



American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

ABPN Request for Applications

Advancing Competency-Based Medical Education (CBME) in Residency Training

Applications Due: July 30, 2027, at 11:59 p.m. Central Time

Anticipated Funding Award Date: January 1, 2028

Rationale for this Request for Applications

The ABPN is announcing this one-time Request for Applications to advance the exploration of CBME in our primary specialties. CBME holds promise to improve the assessments of key outcomes in training. Potential benefits include: (a) allowing individualized tailoring of training based on each resident's needs, within the confines of existing training program and certification eligibility requirements; (b) providing higher-quality actionable formative feedback to residents; and (c) informing summative decisions about resident progress, including readiness for independent practice at the end of training.

Proponents of CBME have identified five core elements of successful CBME implementation: (1) defined outcome competencies, using frameworks such as the Entrustable Professional Activities (EPAs) required for clinical practice; (2) structured progressive training; (3) tailored learning experiences; (4) competency-focused instruction; and (5) programmatic assessment. Key to achieving these elements are assessment tools that are: tied to the defined outcome competencies; constructed to be brief and accessible (e.g., through mobile apps) to facilitate obtaining multiple assessments by multiple evaluators at multiple points in time; and framed in terms of levels of entrustment.

Published literature supports the usefulness of CBME, which has been incorporated into residency training in several other specialties. In psychiatry, AADPRT (the national association of training directors) has developed EPAs for psychiatry residency graduates. Building on such EPAs, published studies have provided evidence for the usefulness and feasibility of CBME in select psychiatry residency settings. However, the ABPN believes it remains important to study the applicability of these findings in a broader range of psychiatry training programs. For the primary specialties of neurology and child neurology, it remains for the leaders in the fields to develop widely acceptable EPAs, which can then serve as a basis for pilot work to validate assessment tools.

The ABPN is aware that some have viewed CBME as synonymous with time-varying training, e.g., promoting or graduating residents early or late based on competency assessments. The ABPN believes that it is premature to explore time-varying training in our specialties without a better understanding of the usefulness and feasibility of CBME.



Why is the ABPN Issuing This Request for Applications? Why focus on the primary specialties?

The ABPN recognizes the potential benefits of CBME in residency training. Of particular relevance to the ABPN mission, CBME-related assessments have potential to inform ABPN requirements in the future. However, CBME's usefulness and feasibility remain to be demonstrated in a broad range of training programs in our fields. As well, some of the five core elements of CBME are not central to the ABPN mission. We also believe that having the work developed and implemented by leaders in the field, rather than imposed by the ABPN, will help ensure the relevance and feasibility of the work. Therefore, we have decided that the best way for the ABPN to advance the exploration of CBME in our specialties is to fund projects led by investigators from the fields. To be clear, this Request for Applications would fund investigations only; the ABPN has not decided to change any eligibility or certification requirement at the present time.

The ABPN has chosen to focus on supporting work in our primary specialties. We recognize that CBME principles could well apply to subspecialty training. We have chosen to invest in projects focusing on our primary specialties at the present time, in part given the successful experiences of other specialties with similar approaches. Future work in subspecialties can build on what is learned from these projects in the primary specialties.

Phases of CBME Projects

Based on prior work in several specialties, the ABPN envisions successful applications will focus on one or more of the following Phases:

Phase 1: Develop Entrustable Professional Activities (EPAs) or a similarly-defined list of key competency outcomes in the specialty using broad input and a consensus-building process that will engage broad support from the field for the resulting EPAs.

Phase 2: Develop an entrustment-based assessment tool(s) based on the key competency outcomes, and pilot use of the tool(s) incorporated into a CBME framework in a small number of training programs to understand their usefulness and feasibility.

Phase 3: Study the usefulness and feasibility of the assessment tool(s) incorporated into a CBME framework in a broader range of training programs, including academic and non-academic health systems, smaller and larger training programs, and urban, suburban, and rural settings.

Project Lengths and Funding

Phase 1: A single year of funding, project budget of up to \$150,000 for the year

Phase 2: Up to three years of funding, project budget of up to \$250,000/year for each year of the project.

Phase 3: Up to five years of funding, project budget of up to \$500,000/year for each year of the project

N.B. — Projects that combine Phase 1 and Phase 2 may have up to four years of funding, funding up to \$150,000 for the year that focuses on Phase 1, up to \$250,000/year for the years that focus on Phase 2 (no partial-year funding for either Phase 1 or Phase 2). Phase 3 may not be combined with earlier Phases, since the justification for a Phase 3 project will depend in part on the information generated from earlier work.



General Points About Applications

1. ABPN anticipates that applications for psychiatry will focus on Phase 3, while applications for neurology and/or for child neurology will focus on Phase 1 or on both Phases 1 and 2. All applications must provide a clear rationale for the proposed project, with explicit justification as to which Phase(s) are covered and why.
2. ABPN anticipates that successful applications will come from the cooperation of multiple institutions, whether through a professional society or other consortium. Applications for Phase 2 or Phase 3 projects will not be accepted if they only involve a single program. Phase 1 applications may or may not come from a single program, but must explicate a clear plan to obtain a range of input and build broad engagement from the field.
3. ABPN anticipates that successful applications will not focus on studies of time-varying or 'promotion in place' training. As noted above, ABPN believes that it is important to first better understand the usefulness and feasibility of CBME in the context of well-established training pathways.
4. For neurology and child neurology, ABPN strongly encourages applications focused on Phase 1, or on both Phases 1 and 2, that will develop and test competency outcomes for both neurology and child neurology, likely to include some competencies common to both specialties and some unique to each. Whether applications include both neurology and child neurology, or focus on either neurology or child neurology, applications must address how the work on these two specialties will be coordinated with each other and also differentiated from each other.
5. Applications will be treated as confidential by the ABPN, with access limited to reviewers and staff who need it. Application creates no confidential relationship and does not limit the ABPN's right to fund, conduct, or pursue similar or comparable work independently. Applicants should not include information they are unwilling to have reviewed on this basis. Application preparation costs are not reimbursed and should not be included in the application budget.
6. Applicants must hold a full-time faculty appointment at a U.S. LCME- or COCA-accredited medical school that has an ACGME-accredited training program in the specialty or specialties of the project. They must be in full compliance with their institution's conflict of interest policy and if funded remain in compliance throughout the award period.
7. ABPN will review applications and make any funding decisions. It is anticipated that it will fund one project in psychiatry, and one or two projects (in total) in neurology and child neurology, although the ABPN reserves the right to decide whether and how many projects to fund, to fund a project in part, and to modify or withdraw this Request for Applications at any time. Reviewers will consider factors including but not limited to: adherence to the application requirements; significance; innovation; rigor; feasibility; investigator expertise; institutional environment; the adequacy of the budget justification; and, where applicable, the adequacy of human subjects protections and the inclusion plan. The reviewers may choose to request revisions prior to reconsidering funding. Funding decisions are final and are not subject to appeal.
8. Review is conducted under the ABPN Policy Regarding Conflicts of Interest and procedures adopted for this Request for Applications. Reviewers affiliated with an applicant institution or participating site, or who have a close personal relationship with an applicant, are recused from receipt, discussion, scoring, and funding decisions of that application.



9. As will be included in the terms of any grant agreements resulting from this Request for Applications: the ABPN does not seek ownership of the intellectual property developed under a funded project. However, each funded project must publicly release its deliverables under an open license permitting others to use, reproduce, modify, and distribute them with attribution. Deliverables for this purpose include any entrustable professional activities or other competency outcomes developed, any assessment instrument together with its scoring materials and administration manual, and any software or application built to deliver the instrument. The grantee institution also will give the ABPN a perpetual, royalty-free, non-exclusive license to use, reproduce, modify, and distribute the deliverables, including the right to make them available to training programs at no charge. The grantee institution will not grant an exclusive license in, or assign, the deliverables to any commercial entity.
10. For each funded project, ABPN will form an oversight committee, comprising individuals with relevant expertise, to monitor progress based on required at-least-annual reports, and provide advice to the investigators. To be clear, though, the ABPN will not collect data on individual trainees, faculty, or programs, beyond what is summarized in progress reports and any subsequent public presentations and publications by the project investigators.
11. For projects funded for two years or more (i.e., Phases 2 or 3), each year's funding is contingent on a determination of acceptable progress by the ABPN, in its sole discretion.
12. At the conclusion of the project's funding period, unspent funds must be returned to the ABPN. Requests for no-cost extensions beyond the original funding period must be made in writing at least three months before the conclusion of the funding period.
13. This Request for Applications is a solicitation and creates no obligation for the ABPN to fund any project. No funding will be made without the execution of a written grant agreement that includes the ABPN's terms. Grant awards will be made to the applicant's institution rather than to individual investigators.



Applications — Specific Requirements

1. Please note the general points above.
2. Applications that do not meet the formatting requirements in item 3 below will be rejected without review.
3. Formatting
 - a. Pdf documents only, with 8.5 x 11 inch page size
 - b. Font size 11 pt or larger for the main text
 - c. Smaller fonts may be used for figures, tables, or footnotes, but must be readable at 100% zoom
 - d. Margins 0.5 inch all around
 - e. Maximum of 10 pages for sections 5a – 5d below, i.e., not including cover page, budget and budget justification, references, and letters of support
4. Cover page should include project title and should list investigators (including clearly delineating who serves as Principal Investigator), their institutions, and all training programs / sites participating in the study (with a physician contact person at each program if not already listed as an investigator). Most projects should have a single Principal Investigator (PI), but if justified, may have up to two Co-PIs instead of a single PI.
5. Sections of the application should include:
 - a. Introduction
 - b. Objectives (with specific hypotheses and/or exploratory questions if applicable)
 - c. Project Description / Methods
 - i. Detailed description of the project design and methods, including a timetable
 - ii. Rationale for the project design and methods, including review of relevant prior work at the investigators' programs or published literature
 - iii. Must include specific outcome measures and analytic plan
 - iv. Projects involving human subjects research must describe human subjects protection, including the consent process or exempt status, and the inclusion plan as applicable
 - d. Anticipated Outcomes and Next Steps
 - e. Budget and Budget Justification
 - i. Duration of the proposed project
 - ii. Amount of requested funding
 - iii. Budget justifying the funding request
 1. Typical budget categories include personnel (salary, fringe benefits), project costs (e.g., software, equipment), and participant costs (e.g., recruitment or honoraria to individuals or programs if applicable)
 2. Percent effort must be specified for the Principal Investigator and any other key investigators. If their effort is not covered by the requested funds, specify how their effort will be supported (e.g., by other grants, by designated departmental funds, etc.)
 3. No indirect costs will be covered, only direct costs
 - f. References



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- g. Letters of support
 - i. Letters of support for all participating institutions must be provided, each from the department chair/head or equivalent institutional authority
 - 1. Letters should each stipulate that the investigator(s)' or program directors' time will be available for the project as described in the application
 - 2. Letters should each stipulate that the grant funding will not be used for indirect costs, and must be signed by an individual or office with authority to make that commitment on behalf of the institution
 - ii. If appropriate, additional letter(s) of support from key collaborators or other institutional figures

Application Deadline

This is a one-time Request for Applications. All applications should be emailed to David Shin, PhD, at dshin@abpn.org no later than 11:59 pm CT on July 30, 2027.