

# AMERICAN BOARD OF MEDICAL SPECIALTIES

## STANDARDS FOR CONTINUING CERTIFICATION

*Draft for Stakeholder Comment*

*-Appendices Only-*



American Board  
of Medical Specialties

*Higher standards. Better care.®*

## 601 APPENDICES

### 602 APPENDIX I: GLOSSARY

#### 603 ABMS/ACGME Competencies

604 The Six Core Competencies, adopted by the American Board of Medical Specialties  
605 (ABMS) and Accreditation Council for Graduate Medical Education (ACGME) in 1999, are  
606 recognized as integral to quality patient care and are, as follows:

- 607
- 608 • **Practice-based Learning and Improvement** refers to the diplomate’s ability to  
609 investigate and evaluate patient care practices, appraise and assimilate scientific  
610 evidence, and improve the physician’s practice of medicine, the collaborative practice  
611 of medicine, or both.
- 612
- 613 • **Patient Care and Procedural Skills** refers to the diplomate’s use of clinical skills  
614 and ability to provide care and promote health in an appropriate manner that  
615 incorporates evidence-based medical practice, demonstrates good clinical judgment,  
616 and fosters patient-centered decision-making.
- 617
- 618 • **Systems-based Practice** refers to the diplomate’s awareness of, and responsibility  
619 to, population health and systems of health care. The physician should be able to use  
620 system resources responsibly in providing patient care (e.g., good resource  
621 stewardship, coordination of care).
- 622
- 623 • **Medical Knowledge** refers to the diplomate’s demonstration of knowledge about  
624 established and evolving biomedical, clinical, and cognate sciences, and the  
625 application of these sciences in patient care.
- 626
- 627 • **Interpersonal and Communication Skills** refers to the diplomate’s  
628 demonstration of skills that result in effective information exchange and partnering  
629 with patients, their families, and professional associates (e.g., fostering a therapeutic  
630 and ethically sound relationship , using effective listening skills with nonverbal and  
631 verbal communication; being mindful of health literacy; and working effectively in a  
632 team both as a team member and as a team leader).
- 633
- 634 • **Professionalism** refers to the diplomate’s demonstration of a commitment to  
635 carrying out professional responsibilities, adhering to ethical principles, applying the  
636 skills and values to deliver compassionate, patient-centered care, demonstrating  
637 humanism, being sensitive to diverse patient populations and workforce, and  
638 practicing wellness and self-care.

639  
640 *Source: ABMS Standards for Maintenance of Certification 2014.*

641 **ABMS standards and requirements**

642 Standards are requirements for each ABMS Member Board for the design of its continuing  
643 certification program. Each Member Board should meet each requirement in a manner  
644 consistent with the spirit of the standards and in a fashion consistent with its specialty.

645

646 **Certification history**

647 Certification history includes the date of initial certification, current certification status, status  
648 of participation in continuing certification, and verification dates.

649

650 **Competence**

651 The array of abilities across multiple domains or aspects of physician performance in a certain  
652 context. Statements about competence require descriptive qualifiers to define the relevant  
653 abilities, context, and stage of training. Competence is multi-dimensional and dynamic. It  
654 changes with time, experience, and setting.

655

656 *Modified from: Frank et al. Medical Teacher 2010; 32: 638–645.*

657

658 **Continuing certification**

659 The ongoing process by which a diplomate maintains certification in a specialty or subspecialty  
660 in accordance with the requirements of a Member Board. Maintenance of the certification  
661 signifies that the diplomate is involved in a process of ongoing professional assessment and  
662 development essential to excellence in the practice of medicine in the specialty.

663

664 **Continuing Professional Development**

665 Continuing professional development includes all activities that doctors undertake, formally and  
666 informally, including but not limited to continuing medical education, in order to maintain,  
667 update, develop and enhance their knowledge, skills, and attitudes in response to the needs of  
668 their patients.

669

670 *Modified from: AMA/ACCME Glossary (April 2017) for Vision Commission report*

671

672 **ABMS Disciplinary Action Notification Service**

673 A data service offered by ABMS to its Member Boards and contains disciplinary order details  
674 from 70 State medical boards on 200+ disciplinary action types with order dates. It is delivered  
675 on-demand via batch reports and daily push-alerts. It is based on the daily person-to-person  
676 sync with the Federation of State Medical Boards and does not include licensure data.

677

678 **Formative assessment**

679 Assessment of a diplomate with the primary purpose of providing feedback for learning  
680 and improvement and for reinforcement of skills and behaviors that meet established  
681 criteria and standards without passing a judgment in the form of a permanently  
682 recorded overall score.

683

684 *Modified from: Accreditation Council for Graduate Medical Education Glossary of Terms (May 2018) for Vision Commission*  
685 *report*

686 **Improving Health and Health Care**

687 Improving Health and Health Care is the process through which diplomates 1) improve their  
688 clinical performance and skills; 2) collaborate with others to optimize patient outcomes, reduce  
689 harm from care, or eliminate low-value care.

690

691 **Initial certification**

692 A program established by the ABMS Member Boards verifying that candidates who have  
693 successfully completed a residence accredited by the Accreditation Council for Graduate  
694 Medical Education have demonstrated the knowledge, judgment, and clinical skills necessary to  
695 provide quality patient care in the specialty.

696

697 *Modified from: ABMS Guide to Medical Specialties © 2018*

698

699 **ABMS Licensure Information Delivery Service**

700 A data service offered by ABMS to its Member Boards and contains license number, state of  
701 licensure and dates of issue and expiration for 12 license types (such as Administrative,  
702 Supervising Physician, Temporary, Training, etc.) along with biographical data to review what  
703 ABMS used for a person to person match with the Federation of State Medical Boards (FSMB).  
704 It is delivered monthly via reports that are compiled by ABMS on data validated by FSMB. It is  
705 based on the daily person-to-person sync with FSMB and includes active licenses only.

706

707 **Licensure standards**

708 The requirements for physicians and medical specialists regarding professional licensure to  
709 practice general medicine, a particular type of medicine (e.g., Administrative Medicine,  
710 Academic Medicine, etc.), or a medical specialty in the United States, its territories, or Canada,  
711 as outlined in the ABMS Professional Standing Policy.

712

713 **Longitudinal assessment**

714 Longitudinal assessment applies adult learning principles (repetition and relevance) and modern  
715 technology to diplomate and medical specialist testing to promote learning, retention, and  
716 transfer of information to patient care situations.

717

718 *Modified from: ABMS website (assessed July 2018) for Vision Commission report*

719

720 **Material** (actions, restrictions, lapses)

721 Material refers to actions, restrictions, or lapses that reflect a risk to patients or that may  
722 undermine public trust in the profession.

723

724 **Opportunities to address performance or participation deficits**

725 Identifies a deficit prior to any changes in the certification status and allows a diplomate to  
726 address the deficit.

727

728 *Source: ABMS Remediation Task Force*

729 **Participating in continuing certification status**

730 The status means that a diplomate is registered for and satisfying the relevant requirements of  
731 the ongoing program of professional development, quality improvement, and assessment  
732 activities identified by the Member Board for the specialty and/or subspecialty.

733

734 **Participation standards**

735 Thresholds for diplomate participation specified by a Member Board for components of their  
736 continuing certification program.

737

738 **Performance standards**

739 Thresholds for diplomate performance specified by a Member Board for components of their  
740 continuing certification program that demonstrate achievement of board standards for  
741 knowledge, judgment, and skills.

742

743 **Physicians and medical specialists**

744 A physician or medical specialist who has successfully completed training in a residency in a  
745 specialty or fellowship in a subspecialty of medicine whom a Member Board deems eligible for  
746 certification, continuing certification/maintenance of certification, or some other credential  
747 issued by the Member Board.

748

749 **Portfolio of certification components**

750 A portfolio is a compilation of a diplomate's learning activities and assessment data over a  
751 period of time. Many portfolios are active databases that allow a diplomate to define and track  
752 their scope of practice and gather and track process and patient outcomes data. A portfolio  
753 may support continuing certification by providing multiple observations of a candidate's  
754 professionalism, learning self-assessment, objective assessments, and quality improvement  
755 activities.

756

757 *Modified from: Norcini, John (May 2018). Revalidation and Recertification slide presentation for Vision Commission report.*

758

759 **Primary source verification**

760 Verification of a specific credential to determine the accuracy of the qualifications of an  
761 individual with the entity with legal responsibility for granting the credential or through the use  
762 of industry-recognized verification sources. Refers to primary source verification of licensure  
763 that ensures diplomates are in good standing with their licensing board(s). Verification can be  
764 obtained through individual state medical boards, the Federation of State Medical Boards, or  
765 ABMS.

766

767 **Professional self-regulation**

768 Through an implicit social contract, society grants privileges, resources and substantial  
769 autonomy to the medical profession to establish educational standards, assess and ensure the  
770 competence of its members. In return, it is expected that the special knowledge and skills  
771 acquired by physicians and medical specialists (often through substantial societal investment in  
772 their educational process) will be used for the public good.\*

773

774 *\*The principle of self-regulation works in tandem with state-based licensing processes. Self-regulation extends the Member  
775 Boards the privilege to determine standards for designation as a medical specialist. Licensure requires that an independent*

776 licensing body makes the final determination that a physician is competent to engage in the unsupervised [general and  
777 undifferentiated] practice of medicine within a given jurisdiction.

778  
779 Modified from: Price DW, Resnick S. The American Board of Medical Specialties Certification System. In: Stephens KG (ed).  
780 Guide to Medical Education in the Teaching Hospital (5th Edition). Irwin, PA, Association for Hospital Medical Education,  
781 2016.

782  
783 Original reference: Cruess RL, Cruess SR. Teaching medicine as a profession in the service of healing. Acad Med  
784 1997;72:941-952. In: 2010 ABIM Foundation Forum, Principles of the Social Compact for Medical Education and Training,  
785 Leslie Tucker and Daniel Wolfson, ABIM Foundation

786  
787 Licensure language reference modified from: Caldwell K, Chaudhry H, Johnson, D. Medical Licensing and Credentialing. In:  
788 Stephens KG (ed). Guide to Medical Education in the Teaching Hospital (5th Edition). Irwin, PA, Association for Hospital  
789 Medical Education, 2016.

790

### 791 **Professional standing**

792 Professional Standing refers to maintaining high standards of professional conduct in the ethical  
793 and safe performance of clinical responsibilities. In the absence of widespread measurement of  
794 workplace behavior, we operationalize “professional standing” in terms of the absence of  
795 actions by regulatory authorities that signify a breach of professional norms.

796

### 797 **Program evaluation**

798 Systematic and ongoing collection and analysis of information related to the design,  
799 implementation, and effects of a continuing certification program for the purpose of monitoring  
800 and improving of the program.

801

802 Modified from: Accreditation Council for Graduate Medical Education Glossary of Terms (May 2018) for Vision Commission  
803 report

804

### 805 **Regaining certification**

806 Addresses pathways for diplomates to meet additional requirements to regain their certification  
807 following the loss of certification (non-participation in continuing certification for an extended  
808 period of time, actions by a state licensing board (s), loss of medical staff privileges due to  
809 impairment or lack of competence). Regaining certification is different than re-entering practice  
810 after an extended period of clinical inactivity.

811

812 Source: ABMS Remediation Task Force

813

### 814 **Specialty**

815 A “Medical Specialty” is a defined area of medical practice that connotes special knowledge and  
816 ability resulting from specialized effort and training in the specialty field.

817

818 Source: Newly approved Amended and Restated Corporate Bylaws of the American Board of Medical Specialties (June  
819 2018)

820

### 821 **Subspecialty**

822 A “Medical Subspecialty” is an identifiable component of a specialty to which a practicing  
823 physician or medical specialist may devote a significant proportion of time. Practice in the  
824 subspecialty follows special educational experience in addition to that required for general

825 certification. Two different specialty fields may include two or more similar subspecialty areas.  
826 In these cases, the identified subspecialty area might use the same title and even equivalent  
827 educational standards.

828  
829 *Source: Newly-approved Amended and Restated Corporate Bylaws of the American Board of Medical Specialties (June*  
830 *2018)*

DRAFT

## 831 APPENDIX II: DEVELOPMENT OF THE STANDARDS

832 As part of its commitment to ongoing quality improvement, ABMS established the Continuing  
833 Board Certification: Vision for the Future (Vision Commission). This 2018-19 initiative brought  
834 together multiple stakeholders to advise on redesigning continuing board certification to be  
835 more meaningful, relevant, and valuable to diplomates while remaining responsive to the needs  
836 of patients, hospitals and health systems, and others who expect that diplomates are  
837 maintaining their knowledge and skills to provide quality specialty care.

838  
839 The independent Vision Commission represented a broad cross-section of physicians from  
840 various specialties and practice settings, a diverse group of stakeholder communities including  
841 national specialty and state medical societies, hospitals and health systems, health care  
842 organizations, ABMS Member Boards, and the general public. The Vision Commission members  
843 assessed the state of continuing board certification and made recommendations to implement a  
844 system of continuing certification that better reflects the commitment to professional self-  
845 regulation and promotes the highest standards for the provision of patient care.

846  
847 In response to the Vision Commission's report, ABMS and its Member Boards created the  
848 Achieving the Vision Initiative, which is committed to implementing new standards for  
849 continuing certification programs consistent with Vision Commission recommendations. Task  
850 forces were organized around the themes of the Vision Commission recommendations:  
851 Advancing Practice, Information and Data Sharing, Professionalism, and Remediation, all  
852 composed of representatives from various external stakeholders in the continuing certification  
853 process and ABMS Member Boards. An Oversight Committee and a Standards Task Force  
854 were also created to coordinate the initiative. The Oversight Committee and task forces  
855 periodically sought feedback from the Member Boards, external stakeholders, and the public  
856 during the development of these standards. The Standards Task Force brought those voices  
857 together to inform this document.



Vision Commission Recommendation	Introduction	General Standards									Professional Standing		Lifelong Learning						Improving Health and Healthcare			Appendices
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
		Program Goals	Requirements	Certification Status	Transparent Display	Addressing Deficits	Regaining Certification	Program Evaluation	Multiple Certificates	Non-time-limited Certificates	Professional Standing	Professional Standing Response	Program Content and Relevance	Assessments	Using Assessment Results	Assessment Feedback	Sharing Aggregated Data	Lifelong Professional Development	Quality Agenda	Diplomate Engagement	Approaches	
1. Integration	x	x	x										x		x		x	x	x			
2. Continuing certification incorporates innovative assessment												x	x	x	x	x						
3. Communication with diplomates		x			x		x								x							
4. Consistent, fair, and equitable processes				x	x	x				x	x				x							
5. Decrease duplication of effort									x													
6. Independent research about CC programs										x											x	
7. Change in diplomate's status				x	x																	
8. Remediation pathways					x	x										x						
9. Certification display and engaging non-time limited certificate holders					x					x												
10. Comply with organizational standards																					x	
11. Demonstrate value of CC	x	x			x	x	x										x		x	x	x	
12. Input from others to assess professional standing and professionalism											x	x										
13. Data driven advances in practice																	x		x		x	
14. Collaborate with CME/CPD organizations					x	x											x		x		x	

Table 1: Crosswalk of Draft Standards to Vision Commission Recommendations

855 **APPENDIX III: DESIGN, IMPLEMENTATION AND**  
856 **EVOLUTION**

857 **Design of Programs Consistent with These Standards**

858 An integrated continuing certification program should be considered by Member Boards when  
859 designing their programs. Programs should identify high-priority population and public health  
860 needs, frequently occurring harms, and advances in practice within the specialty; this should be  
861 done in collaboration with specialty societies and other educational partners.

862  
863 Once these priorities have been identified, the development of associated assessment,  
864 continuing education, and quality improvement activities can follow. These activities should  
865 reinforce learning and quality improvement as well as lessen the burden on participating  
866 diplomates by taking advantage of education and improvement activities in which they already  
867 engage.

868  
869 As an example, an integrated program would enable identification of strengths and  
870 opportunities for learning and/or improvement and facilitate linkages to resources to close  
871 knowledge gaps and/or improve the quality of care delivered. Selected learning activities may  
872 translate into a change in practice. Sharing aggregated information from continuing certification  
873 activities with specialty societies and other educational partners ([Standard 16](#)), will assist them  
874 in development of targeted learning resources and enable Member Boards to fully integrate  
875 activities for diplomates.

876  
877 **Implementation of Programs Consistent with These Standards**

878 ABMS recognizes that it will take time for Member Boards to implement new programs  
879 consistent with these new standards. For the new programs to be well received, Member  
880 Boards will need sufficient time to communicate with diplomates and other stakeholders.

881  
882 The revised Standards will take effect on January 1, 2024 with phase-in periods for selected  
883 standards. Diplomates will be phased-in to Member Boards' programs as they attain initial  
884 certification or complete requirements to continue their certification. Specific phase-in periods  
885 will be added when the Standards are finalized.

886  
887 **Determination of Compliance with the Standards and the Evolution of Continuing**  
888 **Certification**

889 The ABMS Committee on Continuing Certification (3C) will oversee the review process for  
890 Member Board continuing certification programs. Member Boards will submit plans and a  
891 timeline to 3C. This information must include phase-in periods, specifying how each board will  
892 meet the new Standards for Continuing Certification. Member Boards will be held accountable  
893 to the public, each other, diplomates, and external stakeholders by the review process led by

894 3C. This review process will reflect a continuing Quality Improvement philosophy that  
895 emphasizes the sharing of best practices among the Member Boards.

896 It is anticipated that these Standards and the Member Boards' programs will evolve to keep  
897 pace with advances in medicine, changes in practice, and local and national quality priorities for  
898 population health and health care. As part of the design and evaluation process, the ABMS and  
899 the Member Boards should collaborate with external stakeholders to facilitate the ability of  
900 independent researchers to examine the effectiveness and efficiency of continuing certification,  
901 the impact on diplomate engagement, stress, and burden, and the impact on the quality of  
902 health and health care.

903

#### 904 **Compliance with ABMS Organizational Standards**

905 Member Board bylaws, policies (e.g., non-discrimination, fairness, due process, data protection),  
906 and other organizational structures are periodically evaluated as part of the review of ABMS  
907 Organizational Standards. Member Boards are required to adhere to the ABMS Organizational  
908 Standards.

909

910 The Organizational Standards serve to promote consistency across ABMS and ensure that  
911 ABMS Member Boards maintain high standards for board certification.