



**American Board
of Medical Specialties**

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American Board of Medical Specialties
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www.abms.org

April 19, 2013

The Honorable Danny Davis
Washington, D.C. Office
2159 Rayburn House Office Building
Washington, DC 20515

CC: John Clarkson, MD, American Board of Ophthalmology
Bruce D. Armon, JD, Saul Ewing, LLP

Dear Congressman Davis:

Thank you for your letter of March 5, 2013, directed to Dr. Kevin Weiss, former President of the American Board of Medical Specialties (“ABMS”) and Dr. John Clarkson, Chief Executive Officer of the American Board of Ophthalmology regarding the eligibility of foreign-trained physicians to become certified by an ABMS Member Board. As I have succeeded Dr. Weiss as ABMS President and Chief Executive Officer, I am responding on behalf of ABMS.

The issue you raise is one of great concern to all of our Member Boards. ABMS is currently examining our standards with respect to requirements for certification, including the question of alternate pathways to certification. We have just fielded a survey of the Boards to find out which among them provides for alternative pathways and what procedures they take to assure that physicians emerging from residency training programs not accredited by the Accreditation Council on Graduate Medical Education (ACGME) are competent to sit for their exams. We will notify you if there is any change in policy by ABMS or its Member Boards as a result of this study.

I would like to clarify a few general issues raised by your letter about the nature of medical specialty certification, its relationship to accredited medical training, and how it affects the ability of foreign-trained physicians to practice in the United States. The specific answers to the questions enumerated in your letter are contained in an attachment to this letter.

1. Medical specialty certification is not required to practice medicine in the US.

Medical licensure in the United States has never been specialty-specific, so a licensed physician is legally permitted to perform any medical procedure or treat any medical condition, regardless of the physician’s post-graduate training and experience. Certification in a medical specialty is a

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voluntary process and though highly valued in our health system, is not required to practice medicine in any state, nor to provide specialty-based care.

2. *ABMS does not itself certify physicians.*

The board certification movement was started in response to the inability of the public to easily assess whether physicians were qualified to provide specialty medical care. In an effort to assist the public in making this determination, specialties developed boards that set requirements for training, experience and testing necessary to establish whether a physician should be considered a qualified specialist capable of providing specialty care. These early boards formed ABMS in 1933 to coordinate the efforts of the certifying specialty boards and oversee physician certification in the United States.

Physicians are certified by the ABMS's 24 Member Boards, all of which are not-for-profit organizations, and all of which maintain their independence from medical specialty societies so that their decisions regarding certification will always be focused on the best interests of patients. The primary function of ABMS is to assist its 24 Member Boards in their missions of developing and implementing educational and professional standards to evaluate and certify physician specialists.

3. *Initial Certification has a long and integral relationship to the completion of an ACGME accredited residency.*

The intent of initial certification is to assure the public that a physician specialist certified by an ABMS Member Board has successfully completed an educational program and an evaluation of the medical knowledge, judgment, professionalism and clinical and communication skills required to provide quality patient care in that physician's specialty. Standards for initial Board Certification by an ABMS Member Board include: successful completion of either an MD or DO degree; completion of an ACGME approved residency in the specialty for which the physician is certified; possession of valid, unrestricted license to practice medicine; demonstration of clinical competence and professionalism; and successful completion of a secure, psychometrically validated written and, for many specialties, an oral examination.

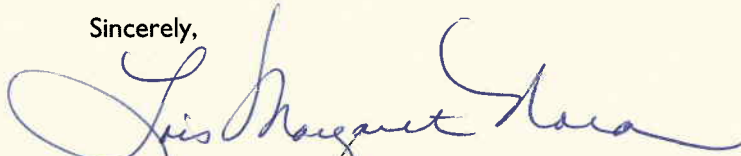
The long relationship between certification and residency training became more intimate in the late 1990s when ABMS and ACGME together adopted the competency framework (described in the Attachment) for training and assessment in the specialty disciplines. While the cognitive examination is still a central part of the Board assessment, the Boards also depend heavily on the residency programs to train and assess hard-to-test competencies like professionalism and communication. The Boards work closely with the ACGME Residency Review Committees to develop standards for the residency training programs, and depend on the assessments of the residency program directors to determine if a candidate is fit to sit for the cognitive exam. At

present there is no mechanism comparable to ACGME accreditation to verify the equivalency of the training of applicant physicians from foreign training programs.

ABMS and its Member Boards are committed to ensuring that patients trust certification by an ABMS Member Board as a mark of quality. The ABMS and its Member Boards are not resistant to change; on the contrary, the board certification standards and processes have evolved significantly in the last two decades. For example, previously certification required a single set of examinations, while now certification is a continuing process of professional development, involving multiple assessments of all of each of the core competencies over a physician's professional lifetime.

We want to assure you that the issue you have raised is receiving serious attention by the Boards. In the meantime, if you have any questions about the responses contained within this letter or its attachment, or simply wish to discuss the issues further, please do not hesitate to contact me or my staff at 312-436-2600.

Sincerely,

A handwritten signature in blue ink, reading "Lois Margaret Nora". The signature is fluid and cursive, with a large initial "L" and "M".

Lois Margaret Nora, MD, JD, MBA
President and Chief Executive Officer

LMN:TG:hw
Attachment



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ATTACHMENT

Responses to questions on the Eligibility of Foreign Trained Physicians for Board Certification by ABMS Member Boards

1. What is the rationale for the current policy of the ABO and ABMS on the requirement that only physicians who completed residency programs in the US or Canada are eligible to become Board certified?

It has long been the policy of ABMS and its Member Boards that eligibility for board certification by an ABMS Member Board is premised on the completion of a residency program in the specialty of that Board, and that the related residency program must be accredited by ACGME. ACGME is an independent, not-for-profit organization that sets standards for graduate medical education in medical teaching institutions throughout the United States. Like ABMS, ACGME is recognized for its independence and for setting the highest standards for graduate medical education.

In each specialty area, the ABMS Member Board works with the ACGME Residency Review Committees to establish the standards for training within the specialty. Physicians who wish to become subspecialists must complete additional training approved by the ABMS Member Board issuing the subspecialty certificate.

ABMS and its Member Boards have always emphasized the importance of training as a prerequisite to certification, because they recognize that passing a test is not a substitute for rigorous training. A written examination is effective in evaluating whether a physician has the knowledge to practice competently in a given specialty; it is not an adequate assessment of a physician's ability to apply what he or she knows in a clinical setting.

In the late 1990s, ABMS and ACGME jointly adopted a competency framework for specialty training and assessment. The ABMS-ACGME competency framework includes the following core competency domains:

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

ACGME-accredited residency programs are required to teach and evaluate residents in each of the six core competencies as they specifically relate to the resident's specialty area. Residents are taught technical skills and clinical decision making, are observed while performing procedures, and receive feedback from physicians, nurses and others in the medical staff concerning their performance and ways to improve it. In addition, standards are set on a national level within each specialty, to ensure that each resident in every ACGME approved residency program receives comprehensive training and is evaluated in every procedure and subject area needed to practice within the specialty. ABMS certification has been designed equally to assess physician performance in all six domains.

Unfortunately, outside of the United States and Canada, there is no comparable program to accredit residency training programs and no reasonable method for ABMS Member Boards to assess the training provided in these programs. Neither ABMS, nor its Member Boards have the resources or the ability to evaluate the training and education provided in the many medical education centers in foreign countries.

While ACGME-International ("ACGME-I") has begun to accredit residency programs in foreign countries, it is our understanding that ACGME does not consider the programs accredited by ACGME-I to be equivalent to programs accredited in the United States and Canada by ACGME. Thus, most ABMS Member Boards do not allow foreign trained physicians to become board certified unless they complete an ACGME-accredited program in the United States or Canada. We note that many physicians who were trained in other countries have taken this route, and have undergone training in an ACGME-accredited residency program in the United States, in which case they have become eligible to take the examinations to become board certified by their respective ABMS Member Board.

2. ***Do the ABMS or any of its medical specialty boards have a policy granting exceptions to the requirement that physicians must attend residency programs accredited in the US or Canada to be eligible to be Board certified? If so, what are their criteria for these exceptions?***

The vast majority of ABMS Member Boards do not provide alternative pathways for qualifying to take the board examinations. For the minority of Member Boards which do provide alternative pathways, the programs are generally very limited. They require that the candidate prove that he or she has completed training in another country, has received an appointment as a full time member of the faculty of an American medical education institution, and has a prior record of exceptional scholarship in his or her specialty field. ABMS does not currently have any specific rules for when a Member Board may allow such an alternative pathway, but is currently studying this question to determine whether Member Boards should be allowed to use such alternative pathways. ABMS has recently surveyed its membership to determine whether exceptions are accepted by the Member Boards and will be meeting to consider the sufficiency of existing standards.

- 3. Until sometime in the 1980's, the ABMS permitted graduates of some international residency programs to be eligible for Board certification. What happened to cause the ABMS to change its policy?**

We believe you are mistaken in your assertion that ABMS changed its policy with respect to residency training in the 1980s. We have searched our records and talked with past leaders of ABMS, and have not been able to find any indication of a policy change in the 1980s. We believe you may be referring to the situation that started in the 1980s, when the American Board of Emergency Medicine was created. At that time, like all new specialty boards, there were insufficient Emergency Medicine residency programs available for the physicians who were practicing Emergency Medicine, and as a result the early candidates for board certification were allowed to qualify to sit for the examination based on experience rather than completion of a residency. However, once there were sufficient ACGME-accredited Emergency Medicine residency programs available, all new candidates for board certification in Emergency Medicine were required to complete such an Emergency Medicine residency before becoming eligible to take the examination.

- 4. If the ABMS were to drop or modify the requirement of attendance at an accredited residency program in the US or Canada, what might be a reasonable alternative or substitute requirement for eligibility?**

ABMS is not aware of any currently available program or qualification that would work as an acceptable substitute for completion of an ACGME accredited residency. Such a program or qualification would need to provide assurances equivalent to those of ACGME that the training received by the relevant physician specialist was sufficiently rigorous and complete. Such a program would require an independent organization like the ACGME to monitor and evaluate the residency programs in foreign countries to ensure that they are equivalent to standards as ACGME-accredited programs in the United States and Canada. It would also be necessary that such an organization work with ABMS Member Boards to ensure that the scope of training for each specialty covers the full breadth of that specialty and that residents have adequate exposure to the diseases and procedures required for practice in that specialty in the US. At present, ABMS is not aware of any organization that could be relied upon to provide this sort of evaluation.

- 5. What alternatives have you considered, if any, that would help the ABMS finance and/or share the additional cost associated with verifying the rigor of international residency training programs in a financially prudent manner?**

ABMS is not aware of any financially feasible ways in which it could identify and verify the quality of international training programs. There are several reasons for this. First, ABMS and its Member Boards do not accredit or evaluate residency training programs in the United States and Canada, and do not have either the expertise or the resources to begin to evaluate or accredit residency training programs in other countries. Attempting to do so would necessarily take focus and resources away from the core mission of ABMS and its

Member Boards to develop standards for physician certification in the United States and Canada. While ABMS and its Member Boards have begun to work with the governments of some foreign countries to develop their own board certification systems for physicians within their jurisdictions, this effort is in its early stages. Also, these efforts are not designed to lead to a system in which physicians certified by foreign countries are considered equivalent to physicians certified in the United States by ABMS Member Boards, because specialty practice in those countries is not fully equivalent with the practice in the United States and Canada.

- 6. *What role do you think the federal government could play in helping to identify international residency programs that offer training programs with comparable quality to programs in our country? This seems particularly important as a public policy since state licensing boards issue licenses to physicians who attend residency programs outside the US even if they are not board certified.***

At present we see no role for the federal government in this issue. We believe the determination of the standards for board certification should remain a function of the medical profession itself, without the involvement of the federal government. For more than 75 years, ABMS and its Member Boards have developed and implemented board certification standards, with the primary goal of providing assurance to patients that board certified physicians are qualified specialists who have the training, knowledge and skills to provide high quality medical services within the scope of their specialty.

In addition, regulation of the medical profession, including decisions of necessary qualifications for foreign medical graduate has long been the role of state government. For example, all states that license MDs require foreign medical graduates to be certified by the Educational Commission for Foreign Medical Graduates ("ECFMG") before being licensed.

In view of the roles played by the medical profession and state governments, we see no need for federal involvement in the board certification process.