



Policy Title:

Public Input to Committee on Certification, Subcertification, Recertification, and Maintenance of Certification (COCERT)

Scope:

Board, Member Boards, Associate Members, COCERT, Staff, Public Members

Purpose:

Public input to COCERT may provide additional perspectives, help inform the review process and better reflect the “public interest.” For the purposes of COCERT, public input is more encompassing than patient and consumer groups; it also includes organizations outside the purview of the medical profession who may be potentially impacted by a new specialty/subspecialty certification. Public input may also provide useful information about the impact of the proposed specialty/subspecialty on quality of care, patient understanding, cost and access.

Policy Statement:

1. That Member Boards’ specialty/subspecialty proposals to COCERT be posted on the ABMS Public Website for public comment.

2. That COCERT seek input from key external public stakeholders including:
 - a. Consumer advocacy groups (e.g., Consumers Union, AARP, National Partnership for Women and Families) – *COCERT to select one or more*
 - b. Health-related organizations – *COCERT to select one or more*
 - Payers
 - Insurers (e.g., BCBSA, Aetna)
 - Accreditors (TJC, NCQA)
 - Credentialers (NAMSS)
 - Government
 - State Medical Licensing Boards
 - c. Additional comment from public (selected by Member Board) that would provide a valuable perspective on the proposed subspecialty certificate.

Procedure:

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1. Member Boards’ specialty/subspecialty proposal to COCERT will be posted on the ABMS Public Website for public comment 60 days prior to the first reading by COCERT.
 2. Member Boards will identify appropriate key external public stakeholders for comment on their specialty/subspecialty applications. From key external public stakeholders, Member Boards must solicit (and include) no more than two stakeholder comments received by them with their specialty/subspecialty applications.
 - a. Member Boards must note if no key external public stakeholder comments were received from their solicitations.
 3. Public comments will also be solicited from key external public stakeholders as identified by COCERT. Member Boards will be encouraged to provide guidance to COCERT for soliciting these key external public stakeholders.
 - a. Working with the Chair, staff will seek external public stakeholder comments for COCERT as directed.
 4. Public comments must be received electronically or by mail at least two weeks prior to the first reading by COCERT.

- a. Electronic correspondence may be submitted at www.abms.org
- b. Mail correspondence to:

Paul Lawlor
Manager, Program Review and Services
American Board of Medical Specialties
353 N. Clark Street
Suite 1400
Chicago, IL 60654

5. Public comments received by stakeholders will be acknowledged within 30 days of receipt in writing.
6. Public comments will be disseminated to COCERT and considered during their first reading.
7. COCERT will review public comments and any subsequent correspondence received from Member Organizations and make a recommendation to the ABMS Board after the second reading.
8. Organizations submitting public comments will be notified of the final outcome.

Bylaws Reference:

Not applicable

Adoption:

BOD	09/2010 – policy approved
COCERT	03/2011 – procedure finalized

Review and Revision

Application for Subspecialty Certificate

A request from a Member Board for a new or modified subspecialty certificate must be forwarded to the President of ABMS in the following outline:

1. Name of proposed field of certification.
2. Purpose of the proposed new or modified certification.
3. Documentation of the professional and scientific status of this special field.
 - a. The existence of a body of scientific medical knowledge underlying the area which is in large part distinct from, or more detailed than, that of other areas in which certification is offered.
 - b. The existence of a group of physicians concentrating their practice in the proposed area, the number of such physicians and the annual rate of increase in the past decade, and their geographic distribution at present.
 - c. The existence of national societies, the principal interest of which is in the proposed area, with an indication of the distribution of academic degrees held by their members and of the association of the membership with the specialists of medicine.
 - d. Numerical and geographic identification of medical school and hospital departments, divisions, or other units in which the principal educational effort is devoted to the area proposed for special certification.
4. The number and names of institutions providing residency and other acceptable educational programs in the specialty, the total number of positions available, and the number of trainees completing training annually.
5. The duration and curriculum of existing programs. *The description of the curriculum should include the following: 1) goals and objectives, 2) expected competencies that will distinguish a subspecialist from the primary specialist in cognitive knowledge, clinical and interpersonal skills, professional attitudes and practical experience, and 3) scope of practice.*
6. The number and type of additional educational programs that can be developed.
7. The cost of the required special training.

8. Outline of the qualifications required of applicants for certification, including:
 - a. Possession of an appropriate medical degree or its equivalent.
 - b. General certification by an approved primary specialty board.
 - c. Completion of specified education and training or experience in the special field.

9. Outline of proposed scope of the evaluation for candidates and a description of the method of evaluation.

10. Copy of proposed application form for the candidates for certification.

11. A written statement indicating concurrence or specific grounds for objection from each Primary and Conjoint Board having expressed related interests in certifying in the same field.

12. A statement projecting the needs for and the effect of the new certification on the existing patterns of specialty practice including but not limited to:
 - a. The effects of the new certification on existing practice including quality of care and the advantages to the public.
 - b. The effects of the new certification on immediate long-term costs and their relationship to the probable benefits.

13. Identify and list key external public stakeholders for possible public comment and include no more than two stakeholders comments received with this specialty/subspecialty application. Please note if no key external public stakeholder comments were received from solicitations.