



## **Fact Sheet**

### **American Board of Medical Specialties® (ABMS®)**

Established in 1933, the American Board of Medical Specialties (ABMS) is a non-profit organization comprising 24 certifying boards (Member Boards) that develop and implement professional standards for the certification of physicians in their declared medical/surgical specialty. Certification by an ABMS Member Board is widely recognized as the highest health care industry standard for assuring a physician's knowledge, experience, and skills within a medical specialty.

- The Joint Commission, NCQA, URAC, health care institutions, insurers, government, physicians, and patients all use Board Certification status by an ABMS Member Board as an essential tool for physician credentials within a given medical specialty.
- Board Certification and the ABMS Program for Maintenance of Certification (ABMS MOC®) are highly-visible indicators that physicians know today's standards of practice.
- Board Certification is the beginning of a physician's personal commitment to providing quality patient care.
- ABMS Member Boards certify more than 80 percent of all licensed physicians in the United States.
- ABMS Program for MOC activities emphasize ongoing professional development and assessment that is aligned with other professional expectations and requirements within health care.
- More than 840,000 physicians are certified in one or more of the approved 37 specialties and 86 subspecialties offered by the ABMS Member Boards.
- More than 500,000 physicians across all specialties are participating in an ABMS Program for MOC program today, and the number increases annually.
- The 24 Member Boards of ABMS include the: American Board of Allergy and Immunology, American Board of Anesthesiology, American Board of Colon and Rectal Surgery, American Board of Dermatology, American Board of Emergency Medicine, American Board of Family Medicine, American Board of Internal Medicine, American Board of Medical Genetics and Genomics, American Board of Neurological Surgery, American Board of Nuclear Medicine, American Board of Obstetrics and Gynecology, American Board of Ophthalmology, American Board of Orthopaedic Surgery, American Board of Otolaryngology, American Board of Pathology, American Board of Pediatrics, American Board of Physical Medicine and Rehabilitation, American Board of Plastic Surgery, American Board of Preventive Medicine, American Board of Psychiatry and Neurology, American Board of Radiology, American Board of Surgery, American Board of Thoracic Surgery, and American Board of Urology.

## **Initial Board Certification**

Physicians demonstrate their expertise in a medical specialty by earning Board Certification through one of the 24 ABMS Member Boards. Before physicians can become Board Certified, however, they must first:

- Finish four years of premedical education in a college or university;
- Earn a medical degree (MD, DO or other credential approved by an ABMS Member Board) from a qualified medical school;
- Complete three to five years of full-time experience in a residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME);
- Provide letters of attestation from their program director and/or faculty;
- Obtain an unrestricted medical license to practice medicine in the United States or Canada; and
- Pass a written and, in some cases, an oral examination created and administered by an ABMS Member Board.

## **Maintenance of Certification**

Once Board Certified, physicians maintain their medical specialty expertise by participating in a robust continuous professional development program known as the ABMS Program for MOC. This program provides physicians a structured approach to improving the effectiveness, safety, and efficiency of their practices through focused assessment, learning, and improvement activities.

The ABMS Program for MOC involves ongoing measurement of six core competencies defined by ABMS and ACGME.

- Practice-based Learning and Improvement
- Patient Care and Procedural Skills
- Systems-based Practice
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism

These competencies, which are the same ones used in the ACGME's Next Accreditation System, are measured in the ABMS Program for MOC within a four-part framework:

- Part I: Professionalism Professional Standing
- Part II: Lifelong Learning and Self-Assessment
- Part III: Assessment of Knowledge, Judgment and Skills
- Part IV: Improvement in Medical Practice

All Programs for MOC implemented by the Member Boards measure the same six competencies within the same four-part framework. While these elements are consistent across all Member Boards, what may vary, according to the specialty, are the specific activities the Member Boards use to measure these competencies. Despite some variation in the activities, they are all built upon evidence-based guidelines, national clinical and quality standards, and specialty best practices.

## **Professional Standards**

For more than 80 years, ABMS and the Member Boards have evolved the educational and professional standards for certification and medical specialty practice to support advancements in medicine, science, and technology.

The Member Boards look to the standards to guide the assessment process for their Board Certification programs and the development of their Programs for MOC. The ABMS Member Boards Community routinely reviews the standards to help ensure that the ABMS Program for MOC reflects the proliferation of medical knowledge and advancing technology, the rapidly changing skill sets required by Board Certified physicians to provide optimal care for their patients, and the increasingly complex environment in which Board Certified physicians practice. In 2015 the ABMS standards were updated, placing a greater emphasis on:

- Professionalism (how physicians carry out their responsibilities safely and ethically).
- Patient safety (how physicians use patient safety knowledge to reduce harm and complications).
- Performance improvement (how physicians use the best evidence and practices compared with peers and national benchmarks to treat patients as well as engage in quality and practice improvement activities).
- Incorporating judgment (not just what the physicians know but what they do with that knowledge) into examinations.

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