# American Board of Medical Specialties

# Standards for Continuing Certification

***Draft for Stakeholder Comment***

1 # Contents


2 **STANDARDS FOR CONTINUING CERTIFICATION ........ 4**
3 **INTRODUCTION ........ 4**
4 **ORGANIZATION OF THIS DOCUMENT ........ 6**
5 **GENERAL STANDARDS ........ 6**
6 **PREAMBLE ........ 6**
7 **REQUIREMENTS FOR MEMBER BOARDS ........ 6**
8 1. Program Goals ........ 6
9 2. Requirements for Continuing Certification ........ 7
10 3. Assessment of Certification Status ........ 7
11 4. Transparent Display of Certification History ........ 7
12 5. Opportunities to Address Performance or Participation Deficits ........ 8
13 6. Regaining Certification ........ 8
14 7. Program Evaluation ........ 8
15 8. Holders of Multiple Certificates ........ 9
16 9. Diplomates Holding Non-time-limited Certificate ........ 9
17 **VERIFICATION OF PROFESSIONAL STANDING ........ 10**
18 **PREAMBLE ........ 10**
19 **REQUIREMENTS FOR MEMBER BOARDS ........ 10**
20 10. Review of Professional Standing ........ 10
21 11. Responding to Issues Related to Professional Standing ........ 11
22 **LIFELONG LEARNING ........ 13**
23 **PREAMBLE ........ 13**
24 **REQUIREMENTS FOR MEMBER BOARDS ........ 13**
25 12. Program Content and Relevance ........ 13
26 13. Assessments of Knowledge, Judgment, and Skills ........ 13
27 14. Use of Assessment Results in Certification Decisions ........ 14
28 15. Diplomate Feedback from Assessments ........ 15
29 16. Sharing Aggregated Data to Address Specialty-based Gaps ........ 15
30 17. Lifelong Professional Development ........ 15
31 **IMPROVING HEALTH AND HEALTH CARE ........ 17**
32 **PREAMBLE ........ 17**


DRAFT

33 **REQUIREMENTS FOR MEMBER BOARDS** ........ **17**
34 18. Quality Agenda ........ 17
35 19. Diplomate Engagement in Improving Health and Health Care ........ 18
36 20. Approaches for Improving Health and Health Care ........ 18
37 **APPENDICES** ........ **20**
38 **APPENDIX I: GLOSSARY** ........ **20**
39 **APPENDIX II: DEVELOPMENT OF THE STANDARDS** ........ **26**
40 **APPENDIX III: DESIGN, IMPLEMENTATION AND EVOLUTION** ........ **28**

DRAFT

# STANDARDS FOR CONTINUING CERTIFICATION

## 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

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83 health professionals. This entails a personal commitment to the welfare of patients and
84 collective efforts to improve the health care system for the benefit of society. Professionalism
85 should be a core element in the design and implementation of each Member Board's continuing
86 certification program, thus communicating its centrality and cultivating professional behavior in
87 all diplomates.
88
89 See Appendices for information about the Continuing Board Certification: Vision for the Future
90 Commission (Vision Commission) recommendations that informed the development of these
91 Standards, a glossary, implementation and evolution of the ABMS Standards for Continuing
92 Certification, and more.

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# 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.

# GENERAL STANDARDS

## PREAMBLE

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.

## REQUIREMENTS FOR MEMBER BOARDS

### 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.

*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

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be clearly communicated and available on Member Board websites for stakeholders, which includes the public, diplomates, and credentialers.

## 2. Requirements for Continuing Certification

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

*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.

## 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.

*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.

## 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.

*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

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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.

## 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.

*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.

## 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.

*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.

## 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.

*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

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— 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.

## 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.

*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.

## 9. Diplomates Holding Non-time-limited Certificate

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

*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.

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# VERIFICATION OF PROFESSIONAL STANDING

## PREAMBLE

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.

## REQUIREMENTS FOR MEMBER BOARDS

### 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.

*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

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295 do not threaten patient care or that are being appropriately monitored and resolved by
296 the regulatory authority.
297
298 • To ensure diplomates are in good standing with their licensing board(s), Primary
299 Source Verification of licensure can be obtained through individual state medical
300 boards, the Federation of State Medical Boards, or ABMS. ABMS offers Licensure
301 Information Delivery Service reports to assist Member Boards in the review of
302 Primary Source Verification of licensure.
303
304 • Mechanisms such as ABMS Disciplinary Action Notification Service reports may
305 assist Member Boards in continually monitoring disciplinary actions taking place
306 between annual Primary Source Verification of licensure.
307
308 Member Boards may also choose to use additional methods to evaluate professional
309 standing. Depending on the nature of the specialty, Member Boards may seek information
310 from other sources to make judgments about a diplomate's professional conduct,
311 including but not limited to peer review, case logs, restriction of prescribing privileges for
312 controlled substances; termination, suspension, restriction or denial of medical staff
313 appointments or privileges; sanctions or other actions by the Center for Medicare and
314 Medicaid Services or other governmental authority; and indictment, conviction, or guilty
315 pleas for felonies.
316
317 It is the responsibility of diplomates to ensure that Member Boards have current
318 information about any action that might have been taken against them.
319
320 • Member Boards should ask the physician whether any action has been taken against,
321 or any encumbrance placed on, a diplomate's license, rather than asking if the license
322 is "restricted."
323 • Member Boards may inquire about any adverse actions regarding medical privileges
324 or criminal charges or convictions.
325 • Solicitations related to professional standing may include self-attestation with
326 confirmation at least every two years.
327 • Member Boards must clearly communicate the expectations and process for
328 diplomate self-reporting of any changes in professional standing and the implications
329 for failing to do so.

## 330 11. Responding to Issues Related to Professional Standing

331 Member Boards must have policies defining the process for reviewing and taking action on
332 the information that reflects a violation of professional norms. These policies must ensure
333 that:
334 • Material actions that may imperil a diplomate's certificate status are clearly defined
335 (e.g., disciplinary actions against a license, criminal convictions, incidents of sexual
336 misconduct);

DRAFT

- 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.

*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.

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# LIFELONG LEARNING

## PREAMBLE

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.

## REQUIREMENTS FOR MEMBER BOARDS

### 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.

*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.

### 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.

DRAFT

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411 *Commentary*
412 In designing their assessment programs, Member Boards should enhance diplomate
413 engagement and capitalize on advances in adult learning theory and internet-based testing.
414 The program should provide learning value to diplomates with actionable feedback,
415 thereby improving the overall assessment experience, while promoting the achievement of
416 the goals a Member Board has set for its continuing certification program.
417
418 Formative assessment strategies may vary from Member Board to Member Board. Still,
419 each approach must meet the requirements of the ABMS continuing certification
420 standards for Lifelong Learning, including the requirement to produce a valid and reliable
421 assessment of the knowledge required for quality practice.
422
423 Member Boards may choose to offer point-in-time, secure assessments for diplomates
424 who prefer this approach, provided that the board can provide useful feedback to guide
425 diplomate learning. If available, point-in-time secure assessments should be offered at least
426 annually. Diplomates electing this option may be required to take the secure assessment
427 at least once every five years. If a diplomate fails to meet the standard of knowledge
428 required for quality practice, they should be offered an opportunity to address defined
429 knowledge deficits (Standard 5). If standards are not met following the opportunity to
430 address deficits, the diplomate will lose their certificate (Standard 3). For diplomates
431 electing this option, an opportunity to switch to the formatively oriented assessment
432 option should be provided periodically.

## 433 14. Use of Assessment Results in Certification Decisions

434 Member Boards' continuing certification assessments must meet appropriate
435 psychometric standards to support making defensible, summative decisions regarding
436 continuing certification.
437
438 *Commentary*
439 Aggregated performance on assessments should contribute to making certification
440 decisions regarding continuing certification. Assessment that is formative has a
441 background standard of knowledge that is required for quality practice. If a diplomate fails
442 to meet that standard, they should be offered an opportunity to address defined
443 knowledge deficits (Standard 5). If standards are not met following the opportunity to
444 address deficits, the diplomate will lose their certificate (Standard 3). Member Boards
445 should ensure that subject matter experts engaging in assessment development are
446 clinically active.
447
448 Regarding security, Member Boards should have a code of conduct for participation and
449 require a diplomate's promise to abide by the code. Each Member Board must
450 authenticate user identity via appropriate security procedures. Security methods should
451 reflect the importance of making accurate continuing certification decisions without
452 inflicting unnecessary burdens on participating diplomates.

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## 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.

*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.

## 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.

*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.

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## 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.

*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

493 activities must be of high quality and free of commercial bias. Member Boards may choose
494 to identify individual activities that meet these requirements.
495
496 Member Boards should consider the following in program design:
497 - The type and number of CPD activities required
498 - Alignment with the scope of knowledge a Member Board considers important
499 - Gaps in knowledge, judgment, and skill identified from the continuing certification
500 program
501 - Coverage of topics related to national public health priorities, performance gaps, and
502 patient safety needs
503 - A balance of general and specialty-specific activities
504 - The feedback provided to diplomates
505
506 Additionally, Member Boards should work with stakeholders to help diplomates identify
507 relevant, high-quality activities and report completion with minimum administrative
508 burden.

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# IMPROVING HEALTH AND HEALTH CARE

## PREAMBLE

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.

## REQUIREMENTS FOR MEMBER BOARDS

### 18. Quality Agenda

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

*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

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549 opportunities so that meaningful options exist for diplomates in all settings, including
550 practices in independent, rural, and underserved communities.
551
552 As a part of their quality strategy, Member Boards should work collaboratively with their
553 specialty organizations to review the adequacy of available quality measures and identify
554 measure concepts that need further development. The plan should include metrics and a
555 strategy for tracking progress in improving quality in the discipline.

## 556 19. Diplomate Engagement in Improving Health and Health Care

557 Member Board continuing certification programs must require participation in relevant
558 activities that improve health and health care.
559
560 *Commentary*
561 Member Boards must have a strategy for identifying meaningful engagement of all
562 diplomates in relevant activities that will improve patient care, reduce the risk of patient
563 harm, or improve patient health and experience.
564
565 Member Boards should work collaboratively with their key stakeholders within the
566 specialty to identify quality and safety priorities that will improve the practice of the
567 specialty so that every diplomate can engage in meaningful quality improvement.

## 568 20. Approaches for Improving Health and Health Care

569 Member Boards must recognize a wide range of improvement activities that are
570 appropriate for improving health and health care.
571
572 *Commentary*
573 Universal engagement requires that diplomates be free to choose activities that are
574 meaningful to them, and align Member Board expectations with what is occurring in their
575 practice environment. Wherever possible, Member Boards should link their expectations
576 to existing performance measurement, quality reporting, and quality improvement efforts.
577 Because many diplomates work as part of multi- and inter-professional health care teams
578 and in complex health systems, Member Boards should encourage collaborative efforts to
579 improve practice in complex systems.
580
581 Member Boards also should consider the needs of small and independent practices that
582 may lack technical and system support for quality improvement. Member Boards'
583 programs must aim to support diplomates in all settings. Improvement activities could
584 involve development of personal patient care skills, improvement in practice systems,
585 collaborative improvement in health systems, or health improvement at the community
586 level. Improvement activities may be at the individual level or team-based; they may
587 involve cross-specialty collaboratives or community health initiatives.

DRAFT

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

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

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

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# APPENDICES

## APPENDIX I: GLOSSARY

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

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

- **Patient Care and 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.

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

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

- **Interpersonal and 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 and ethically sound relationship , 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).

- **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.

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

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

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

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

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

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

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

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

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

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

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

DRAFT

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

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

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

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

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

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

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

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

**Opportunities to address performance or participation deficits**
Identifies a deficit prior to any changes in the certification status and allows a diplomate to address the deficit.

*Source: ABMS Remediation Task Force*

DRAFT

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*

DRAFT

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

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

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

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

**Professional standing**

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

**Program evaluation**

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

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

**Regaining certification**

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

*Source: ABMS Remediation Task Force*

**Specialty**

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

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

**Subspecialty**

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



DRAFT

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

# APPENDIX II: DEVELOPMENT OF THE STANDARDS

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

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

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

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| Vision Commission Recommendation | | General Standards | | | | | | | | | Professional Standing | | Lifelong Learning | | | | | | Improving Health and Healthcare | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| | Introduction | 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 | Appendices |
| 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 | 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

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

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

**Compliance with ABMS Organizational Standards**

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

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