

ABMS Draft Standards for Continuing Certification – Call for Comments

Thank you for your interest in the American Board of Medical Specialties (ABMS) Draft Standards for Continuing Certification (previously referred to as Maintenance of Certification-MOC) - Call for Comments.

Instructions:

We appreciate your participation and value your feedback.

Please preview the survey questions and read the Draft Standards prior to beginning the survey. We recommend you keep the Draft Standards open throughout the duration of the survey for reference.

For the easiest viewing experience, complete the survey on a desktop computer or laptop.

This survey tool will allow you to:

- Provide ratings and optional comments (150-word) on any or all of the individual Draft Standards.
- Provide overarching comments and feedback on the Draft Standards as a whole.
- Tell us about yourself including which constituency of the certification community you represent in order to assist in our analysis of comments.
- Save your responses automatically after you hit "next." Please navigate using the "back" and "next" options at the bottom of the survey page. Do not use your browser's back button as responses may be lost.
- To ensure your responses save, please complete the survey in the same browser you started it on and do not clear cookies.

The deadline to submit feedback is **July 8**. If you have any questions or require assistance, please contact csp@abms.org.

ABMS Draft Standards for Continuing Certification – Call for Comments

Please tell us about yourself.

* Respondent Name:

* Respondent Email Address:

* Respondent Type (select all that apply)

- Practicing physician or medical specialist
- Resident or fellow
- Graduate medical education RRC or program faculty
- Credentialing community or hospital staff
- Public member of health care organization, Member Board
- Medical student
- Other health care professional
- Non-clinical practicing physician or medical specialist
- Consumer, patient, or patient advocate
- Vision Commission member
- ABMS Member Board chief executive/executive director
- ABMS governance (board of directors, governance committee, stakeholder council)
- ABMS committee member (3C, COCERT, EPCOM, DITAC, HPSC)
- ABMS associate member
- ABMS Portfolio Program sponsor
- Public member of ABMS committee or board
- ABMS Member Board staff
- ABMS staff
- Other (please specify)

* Are you commenting on behalf of an organization in an official capacity?

Yes

No

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* Indicate the nature of the organization you are commenting on behalf of.

- ABMS Member Board
- ABMS associate member
- Medical specialty society
- State medical licensing board
- Consumer or patient advocacy organization
- National, state, or local medical association
- Other (please specify)

* Please provide the complete name of the organization (no acronyms)

* Please indicate your role within the organization (check all that apply)

- Board Member
- Executive
- Other (please specify)

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* Which of the following advanced degrees do you hold? (check all that apply)

- MD (include MBBS or equivalent)
- DO
- PhD
- RN/Advanced Practice Nursing degree
- MPH
- Other doctoral degree
- Other master's degree
- No advanced degree

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* What year did you receive your MD/DO degree?

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* Have you ever been certified by an ABMS Member Board?

Yes

No

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From which ABMS Member Board(s) did you obtain an initial (primary) certification? (check all that apply)*

- Anesthesiology
- Allergy and Immunology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Medical Genetics and Genomics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology - Head and Neck Surgery
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry and Neurology
- Radiology
- Surgery
- Thoracic Surgery
- Urology

Which of the following best describes the status of your certificates (note: if you hold both non-time-limited and time-limited certificates, respond for the time-limited certificate)

- I have a time-limited certificate and participate in an ABMS Member Board's Continuing Certification program
- I have a time-limited certificate but DO NOT participate in an ABMS Member Board's Continuing Certification program
- I have a non-time-limited (lifetime) certificate and participate in an ABMS Member Board's Continuing Certification program
- I have a non-time-limited (lifetime) certificate but DO NOT participate in an ABMS Member Board's Continuing Certification program
- I am no longer certified by an ABMS Member Board

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We recommend you keep the Draft Standards open for reference throughout the duration of this survey. To access them, please [click here](#).

* Which sections of the survey would you like to comment on? (Check all that apply)

- Introduction and Organization of the Document
- Standards 1-9 focused on General Standards (e.g., Program Goals, Requirements for Continuing Certification, etc.)
- Standards 10-11 focused on Verification of Professional Standing
- Standards 12-17 focused on Lifelong Learning
- Standards 18-20 focused on Improving Health and Health Care
- All of the above

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Introduction and Organization of the Document

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Please provide a rating for the Introduction and Organization of the Standards

| | | | |
|-------------------------|--------------------------------------|--|-----------------------|
| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words max)

Introduction

The American Board of Medical Specialties (ABMS) and its Member Boards have a unique role in professional self-regulation. ABMS serves the public and the medical profession by improving the quality of health care through setting professional standards for lifelong certification in partnership with Member Boards. ABMS assists Member Boards in their development and use of assessment and professional standards for the certification of physicians and medical specialists in the United States. Member Board certification programs serve the patients, families, and communities of the U.S. by providing individual physicians and medical specialists (diplomates) with specialty-specific credentials on which the public and those acting on its behalf can rely.

ABMS board certification is a program of rigorous, continuing professional assessment and development. It begins with initial certification and is sustained through continuing certification, which is an ongoing program that exemplifies a lifelong dedication to professional growth, excellence, and a commitment to the ABMS/Accreditation Council for Graduate Medical Education (ACGME) Core Competencies.

These new “Standards for Continuing Certification” (Standards) promote the design of integrated, specialty-specific programs by Member Boards that support diplomates’ continuing professional development and maintain the social contract between the public and the profession to improve the quality and safety of health care. Taken together, the Standards provide a comprehensive framework for Member Boards to design certification programs that meaningfully engage diplomates in activities relevant to their practice.

Programs for continuing certification should emphasize integration, both in the design of a seamless program as well as with the community they serve. The elements of a continuing certification program should complement one another; for example, meaningful assessment drives learning and improvement. To integrate with the community they serve, Member Boards should work collaboratively with key stakeholders to ensure high-priority population and public health needs and advances in the specialties are addressed within their continuing certification programs. Lastly, ABMS Member Boards should strive to develop programs that integrate seamlessly into a diplomate’s practice of medicine.

Member Boards’ certification programs should ensure that diplomates are in good professional standing, are keeping up to date with advances in medical knowledge, and are working to improve themselves, their colleagues, and the systems in which they work.

Professionalism is central to self-regulation of the profession, making it of paramount importance to board certification. To honor medicine’s social contract and uphold the public’s trust, individual diplomates are expected to affirm, reaffirm, and demonstrate their dedication to principles of professionalism through their interactions with patients, families, and other health professionals. This entails a personal commitment to the welfare of patients and collective efforts to improve the health care system for the benefit of society. Professionalism should be a core element in the design and implementation of each Member Board’s continuing certification program, thus communicating its centrality and cultivating professional behavior in all diplomates.

See Appendices for information about the Continuing Board Certification: Vision for the Future Commission (Vision Commission) recommendations that informed the development of these Standards, a glossary, implementation and evolution of the ABMS Standards for Continuing Certification, and more.

Organization of this Document

The Standards document has been organized into the following groupings: General Standards, Professional Standing, Lifelong Learning, and Improvement in Health and Health Care. The new Standards represent an evolution of previous continuing certification standards but retain the central elements of assessment, learning, and engagement in improvement activities.

These Standards are expectations for the design of Member Board continuing certification programs. Each Member Board must meet each requirement in a manner consistent with the spirit of the Standards and in a fashion consistent with its specialty. Each Standard has an associated commentary. Commentaries do not specify additional requirements, but they provide rationales and context, address important considerations, and offer guidance to the community’s expectations. The commentaries, which reflect the Vision Commission recommendations (see Appendix II) to increase cross-board consistency, clarify when consistency is important and when a specialty-specific variation is justified.

The Standards provide a comprehensive framework for Member Boards to design certification programs that prepare diplomates with the knowledge and resources to provide excellent patient care. Taken together, this portfolio of performance and participation standards provides a basis for determining that diplomates continue to meet the standards for knowledge, clinical skills, and professionalism signified by board certification by an ABMS Member Board.

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Standards 1-9 Focused on General Standards

The General Standards guide the continuing certification programs of the 24 ABMS Member Boards. These standards provide a framework for improving patient care through a meaningful process of ongoing professional development and assessment aligned with other professional expectations and requirements and is recognized broadly as a mark of quality specialty practice.

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Standard #1: Program Goals

Member Boards must define the goals of their continuing certification programs, specifically addressing how their program supports diplomates and is designed to promote improvement in health care provided by participating diplomates.

ABMS Commentary

Program elements should be designed to achieve the goals set for the programs and support diplomates in their professional obligation to keep up to date with advances in medical knowledge and work to improve themselves, their colleagues, and the systems in which they work. The goals and components of continuing certification programs should be clearly communicated and available on Member Board websites for stakeholders, which includes the public, diplomates, and credentialers.

Please provide a rating for Program Goals

| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
|-------------------------|--------------------------------------|--|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words max)

Standard #2: Requirements for Continuing Certification

Member Boards must define the requirements and deadlines for each component of their continuing certification programs.

ABMS Commentary

Both participation and performance requirements for each component must be clearly specified along with the intervals at which they must be completed. Any decision on certificate status by a Member Board must be based on the complete portfolio of certification components. Exceeding the requirements for one component cannot compensate for failing to meet the requirements of the standards in another component.

Member Boards may make allowances for diplomates with extenuating circumstances who cannot complete requirements to stay certified according to established timelines. Appropriate procedures to ensure due process regarding Member Board decisions must be in place and clearly articulated to diplomates. Member Boards should verify attestations for participation standards through an audit process.

Please provide a rating for Continuing Certification

Satisfactory as written

Satisfactory, minor
revisions needed

Unsatisfactory, major
revisions needed

No opinion

Comments (150 words max)

Standard #3: Assessment of Certification Status

Member Boards must determine at intervals no longer than five years whether a diplomate is meeting continuing certification requirements to retain each certificate. Policies that specify the basis for certification decisions must be made available to diplomates.

ABMS Commentary

Determining a diplomate's certificate status (i.e., certified, not certified) at least every five years is consistent with the goal of maintaining currency in medical advances and a commitment to professionalism. Member Boards will have a sufficient, specified phase-in period to allow for the implementation of this standard.

Please provide a rating for Assessment of Certification Status

Satisfactory as written

Satisfactory, minor revisions
needed

Unsatisfactory, major revisions
needed

No opinion

Comments (150 words max)

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Standard #4: Transparent Display of Certification History

Member Boards must publicly and clearly report a diplomate’s certification status and certification history for each certificate held. Member Boards must change a diplomate’s certificate(s) status if standards for performance and participation in continuing certification requirements are not met. Member Boards must use common categories for reporting the status of certificates, with such categories being defined, used, and displayed in the same way. Changes in the status of a certificate must be publicly displayed.

ABMS Commentary

The public believes that a physician certified by an ABMS Member Board has demonstrated the knowledge, clinical skills, and professionalism to practice safely in the specialty. Member Boards have an obligation to the medical community and the public to report the date of initial certification and all subsequent verification dates on their respective websites and/or the ABMS Certification Matters website. For each diplomate, the certification history must include for each certificate: the date of initial certification, whether the diplomate is certified, and whether the diplomate is participating in continuing certification.

Please provide a rating for Transparent Display of Certification History

| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
|-------------------------|--------------------------------------|--|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words max)

Standard #5: Opportunities to Address Performance or Participation Deficits

Member Boards must provide diplomates with opportunities to address performance or participation deficits prior to the loss of a certificate. Fair and sufficient warning must be communicated that a certificate might be at risk.

ABMS Commentary

Diplomates should receive early notice about the need to complete any component of the continuing certification program. Diplomates at risk for not meeting a performance standard should be notified of their deficit along with information about approaches to meet the requirements. Member Boards should collaborate with specialty societies and other organizations to encourage the development of resources to address performance deficits.

The timeline to address deficits should not extend the time a diplomate has to complete requirements (e.g., deficits must be addressed within the cycle they are due). If a diplomate chooses not to address his/her deficits or is unsuccessful in doing so, the diplomate should be notified of the potential for the loss of certification.

Please provide a rating for Opportunities to Address Performance or Participation Deficits

Satisfactory as written

Satisfactory, minor
revisions needed

Unsatisfactory, major
revisions needed

No opinion

Comments (150 words max)

Standard #6: Regaining Certification

Member Boards must define a process for regaining certification if the loss of certification resulted from not meeting a participation or performance standard.

ABMS Commentary

A pathway should be available for physicians and medical specialists to regain certification following loss of certification unless the certificate has been revoked for a breach in professionalism. Regaining certification could potentially occur after a lack of participation in a continuing certification program, not meeting the performance standard, certain disciplinary actions by a state licensing board(s), or loss of medical staff privileges due to impairment or failure to demonstrate competence.

Please provide a rating for Regaining Certification

Satisfactory as written

Satisfactory, minor revisions
suggested

Unsatisfactory, major
revisions needed

No opinion

Comments (150 words max)

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Standard #7: Program Evaluation

Member Boards must continually evaluate and improve their continuing certification programs using appropriate data that include feedback from diplomates and other stakeholders.

ABMS Commentary

It is crucial to carefully evaluate continuing certification programs on an ongoing basis. A wide variety of metrics and a range of stakeholders should be used for program evaluation. In addition to diplomate input, feedback from other certification stakeholders — credentialers, hospitals and health systems, patients, and the public — should be considered.

Aspects of program evaluation could include assessing diplomate experience, the value of the program to diplomates, whether diplomates are meeting the Member Board’s objectives , and how diplomates are contributing to improving health and health care.

Please provide a rating for Program Evaluation

| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
|-------------------------|--------------------------------------|--|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words max)

Standard #8: Holders of Multiple Certificates

Member Boards must streamline requirements, minimizing duplication of effort for diplomates who hold multiple certificates.

When a Member Board takes action on the certification status of a diplomate who holds multiple certificates, the Member Board must work with ABMS to notify other Member Boards of the action taken.

ABMS Commentary

Diplomates who hold multiple specialty and/or subspecialty certificates either from one or more Member Boards could have duplicative requirements to maintain all certificates. Member Boards must offer reciprocity of programs for diplomates maintaining multiple certificates from one or more Member Board.

Similar processes could be incorporated to offer reciprocity of credit for certificates held across Member Boards (e.g., Lifelong Learning credit for participation in longitudinal assessment or improving health and health care credit for Quality Improvement efforts).

Member Boards should work with ABMS to develop processes that will facilitate ABMS notification to other Member Boards when actions are taken on a diplomate’s certification status.

Please provide a rating for Holders of Multiple Certificates

| | | | |
|-------------------------|--------------------------------------|--|-----------------------|
| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words max)

Standard #9: Diplomates Holding Non-time-limited Certificates

Member Boards must have a process by which non-time-limited certificate holders can participate in continuing certification without jeopardizing their certification status.

ABMS Commentary

Member Boards must have a process for diplomates with non-time-limited certificates and others not currently participating in continuing certification to apply for and participate in their continuing certification programs. Certificates for non-time-limited certificate holders should not be at risk for failure to meet continuing certification requirements if the diplomate participates in continuing certification; however, Member Board professionalism standards must be upheld by all certificate holders in order to remain certified.

Please provide a rating for Diplomates Holding Non-time-limited Certificates

Satisfactory as written

Satisfactory, minor
revisions needed

Unsatisfactory, major
revisions needed

No opinion

Comments (150 words max)

Standards 10-11 focused on Verification of Professional Standing

Professionalism is central to public trust in diplomates, certification, and the medical profession. Professional standing refers to maintaining high standards of professional conduct through which diplomates carry out their clinical responsibilities ethically and safely. In the absence of widespread workplace behavior measurement, we define “professional standing” in terms of the absence of actions by regulatory authorities that signify a breach of professional norms. ABMS and the Member Boards will develop approaches to evaluate professionalism and professional standing using multiple sources.

Maintenance of an unrestricted medical license is an indicator of professional standing. However, medical licensure is a legal and regulatory process that differs based on statutes and regulatory customs; some licensure actions may not reflect a lack of professionalism, and some unprofessional behavior may not trigger a licensure action. Accordingly, Member Boards may choose to act on issues outside of a licensure action, and some licensure actions may not warrant a change in certification status.

Member Boards must have policies governing determinations regarding professional standing, which clearly articulate their expectations regarding professionalism to the diplomates and the public. Policies must address the need to consider the unique circumstances of each case and must be consistently administered to maintain the due process.

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Standard #10: Review of Professional Standing

Member Boards must solicit and review information regarding licensure in every state in which the diplomate holds a medical license. Primary Source Verification of licensure must occur annually. Member Boards must also require diplomates to report any actions taken against them and events that affect professional standing within a defined period (e.g., within 60 days). Disciplinary actions by other authorities that signal a violation of the Member Board’s professionalism policies may also require action.

ABMS Commentary

Credentialers and the public rely on ABMS and its Member Boards to ensure that diplomates meet high standards of professionalism. Member Boards rely on state medical licensing boards for primary evidence that diplomates maintain good standards of professional conduct and expect medical licenses held by diplomates to be free of material restrictions. "Material" here refers to restrictions that reflect a threat to patient safety or that may undermine public trust in the profession. Member Boards are expected to review available information and take appropriate action to protect patient safety and the trustworthiness of ABMS board certification. Member Boards are expected to distinguish between material actions and actions that are administrative rule violations that do not threaten patient care or that are being appropriately monitored and resolved by the regulatory authority.

- To ensure diplomates are in good standing with their licensing board(s), Primary Source Verification of licensure can be obtained through individual state medical boards, the Federation of State Medical Boards, or ABMS. ABMS offers Licensure Information Delivery Service reports to assist Member Boards in the review of Primary Source Verification of licensure.
- Mechanisms such as ABMS Disciplinary Action Notification Service reports may assist Member Boards in continually monitoring disciplinary actions taking place between annual Primary Source Verification of licensure.

Member Boards may also choose to use additional methods to evaluate professional standing. Depending on the nature of the specialty, Member Boards may seek information from other sources to make judgments about a diplomate's professional conduct, including but not limited to peer review, case logs, restriction of prescribing privileges for controlled substances; termination, suspension, restriction or denial of medical staff appointments or privileges; sanctions or other actions by the Center for Medicare and Medicaid Services or other governmental authority; and indictment, conviction, or guilty pleas for felonies.

It is the responsibility of diplomates to ensure that Member Boards have current information about any action that might have been taken against them.

- Member Boards should ask the physician whether any action has been taken against, or any encumbrance placed on, a diplomate's license, rather than asking if the license is "restricted."
- Member Boards may inquire about any adverse actions regarding medical privileges or criminal charges or convictions.
- Solicitations related to professional standing may include self-attestation with confirmation at least every two years
- Member Boards must clearly communicate the expectations and process for diplomate self-reporting of any changes in professional standing and the implications for failing to do so.

Please provide a rating for Review of Professional Standing

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|-------------------------|--------------------------------------|--|-----------------------|
| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words)

Standard #11: Responding to Issues Related to Professional Standing

Member Boards must have policies defining the process for reviewing and taking action on the information that reflects a violation of professional norms. These policies must ensure that:

- Material actions that may imperil a diplomate’s certificate status are clearly defined (e.g., disciplinary actions against a license, criminal convictions, incidents of sexual misconduct);
- The facts and context of each action are considered before making any change in a diplomate’s certification status; and
- Appropriate procedures to ensure due process are in place and clearly articulated to diplomates.

ABMS Commentary

Member Board policies on professionalism and professional standing must be made readily accessible to diplomates and the public.

When disciplinary actions are reported, Member Boards should review each instance in which an action has been taken against a diplomate’s license (e.g., revoked, suspended, surrendered, or had limitations placed) to determine if there has been a material breach of professional norms that may threaten patient safety or undermine trust in the profession and the trustworthiness of certification.

Actions against a medical license should not automatically lead to actions against a certificate without reviewing the individual facts and circumstances of the situation. A change in certificate status should occur when the diplomate poses a risk to patients or has engaged in conduct that could undermine the public’s trust in the diplomate, profession, and/or certification. This standard for professionalism means that the loss of a certificate can result from issues that fall short of a licensure action. Conversely, some licensure actions may not warrant a change in certificate status. For example, there are instances where restrictions placed on a diplomate’s license do not reflect professionalism concerns or threaten patient safety (e.g., restrictions due to physical limitations or administrative rule violations). Some restrictions are self-imposed; some relate to administrative infractions that, while serious, may not be viewed as a breach of professional norms.

Member Boards are not investigative bodies, but they are expected to weigh available evidence and render an informed judgment. Member Board processes should align with state medical board procedures and licensing board efforts to monitor and resolve violations. For example, Member Boards should consider permitting a diplomate to retain a certificate when he/she has been successfully participating in physician health programs or other treatment program recognized by the state medical board.

Finally, before changing the status of a diplomate’s certificate as the result of a licensure action, a Member Board must notify the diplomate and provide due process before rendering a final decision.

Please provide a rating for Responding to Issues Related to Professional Standing

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|-------------------------|--------------------------------------|--|-----------------------|
| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words)

Standards 12-17 focused on Lifelong Learning

The certification process is designed to be an independent, validated “assessment of learning” to determine that the diplomate has the knowledge, judgment, and skills to provide safe and effective patient care independently. Achieving certification assures the profession and the public that a diplomate meets the standards of the specialty. It is incumbent upon the Member Board to specify its lifelong learning objectives and to assess whether those objectives have been met.

Continuing certification programs have a dual purpose: (1) to assure the public that the physician continues to meet the standards of the specialty, and (2) to assist diplomates in keeping up with the evolving standards of practice in the specialty. Accordingly, continuing certification programs should include “assessment for learning” to assist diplomates in staying up to date with new, rapidly changing developments in the specialty while concurrently administering assessments that provide a fair, valid, and reliable “assessment of learning.” Diplomates have a professional duty to remain current in the knowledge, judgment, and skills of the specialty as demonstrated by meeting a performance standard. Member Boards have a responsibility to speak clearly on whether a diplomate has met that performance standard. Continuing certification should assist the diplomate in that effort while offering a process to determine if that effort has been successful.

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Standard #12: Program Content and Relevance

Member Boards’ continuing certification programs must balance core clinical content in the specialty with practice-specific content of special relevance to the diplomate’s practice.

ABMS Commentary

A Member Board’s continuing certification program should reflect the scope of practice encompassed by its certificate. At the same time, Member Boards should consider the scope of diplomate practices. Member Boards are encouraged to provide, to a reasonable degree, customization of program and assessment content — ideally based on evidence of actual practice in the field — to enhance clinical relevance to the participating diplomate.

Please provide a rating for Program Content and Relevance

| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
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| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words max)

Standard #13: Assessments of Knowledge, Judgment, and Skills

Member Boards must assess whether diplomates have the knowledge, clinical judgment, and skills to practice safely and effectively in the specialty. Member Boards must offer a formative assessment option that supports learning, identifies deficits in knowledge, judgment, and skills, and assists diplomates in staying current in their areas of practice.

ABMS Commentary

In designing their assessment programs, Member Boards should enhance diplomate engagement and capitalize on advances in adult learning theory and internet-based testing. The program should provide learning value to diplomates with actionable feedback, thereby improving the overall assessment experience, while promoting the achievement of the goals a Member Board has set for its continuing certification program.

Formative assessment strategies may vary from Member Board to Member Board. Still, each approach must meet the requirements of the ABMS continuing certification standards for Lifelong Learning, including the requirement to produce a valid and reliable assessment of the knowledge required for quality practice.

Member Boards may choose to offer point-in-time, secure assessments for diplomates who prefer this approach, provided that the board can provide useful feedback to guide diplomate learning. If available, point-in-time secure assessments should be offered at least annually. Diplomates electing this option may be required to take the secure assessment at least once every five years. If a diplomate fails to meet the standard of knowledge required for quality practice, they should be offered an opportunity to address defined knowledge deficits (Standard 5). If standards are not met following the opportunity to address deficits, the diplomate will lose their certificate (Standard 3). For diplomates electing this option, an opportunity to switch to the formatively oriented assessment option should be provided periodically.

Please provide a rating for Assessments of Knowledge, Judgment, and Skills

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|-------------------------|--------------------------------------|--|-----------------------|
| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words max)

Standard #14: Use of Assessment Results in Certification Decisions

Member Boards' continuing certification assessments must meet appropriate psychometric standards to support making defensible, summative decisions regarding continuing certification.

ABMS Commentary

Aggregated performance on assessments should contribute to making certification decisions regarding continuing certification. Assessment that is formative has a background standard of knowledge that is required for quality practice. If a diplomate fails to meet that standard, they should be offered an opportunity to address defined knowledge deficits (Standard 5). If standards are not met following the opportunity to address deficits, the diplomate will lose their certificate (Standard 3). Member Boards should ensure that subject matter experts engaging in assessment development are clinically active.

Regarding security, Member Boards should have a code of conduct for participation and require a diplomate's promise to abide by the code. Each Member Board must authenticate user identity via appropriate security procedures. Security methods should reflect the importance of making accurate continuing certification decisions without inflicting unnecessary burdens on participating diplomates.

Please provide a rating for Use of Assessment Results in Certification Decisions

Satisfactory as written

Satisfactory, minor revisions
needed

Unsatisfactory, major
revisions needed

No opinion

Comments (150 words max)

ABMS Draft Standards for Continuing Certification – Call for Comments

To save your responses, please hit “next” at the bottom of the page after filling out your responses. To ensure your responses save, please complete the survey on the same browser you started with. Do not hit your browser’s back button.

We recommend you keep the Draft Standards open for reference throughout the duration of this survey. To access them, please [click here](#).

Standard #15: Diplomate Feedback from Assessments

Member Board assessments must provide individualized feedback to support learning, identify deficits in knowledge, judgment, and skills, and assist diplomates in staying current

ABMS Commentary

Member Boards’ assessment activities should provide diplomates with information to identify what they do and do not know and opportunities to address deficits. Diplomates should receive feedback from every continuing certification assessment, including both formative and point-in-time assessments. The feedback should identify areas of strength and weakness and suggest links to resources for learning and improvement where possible. The feedback should also indicate whether a diplomate’s performance places a certificate in jeopardy.

For more frequent, formatively oriented assessments, Member Boards are encouraged to provide item-specific feedback, including the rationale for the correct answers. Member Boards are also encouraged to provide participating diplomates with a periodically updated performance dashboard to identify areas of strength/weakness and links to educational resources to address weaknesses. Member Boards are encouraged to work with specialty societies and other providers in identifying these resources.

Please provide a rating for Diplomate Feedback from Assessments

| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
|-------------------------|--------------------------------------|--|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words max)

Standard #16: Sharing Aggregated Data to Address Specialty-based Gaps

Member Boards must identify common specialty-based gaps in knowledge, judgment, and skills from assessment activities and other sources. Aggregated information about such gaps should be shared with diplomates, medical specialty organizations, and other stakeholders to assist in developing targeted learning opportunities.

ABMS Commentary

Member Boards should collaborate with educational providers to address major public health needs and frequently occurring deficits. By aggregating information from continuing certification assessments, results can provide a useful evaluation of the knowledge, judgment, and skills of diplomates. By disseminating this information, continuing education providers can develop targeted learning resources.

Please provide a rating for Sharing Aggregated Data to Address Specialty-based Gaps

Satisfactory as written

Satisfactory, minor
revisions needed

Unsatisfactory, major
revisions needed

No opinion

Comments (150 words max)

Standard #17: Lifelong Professional Development

Member Boards' continuing certification programs must reflect principles of Continuing Professional Development. Educational activities accepted must be relevant to the diplomate's current practice and align with program goals.

ABMS Commentary

Continuing Professional Development (CPD) consists of educational activities that serve to maintain, develop, and increase the knowledge, judgment, and skills that serve the public or the profession and underlie the provision of safe and effective patient care. CPD activities must be of high quality and free of commercial bias. Member Boards may choose to identify individual activities that meet these requirements.

Member Boards should consider the following in program design:

- The type and number of CPD activities required
- Alignment with the scope of knowledge a Member Board considers important
- Gaps in knowledge, judgment, and skill identified from the continuing certification program
- Coverage of topics related to national public health priorities, performance gaps, and patient safety needs
- A balance of general and specialty-specific activities
- The feedback provided to diplomates

Additionally, Member Boards should work with stakeholders to help diplomates identify relevant, high-quality activities and report completion with minimum administrative burden.

Please provide a rating for Lifelong Professional Development

Satisfactory as written

Satisfactory, minor
revisions needed

Unsatisfactory, major
revisions needed

No opinion

Comments (150 words max)

Standards 18-20 focused on Improving Health and Health Care

The Standards start with the premise that diplomates are intrinsically motivated to optimize patient safety and health outcomes. Professional norms expect that diplomates will work to improve their skills and work collaboratively with others to improve the systems within which they work.

Member Boards should align requirements with diplomates' daily practices and required activities mandated by hospitals, health systems, payers, and other groups. In this way, the diplomate can apply their improvement activities to multiple purposes.

Recognizing that diplomates differ in their knowledge and experience with quality improvement, Member Boards should take a developmental approach to the implementation of practice improvement standards. It is reasonable to expect that the rigor of these requirements will evolve as diplomates progress in their careers and as systems of support for quality and safety improvement mature.

Each Member Board should work collaboratively with its community to identify quality and safety priorities for its discipline and develop a supportive infrastructure to improve health and health care.

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Standard #18: Quality Agenda

Member Boards must develop an agenda for improving the quality of care in their discipline(s) in collaboration with stakeholders.

ABMS Commentary

This quality agenda must be developed in collaboration with key stakeholders within each specialty. The quality agenda should include an overall strategy for improving care and a set of priority improvement targets, and it should be reviewed periodically. As part of the quality agenda, Member Boards should collaborate with stakeholders to identify and acknowledge the health and health care disparities that exist in their specialty and work to decrease and eliminate these disparities. Member Boards should aim to align quality and safety priorities with learning objectives and other content of longitudinal or other assessment components of continuing certification.

Member Boards must encourage foundational education in performance improvement and health system science to assure that diplomates are equipped to participate fully in improvement activities. Member Boards should work collaboratively with medical and specialty societies and other stakeholders to identify high-value improvement opportunities so that meaningful options exist for diplomates in all settings, including practices in independent, rural, and underserved communities.

As a part of their quality strategy, Member Boards should work collaboratively with their specialty organizations to review the adequacy of available quality measures and identify measure concepts that need further development. The plan should include metrics and a strategy for tracking progress in improving quality in the discipline.

Please provide a rating for Quality Agenda

Satisfactory as written

Satisfactory, minor
revisions needed

Unsatisfactory, major
revisions needed

No opinion

Comments (150 words max)

Standard #19: Diplomate Engagement in Improving Health and Health Care

Member Board continuing certification programs must require participation in relevant activities that improve health and health care.

ABMS Commentary

Member Boards must have a strategy for identifying meaningful engagement of all diplomates in relevant activities that will improve patient care, reduce the risk of patient harm, or improve patient health and experience.

Member Boards should work collaboratively with their key stakeholders within the specialty to identify quality and safety priorities that will improve the practice of the specialty so that every diplomate can engage in meaningful quality improvement.

Please provide a rating for Diplomate Engagement in Improving Health and Health Care

| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
|-------------------------|--------------------------------------|--|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words max)

Standard #20: Approaches for Improving Health and Health Care

Member Boards must recognize a wide range of improvement activities that are appropriate for improving health and health care.

ABMS Commentary

Universal engagement requires that diplomates be free to choose activities that are meaningful to them, and align Member Board expectations with what is occurring in their practice environment. Wherever possible, Member Boards should link their expectations to existing performance measurement, quality reporting, and quality improvement efforts. Because many diplomates work as part of multi- and inter-professional health care teams and in complex health systems, Member Boards should encourage collaborative efforts to improve practice in complex systems.

Member Boards also should consider the needs of small and independent practices that may lack technical and system support for quality improvement. Member Boards' programs must aim to support diplomates in all settings. Improvement activities could involve development of personal patient care skills, improvement in practice systems, collaborative improvement in health systems, or health improvement at the community level. Improvement activities may be at the individual level or team-based; they may involve cross-specialty collaboratives or community health initiatives.

It is appropriate to credit learning about safety science, system science, or improvement science until the specialties have developed quality and safety priorities, mechanisms to provide useful performance feedback, collaboratives or other support systems to identify change strategies, and systems of measurement to assess the impact of implemented changes.

Member Boards should aspire to engage diplomates in progressively impactful improvement activities over time. Member Boards should work with specialty societies and other stakeholders to ensure that opportunities exist for diplomates in non-clinical roles (e.g., educator, researcher, executive, or advocate) and in all practice settings.

Ongoing improvement in patient care skills and collaboration with others to optimize patient outcomes are core tenets of professionalism. Member Boards should draw upon the intrinsic desire of all diplomates to improve care and outcomes for their patients. Activities should support clinician learning and should balance effort and value.

Please provide a rating for Approaches for Improving Health and Health Care

| | | | |
|-------------------------|--------------------------------------|--|-----------------------|
| Satisfactory as written | Satisfactory, minor revisions needed | Unsatisfactory, major revisions needed | No opinion |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (150 words max)

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Were the resources (Appendices I-III etc.) helpful in understanding the draft Standards? (max 200 words)

Very Helpful

Helpful

Somewhat Helpful

Not Helpful

No opinion

What would make the resources more helpful for understanding the Standards when they are finalized?

Would you like to provide any additional comments? (e.g. is there anything you feel is important that is not captured in the Standards, commentaries, or explanatory preambles?) (200 words max)

Would you like to volunteer for a small focus group aimed at gathering additional feedback? Based on capacity, not all volunteers may be contacted.

Yes

No

If you would like to comment on additional Standards, use the back button below to return to the Standards selection page.

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Thank you!

Thank you for participating and providing feedback. Your comments will be reviewed and considered to ensure the final draft of the Standards presented to the ABMS Board of Directors offers a balanced, consistent and understandable set of criteria with specialty-specific variances where appropriate.