, and other mission-driven activities across three main focus areas: Child and Family Health; Lifelong Learning, Assessment, and Practice Advancement; and Pediatric Workforce.

### **Organization and Finances**

#### *ABP Volunteers and Directorate*

ABP volunteers are pediatricians drawn broadly from the ranks of community-based practice, academic medicine, and research science to serve as members of the various ABP committees and sub-boards. Within this group are members of the ABP's 15 sub-boards representing the major subspecialties, each comprised of 13 physicians. They volunteer time for the preparation of tests and the careful oversight of

all the ABP's work. Sub-board members serve six-year terms. The ABP encourages the involvement of volunteer public members on their committees and utilizes a Family Leadership Committee to provide a diverse perspective into the issues facing children and families regarding pediatric health.

The governance of the organization resides in a 15-person Board of Directors. Physician Directors must be diplomates of the ABP. Eight members who have demonstrated their judgment and commitment through service on the committees or sub-boards of the ABP are chosen to represent the six nominating societies and are referred to the nominating societies for their approval.

### *Staff and Finances*

The ABP staff has grown significantly over the last decade, and today, the organization employs 105 highly qualified professionals and contracts an additional 21 positions (mostly within the IT department).

Reporting directly to the President is the Senior Leadership Team (SLT), which is comprised of the following positions, four of whom are MDs: Executive Vice President, Credentialing & Initial Certification; Vice President, Continuing Certification; Vice President, Competency-Based Medical Education; Vice President, Research; Vice President, Finance & CFO; Vice President, Assessment; Vice President, Information Technology & Informatics; Chief Engagement Officer; Director of Communications; Director of Human Resources; and Director of Facilities, Contract, & Privacy Management. An Executive Assistant also reports directly to the President and CEO.

The ABP has a strong finance and financial planning department. The FY2023 budget is \$35.9M. Revenues, generated from fees for initial certification and MOC enrollment, are forecast in ten-year plans that are highly reliable due to the accuracy of projections for the number of pediatric residents and fellows as well as the number of expiring certificates. The ABP strives to keep its initial certification fees in line with those of other boards and has kept these fees relatively flat since its inception when adjusted for inflation. Pediatricians who enroll in Maintenance of Certification may choose to break up their fee into annual payments or pay the full fee once every five years when they enroll in a new five-year cycle.

### **The Role of the President and CEO**

The President and CEO of the ABP serves as the bridge between the Board of Directors and staff in addition to actively engaging with diplomates and all external audiences. For this integral position, the ABP requires a strategic-minded pediatrician who possesses the experience and stature to effectively lead on the national stage. This individual must have demonstrated experience guiding complex organizations through a changing environment and working with a variety of stakeholders, including a board of directors. The President will lead with transparency and cultural awareness, prioritizing diversity, equity, and inclusion efforts across the organization. The President will bring a deep commitment to delivering excellence in healthcare and a clear understanding of the ABP's mission, certification, assessment, quality improvement, and continuous education. They should be passionate about supporting pediatricians in their continuous professional improvement while remaining mindful of the competing demands on their

time and linking this to a broader dialogue on quality improvement in patient care. As the public face of the Board, the President should be a superb communicator and advocate, have a proven ability to bring groups together, and possess experience leading through change. They must be an excellent listener who is open, receptive, and responsive to feedback to promote strong relationships and further the mission of the ABP.

The President and CEO of the ABP is responsible as a leader and a manager for the overall oversight of the ABP and its related Foundation. The position requires an MD, completion of pediatric residency, participation in current MOC by the ABP, and past or current involvement with the ABP's leadership, foundation, or committee and subcommittees.

### **Challenges and Opportunities for the President and CEO:**

Working closely with the Board of Directors, the next President and CEO will effectively direct and inspire the ABP in proactively responding to and addressing the following opportunities and challenges:

#### ***Broadcast the work and importance of the ABP's activities to diplomates***

The President is the chief advocate of the ABP, conveying the mission's significance and value for both pediatricians and children. The ABP is rooted in science and evidence-based practice, driven by the belief that pediatricians can enhance children's outcomes. The President serves as the primary communicator, translating initiatives into this mission's context. They will act as an ambassador to all diplomates and the public, engaging in effective communication about ABP's crucial work and the potential for lifelong practice improvement.

#### ***Provide strategic, transparent leadership and guidance to ensure success in all areas***

The ABP is a mission-driven organization with a dedicated staff focused on improving children's health outcomes worldwide. They uphold high-performance standards, respect each other's work, and recognize the interconnectedness of their roles. The President must oversee organizational growth, establish proper structures, and provide leadership and quality assessments for all departments. Continuous evaluation and value delivery to stakeholders are key priorities, fostering personal and organizational improvement among staff and volunteers. The President will strategically prioritize internal projects, allocate resources, and empower the Staff Leadership Team transparently. Additionally, the President will lead efforts to cultivate a healthy work culture and elevate issues of diversity, equity, and inclusion throughout the organization.

#### ***Define and advance innovation in Certification Excellence***

In the evolving realm of pediatric medicine, Entrustable Professional Activities (EPAs) have arisen as fundamental benchmarks. EPAs encompass core responsibilities expected of pediatricians, stressing self-reliance and competence. As part of the American Board of Pediatrics' (ABP) commitment to innovation in certification excellence, EPAs will play a central role in shaping competency standards. The ABP aligns with pediatricians' commitments by embracing modern learning methods and a customer-centric approach. The ABP President's role is pivotal in managing resources, fostering communication, and



championing the shift to asynchronous learning, ensuring alignment with EPAs and the enhancement of pediatric care quality.

***Maintain strong external relationships with other organizations such as the ABMS, other boards, AAP, ACGME, and the Federation of State Medical Boards***

In a costly healthcare environment, the public seeks quality reassurance and accountability. Pediatrics must align with broader healthcare trends. Collaboration across healthcare sectors and organizations is crucial for prosperity and higher quality. The ABP has led efforts to streamline and improve healthcare. With rapid medical advancements, the President must enhance communication and engagement. Identifying knowledge gaps and enhancing practice standards are priorities. The President must grasp pressing issues like workforce shortages, diversity, and physician burnout, and build strategic external relationships to address these challenges.

***Manage and support current ABP volunteers and raise awareness within the pediatric community of volunteer opportunities***

Over 400 board-certified pediatricians and subspecialists and 15 public non-physician members volunteer at the ABP. These volunteers are crucial ambassadors within the pediatric community and require proper support and management. Recent efforts have improved the clarity of the volunteer application process, and the President will further enhance it for the next generation of pediatricians. Additionally, the President must ensure that ABP sub-boards and committees represent the changing and diverse pediatric workforce demographics.

***Collaboratively work with the Board of Directors***

The Board of Directors plays a vital role in the ABP's success. The next President must cultivate a strong collaborative relationship with them. The President will work with the Directors to assess the organization's needs and set a strategic plan. Serving as a bridge between the Directors and staff, the President will gather feedback, manage expectations, and translate strategic priorities into staff assignments and goals.

**Qualifications and Experience**

For this pivotal role, the ABP seeks a bold leader who is passionate about the organization's mission, committed to its longstanding standards of excellence, and motivated by its future potential to advance the field of pediatrics.

The President must be a highly credible representative of the ABP among diverse audiences. While no one candidate will embody every quality, the successful candidate will bring many of the following professional qualifications and possess these personal characteristics, attributes, and values:

- Sincere commitment to the core mission of the ABP and ABP Foundation in all ways, at all times, avoiding all conflicts of interest
- An understanding of the service mission of the ABP to the pediatric community and to the general population; recognition that the constituency of the ABP is the public, not the practitioner



- A willingness to stand for the principles of the ABP and the ABP Foundation among sometimes vocal critics and opponents
- An innovator in advancing excellence in care
- Organizational and administrative management skills sufficient to lead a complex, medium-sized organization
- A powerful commitment to diversity and a demonstrable track record of individual action and institutional leadership to advance diversity
- Financial skills sufficient to direct and utilize appropriate advisors, as well as tend to the day-to-day fiscal affairs of the ABP
- Exceptional ability to write for publication, understanding scientific principles
- The ability to speak to and communicate well with a variety of audiences, in settings large and small
- Strong negotiating and “political” skills at the organizational level
- A naturally respectful, consultative, and accessible leadership style, coupled with the confidence and willingness to lead decisively and to energize and inspire, even when consensus is elusive; an inclination to circulate, listen, and learn
- Sound judgment; a highly ethical and honest individual (personally and intellectually)
- Ability to inspire loyalty among staff
- Flexibility and adaptability
- Drive and stamina, accompanied by uncommon grace, warmth and personal decency
- A current ABP board certification

#### **TO APPLY**

The ABP has retained Isaacson, Miller, a national executive search firm, to assist in this search. Inquiries, nominations, referrals, and applications should be sent in confidence to:

Ariannah Mirick, Partner  
Erin Schwass, Senior Associate  
Katie White, Associate  
Madeleine Ruth, Managing Search Coordinator  
Isaacson, Miller

<https://www.imsearch.com/open-searches/american-board-pediatrics/chief-executive-officer>

*The American Board of Pediatrics is an Equal Opportunity Employer.*