



**American Board  
of Medical Specialties**

*Higher standards. Better care.®*

---

# **Standards for the ABMS Program for Maintenance of Certification (MOC)**

**For Implementation in January 2015**

**Approved by the Board of Directors  
of the American Board of Medical Specialties (ABMS)**

**January 15, 2014**

## Preface

The ABMS Program for Maintenance of Certification (Program for MOC) serves the patients, families, and communities of the United States (the Public) and improves patient care by establishing high standards for ongoing learning, practice improvement, and assessment activities of diplomates who have achieved initial certification from one or more of the 24 ABMS Member Boards. The Program for MOC, developed in accordance with the standards included in this document, is integral to the ABMS' mission to maintain and improve the quality of medical care by assisting the ABMS Member Boards in their development and use of professional and educational standards for the certification of physician specialists in the United States and internationally. This document presents the standards and annotations for the ABMS Program for MOC. Standards are requirements for each ABMS Member Board's Program for MOC; it is expected that each Member Board will meet these requirements in a manner consistent with the letter and spirit of the standards and consistent with the specifics of the relevant specialty. Annotations do not outline additional requirements; however, the annotations provide additional detail, offer potential pathways to meet the requirements, and emphasize important aspects of the standards.

The Program for MOC incorporates the six ABMS/ACGME Core Competencies of Practice-based Learning & Improvement; Patient Care & Procedural Skills; Systems-based Practice; Medical Knowledge; Interpersonal & Communication Skills; and Professionalism. The Program for MOC has an integrated four-part framework that addresses 1) Professional Standing and Professionalism; 2) Lifelong Learning and Self-Assessment; 3) Assessment of Knowledge, Skills, and Judgment; and 4) Improvement in Medical Practice. The standards for ABMS Programs for MOC are common across the ABMS Member Boards while permitting relevant distinctions in programs among the specialties.

Initial board certification by one or more ABMS Member Boards demonstrates that a diplomate has 1) completed an extended period of rigorous training in, and assessment of, the knowledge, skills, and professionalism required to practice in a particular specialty or subspecialty, usually via an ACGME residency program; and 2) passed additional evaluations of knowledge, skills, and professionalism. For all ABMS Member Boards, this assessment includes a secure, comprehensive examination of knowledge; other commonly used evaluations include oral examinations and simulation exercises as well as reviews of patient cases, operative records, and patient outcomes.

Consistent with rapid changes in medicine and societal expectations, the ABMS Member Boards gradually adopted the concept of time-limited board certification. In 2000, the ABMS Member Boards Community adopted the Program for MOC through which diplomates maintain continuing certification. In 2009, ABMS and its Member Boards approved MOC standards that formalized program elements and timelines for ongoing MOC implementation among the Member Boards.

In 2012 and 2013, the ABMS and the Member Boards reviewed the Program for MOC and developed the standards outlined in this document. The program review and standards development process included gaining input from multiple constituencies such as the Public; diplomates; specialty societies; ABMS Board of Directors; ABMS Member Boards; Associate Member organizations<sup>1</sup>; multiple ABMS Committees, including the Committee on Certification, Subcertification, and Maintenance of Certification (COCERT), Committee on Oversight and Monitoring of Maintenance of Certification

---

<sup>1</sup> The Accreditation Council for Continuing Medical Education, Accreditation Council for Graduate Medical Education, American Hospital Association, American Medical Association, Association of American Medical Colleges, Council of Medical Specialty Societies, Education Commission for Foreign Medical Graduates, Federation of State Medical Boards, and National Board of Medical Examiners.  
© American Board of Medical Specialties 2014

(COMMOC), Maintenance of Certification Committee (MOC), Ethics and Professionalism Committee (EPCOM), and Health and Public Policy Committee (HPPC); and the ABMS Staff, among other stakeholders.

Because the Program for MOC has transformed certification from an early career event to an ongoing program of continuing learning and assessment, it can help diplomates remain current in an increasingly complex practice environment. Furthermore, the program improves patient care through practice improvement activities. MOC requirements align with other quality improvement, educational, and regulatory activities in which diplomates engage. Thus, these standards outline a relevant and meaningful mechanism for continuing professional development for diplomates while helping support the social compact between the Public and the profession.

## General Standards

### Purposes and Anticipated Outcomes

The General Standards of the Program for MOC provide the broad structure for ABMS Member Boards' Programs for MOC. These standards contribute to improved patient care through the development of rigorous and relevant Programs for MOC that continuously improve and assess the knowledge, skills, and professionalism of diplomates who care for the patients, families, and communities of the United States. The standards are intended to improve diplomates' professional satisfaction by providing a relevant, user-friendly, and meaningful process of ongoing professional development and assessment that is aligned with other professional expectations and requirements and is recognized broadly as a mark of quality medical practice.

**GS-1. Each ABMS Member Board's Program for MOC will incorporate all six ABMS/ACGME Core Competencies: Practice-Based Learning & Improvement; Patient Care & Procedural Skills; Systems-based Practice; Medical Knowledge; Interpersonal & Communication Skills; and Professionalism.**

#### *Annotation*

*The Six Core Competencies, adopted by ABMS and ACGME in 1999, are recognized as integral to quality patient care. The following are brief descriptions of the competencies.*

*The competency Practice-based Learning & Improvement refers to the diplomate's ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve the diplomate's own practice of medicine, the collaborative practice of medicine, or both.*

*The competency Patient Care & Procedural Skills refers to the diplomate's use of clinical skills and ability to provide care and promote health in an appropriate manner that incorporates evidence-based medical practice, demonstrates good clinical judgment, and fosters patient-centered decision-making.*

*The competency Systems-based Practice refers to the diplomate's awareness of, and responsibility to, population health and systems of health care. The diplomate should be able to use system resources responsibly in providing patient care (e.g., good resource stewardship, coordination of care).*

*The competency Medical Knowledge refers to the diplomate's demonstration of knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of these sciences in patient care.*

*The competency Interpersonal & Communication Skills refers to the diplomate's demonstration of skills that result in effective information exchange and partnering with patients, their families, and professional associates (e.g., fostering a therapeutic relationship that is ethically sound, using effective listening skills with nonverbal and verbal communication; being mindful of health literacy; and working effectively in a team both as a team member and as a team leader).*

*The competency Professionalism refers to the diplomate's demonstration of a commitment to carrying out professional responsibilities, adhering to ethical principles, applying the skills and values to deliver compassionate, patient-centered care, demonstrating humanism, being sensitive to diverse patient*

*populations and workforce, and practicing wellness and self-care.*

*ABMS Member Boards should integrate learning and assessment of the six competencies throughout their Programs for MOC in a manner that best serves the needs of patients cared for by diplomates and that is relevant to the practice of their respective specialties and to the specific type of practice of a diplomate. As appropriate, the four component parts of a Program for MOC should harmonize with each other. Multiple methods of assessment, learning, and improvement can be utilized effectively within a Program for MOC.*

**GS-2. Each ABMS Member Board will work to enhance the value of its Program for MOC and the experience of diplomates engaged in its Program including taking actions to increase the Program's quality, relevance, and meaningfulness and with sensitivity to the time, administrative burden, and costs (monetary and other) associated with participation.**

*Annotation*

*The ABMS Member Boards serve the Public through developing and implementing a rigorous and relevant Program for MOC; the Program for MOC also serves the Profession. ABMS Member Boards should be sensitive to diplomates' complex and diverse practice environments, regulatory requirements, learning needs, and other responsibilities in their program design and implementation.*

**GS-3. Each ABMS Member Board will engage in continual quality monitoring and improvement of its Program for MOC and will participate in the ABMS' Program for MOC Review Process.**

*Annotation*

*Over time, this quality monitoring should incorporate opportunities for review of activities and materials produced and accepted for MOC credit, examination quality and administration, customer service, relationship between the Program for MOC and health outcomes, and other relevant factors. ABMS Member Boards may adopt multiple approaches to quality monitoring and continuous improvement; diplomate and Public feedback must be incorporated into each ABMS Member Board's overall approach.*

*The ABMS Program for MOC Review Process will incorporate a continuous quality improvement mechanism and a periodic in-depth review of each ABMS Member Board's Program for MOC and for MOC Programs sponsored by multiple ABMS Member Boards. The ABMS Review Process will involve the ABMS Member Boards, the Public, and diplomates, among others.*

## **Part I Standards – Professionalism and Professional Standing**

### **Purposes and Anticipated Outcomes**

Part I of the Program for MOC focuses on Professionalism and Professional Standing of ABMS Member Board diplomates. These standards contribute to better patient care and improved medical practice by helping to assure the Public that diplomates exhibit professionalism in their medical practice, including acting in the patients' best interests; behaving professionally with patients, families, and colleagues across the health professions; taking appropriate self-care; and representing their board certification and Maintenance of Certification status in a professional manner. These standards also contribute to improved access to quality health care for patients by facilitating re-entry to certification and medical practice for former diplomates of ABMS Member Boards.

**PPS-1. Each ABMS Member Board will identify and convey that Board's professionalism expectations to its diplomates and will incorporate professionalism learning and assessment activities into its Program for MOC.**

#### *Annotation*

*ABMS Member Boards will identify professionalism expectations for all diplomates. An ABMS Member Board's professionalism expectations may be articulated in documents developed or adopted by the Member Board (examples include, but are not limited to, the ABMS Medical Professionalism definition, the AMA Code of Medical Ethics, the AOA Code of Ethics, the American Board of Internal Medicine Foundation [ABIMF] Charter on Physician Professionalism, and the American College of Surgeons Code of Professional Conduct).*

*As with all of the six ABMS/ACGME competencies, ABMS Member Boards should incorporate professionalism into multiple parts of their Programs for MOC.*

**PPS-2. Each ABMS Member Board will establish and maintain a process that provides former diplomates an opportunity to regain board certification.**

#### *Annotation*

*A process to regain Board Certification should be extended to former diplomates who have voluntarily or involuntarily lost board certification unless the Member Board determines that compelling circumstances preclude a former diplomate's participation. A Member Board may develop different requirements on the basis of the reasons for loss of Board Certification. Engagement in a process to regain Board Certification does not guarantee that a former diplomate will ultimately regain certification and should not be linked with descriptors like 'board eligible'.*

**PPS-3. Each ABMS Member Board will have a process in place to consider the circumstances of an action taken against a diplomate's license by a State Medical Board or other determination of unprofessional conduct by an appropriate authority and to respond appropriately.**

*Annotation*

*A valid and unrestricted license to practice medicine is an indication that the State Medical Boards have not identified a lack of professionalism or another issue sufficient to justify an action against a diplomate's license. Hence, this may be an appropriate screening indicator. ABMS Member Boards may, but generally do not, act as the "first investigator" of complaints about a diplomate. In some cases of action taken against a diplomate's medical license by a State Medical Board, the suspension or termination of board certification is appropriate. In other cases, the action taken against a diplomate's medical license by a State Medical Board does not preclude continued board certification. ABMS Member Boards will appropriately balance their primary obligation to the Public with the simultaneous obligation of fairness and due process to the diplomate.*

*ABMS Member Boards with non-physician diplomates will establish appropriate mechanisms to address actions taken against the professional licenses of these diplomates.*

## Part II – Lifelong Learning and Self-Assessment

### **Purposes and Anticipated Outcomes**

Part II of the Program for MOC focuses on Lifelong Learning and Self-Assessment (LLS) of diplomates. These standards contribute to better patient care by requiring ongoing diplomate participation in high quality, unbiased learning and self-assessment activities that are relevant to the diplomate's specialty and areas of practice within the specialty. Additional anticipated outcomes are that Part II activities are relevant, easy-to-use, cost-effective, and meaningful for diplomates.

**LLS-I. Each ABMS Member Board will establish requirements for LLS and document that diplomates are meeting the learning and self-assessment requirements. ABMS Member Boards' requirements should address currently relevant medical knowledge and other competencies in the specialty and ongoing advances relevant to the applicable specialty, and should include a requirement that LLS activities be free of commercial bias and control of a commercial interest. ABMS Member Boards should work to ensure that diplomates have access to tools for identifying and learning about advances relevant to the specialty and for identifying professional practice gaps in the specialty and in their own clinical practices. ABMS Member Boards should document that LLS activities are of high quality.**

#### *Annotation*

*Each ABMS Member Board will establish LLS requirements for its Program for MOC and determine which activities meet the Board's requirements. LLS activities should substantially link to the diplomate's own practice activities and to professional practice gaps identified within the specialty or by the diplomate. Ideally, LLS requirements should emphasize learning based on self-assessment. These requirements should incorporate but not be limited to engagement in CME activities that are accredited (ACCME, AAFP, or AOA) or certified for credit (e.g., AMA Physician's Recognition Award [PRA] Category I, American Academy of Family Physicians [AAFP] Prescribed Credit, American Congress of Obstetricians and Gynecologists [ACOG] Cognates, or AOA Category IA). As a general example, no fewer than 25 CME credits (33% of which incorporate guided self-assessment) should be required annually.*

*To be considered "free of commercial bias and control of a commercial interest," LLS activities should conform, at a minimum, to ACCME Standards for Commercial Support. Other documents, including the Council of Medical Specialty Societies Code for Interaction with Companies, may be of assistance.*

*ABMS Member Boards should advocate for the development of learning and self-assessment activities across all six competencies, particularly those competencies (e.g., professionalism, practice-based learning & improvement, systems-based practice) for which there is a relative shortage of available learning*



*resources. To the degree practical, ABMS Member Boards should support the use of specialty-specific, individualized learning and assessment plans for diplomates.*

*Each ABMS Member Board may work with specialty societies, other Boards and other organizations to develop LLS materials; adopt materials prepared by others; develop materials themselves; or otherwise make materials available. If a learning or self-assessment activity is not accredited by the ACCME, the AAFP, or the AOA, the ABMS Member Board must establish an internal process for quality evaluation of materials. ABMS Member Boards will publish and be transparent about their criteria for granting MOC credit for learning and self-assessment materials developed by other organizations.*

**LLS-2. Each ABMS Member Board will integrate Patient Safety principles into its Program for MOC requirements.**

*Annotation*

*The topic of Patient Safety should be substantially reflected throughout a Program for MOC across diplomates' careers. Patient Safety is highlighted in these standards for a number of reasons, including (1) the science underlying Patient Safety is still relatively new knowledge for many physicians, particularly those who completed graduate medical education programs before 2002; (2) studies have demonstrated the value of such knowledge in addressing the substantial mortality and morbidity associated with preventable errors in the health care system; and (3) the issue incorporates all six ABMS/ACGME Core Competencies and team activities.*

*ABMS Member Boards should work to ensure that diplomates have adequate knowledge of safety science and principles. Diplomates should successfully complete a Board-approved foundational patient safety course or equivalent learning experience prior to, or early in, the diplomate's participation in the Program for MOC. As patient safety courses and equivalent experiences are increasingly incorporated into graduate medical education training, Member Boards may accept such experiences as the foundational experience. After completion of a foundational patient safety course or equivalent learning experience, MOC patient safety activities should focus on those topics/activities identified as most relevant to the specialty and to gaps identified in the specialty.*

## **Part III – Assessment of Knowledge, Judgment, and Skills**

### **Purposes and Anticipated Outcomes**

Part III of the Program for MOC focuses on the Assessment of Knowledge, Judgment, and Skills of the diplomates. Part III should build upon and link to the continuous learning and self-assessment requirements of Part II of the Program for MOC. These standards contribute to better patient care by incorporating an external objective assessment of the diplomate. Engagement in external assessment provides an assurance that the diplomate has maintained the necessary commitment to lifelong learning and seeks to remain current in the core subject matter of the specialty. Furthermore, assessment can drive learning both through preparing for the examination and through targeted learning in response to examination results. These standards are specific to the examinations for maintaining certification.

**KJS-1. ABMS board certification requires ongoing examination of diplomates' knowledge of core content, judgment, and skills in the specialty no less often than every 10 years.**

**Examinations should be constructed in a manner that incorporates educational standards for test development, reliability, validity, administration, scoring, and reporting. Examinations will be conducted in a manner that ensures that (1) the identified test-taker is, in fact, the person who is taking the test; (2) materials (and any other assistance in any form) used during the examination are limited to materials (and any other assistance in any form) provided or approved by the ABMS Member Board; and 3) actual test content and information about the test content are not shared by examinees, examiners, or anyone else associated with the examination, unless specifically approved by the Member Board.**

#### *Annotation*

*The examination should demonstrate that the diplomate has the necessary core knowledge of the specialty. The examination will focus on core clinical information and advances within the specialty. An ABMS Member Board may link the examination within the Program for MOC with a diplomate's specific practice areas within the specialty through modular components or similar elements.*

*Professionalism in constructing, administering, and scoring the examination is critical. The examination process should balance sensitivity to the needs of examinees with the importance of the intent and security of the examination.*

*ABMS Member Boards are exploring new methods of evaluating diplomate knowledge, judgment, and skills; alternatives to traditional testing; and mechanisms for linking examination content to specific practice elements. These explorations are encouraged and may affect test development and administration,*

*including formats, testing venues, and other aspects of the assessment process. These explorations will be consistent within the KJS-1 standard criteria, unless prior approval is obtained from the ABMS' Committee on Continuing Certification (CCC). In their review, the members of the CCC will consider elements such as methods of test development, reliability, examination validity, and scoring.*

**KJS-2. To assist diplomates in developing individualized LLS programs, the ABMS Member Board will provide feedback to the diplomate about performance on secure examinations.**

*Annotation*

*ABMS Member Boards should provide information about diplomates' performance on these examinations to the diplomates. This information should be provided in a manner that informs the diplomate of strengths and weaknesses, while also respecting the security requirements of the examination.*

## Part IV – Improvement in Medical Practice

### **Purposes and Anticipated Outcomes**

Part IV of the Program for MOC focuses on Improvement in Medical Practice (IMP) by the diplomates. These standards contribute to improved patient care through ongoing assessment and improvement in the quality of care provided by diplomates in their individual practices and/or in the larger hospital, health system, or community setting in which the diplomates practice medicine. Ongoing assessment and practice improvement may include activities that result in improved patient or population health outcomes, improved access to health care, improved patient experience (including patient satisfaction), and/or increased value in the health care system.

**IMP-1. Each ABMS Member Board will incorporate practice assessment and improvement activities into its Program for MOC requirements throughout diplomates' careers. Each ABMS Member Board's Program for MOC will incorporate ways in which diplomates may engage in specialty-relevant, performance-in-practice assessment followed by improvement activities when practice gaps are identified.**

#### *Annotation*

*The ideal outcome of this standard is the ongoing engagement of diplomates in assessment and improvement activities relevant to improving patient outcomes, the patient care experience, and the value of the health care experience in the diplomate's practice and/or within the broader system in which the diplomate practices. Recognizing this goal, the ABMS Member Board should create appropriate expectations for engagement of diplomates in these activities.*

*Each ABMS Member Board will identify a variety of ways in which practice assessment and improvement activities can be completed; these may include the use of registries, patient logs, patient surveys, peer surveys, practice improvement modules, performance improvement CME activities, etc. To the degree possible, the use of recognized performance measures should be incorporated into these activities.*

*Each ABMS Member Board may work with specialty societies, other Boards and other organizations to develop IMP methods and materials, adopt methods and materials prepared by others; develop these methods and materials themselves; or otherwise make these methods and materials available. The methods and materials offered should foster ongoing improvements in the care of patients by the physician and the health care system in which the physician practices medicine. An ABMS Member Board's Program for MOC performance-in-practice requirements should encourage and enable diplomates to address the more difficult issues within their practices.*

*ABMS Member Boards should work to ensure that diplomates have adequate knowledge of quality improvement science and practice.*

**IMP-2. Each ABMS Member Board should encourage diplomate involvement in performance improvement activities within the context of the health care team and system of practice, and in alignment with other care-related quality improvement programs.**

*Annotation*

*Diplomates work across the medical specialties, as part of multi-professional health care teams, and within complex health care systems. Substantive diplomate engagement in organizational or health care system quality initiatives is encouraged and should be recognized for MOC credit.*