Certification by a Member Board represents that a diplomate has demonstrated the professionalism, knowledge and skills to practice safely in a specialty or subspecialty. Consequently, ABMS board certification holds a special status in society as a mark of expertise and trustworthiness and is relied upon by the public and members of the medical community.

This status has been achieved and maintained in part because professionalism is a shared value across the Member Boards and a core element of ABMS board certification. To this end, ABMS has adopted a definition of professionalism (ABMS Policy No. 3.2.5) and expects each Member Board to develop and implement its own policy on professionalism tailored to the clinical context of its specialties and subspecialties.

This Policy on Professional Conduct (“Policy”) is intended to augment those policies and provide further guidance to preserve the trustworthiness of the credential. Under this Policy, in evaluating professionalism, Member Boards are expected to focus not on the nature of the restriction or limitation imposed by a state licensing board on a medical license, but instead on the underlying act or omission that precipitated the restriction or limitation based on the professional norms expected of diplomates. This Policy thus reaffirms that certification by a Member Board is an independent professional judgment that a diplomate has demonstrated the professionalism required for ABMS board certification.

POLICY:

1) The demonstration of conduct consistent with professional norms by diplomates is a condition for ABMS Member Board certification.
a) Professionalism is a fundamental expectation of competent specialty practice and a pre-requisite for ABMS Member Board certification.

b) This Policy applies to all applicants for certification, current physician specialist diplomates and non-physician diplomates and is not exclusive to licensed physicians.

c) Diplomates are assumed to satisfy professional standards of conduct, unless credible verifiable evidence exists of relevant misconduct. “Relevant misconduct” is any conduct related or unrelated to a diplomate’s practice that represents, in the judgment of the Member Board, the following:
   i) A risk to the safety of patients, members of the diplomate’s health care team or the public; or
   ii) A threat to the trustworthiness of the profession or of the certification.

2) Member Boards shall have professional conduct policies.
   a) Each Member Board shall implement the requirements of this Policy by establishing or revising its own policy in accordance with its bylaws and ABMS bylaws and standards.
   b) The Member Board’s policy shall articulate its expectations of diplomates in terms of professional norms and shall require all diplomates to uphold such norms as a condition for certification.
   c) The Member Board shall make its policy publicly available and easily accessible to all diplomates.
   d) The Member Board may require diplomates to report any actions or events that may constitute a breach of professional norms within sixty (60) days of the action or event.
   e) The Member Board may require diplomates who report any actions or events that may constitute a breach of professional norms also to report whether they are certified by any other Member Boards.

3) Member Boards shall verify that diplomates are meeting professional norms.
   a) Member Boards shall annually verify that each diplomate is licensed in good standing by at least one (1) licensing jurisdiction in the United States or its territories or Canada. “In good standing” means that the license has not been subject to any actions arising out of relevant misconduct.
   b) Any and all additional licenses currently held by a diplomate shall be in good standing.
   c) Any and all additional licenses previously held by a diplomate shall have been in good standing at the time of their expiration, provided such information is available to the Member Board.
d) Member Boards should review information about actions by other regulatory, governing and
credentialing bodies received or made available to the Member Board.
   i) ABMS may provide information to Member Boards from state licensing boards, the Centers for
      Medicare and Medicaid Services, the Drug Enforcement Agency or court filings to support
      Member Board deliberations.
   ii) At their sole discretion, Member Boards may choose to obtain information independently, which
      may include reports from the National Practitioner Data Bank, medical or professional societies,
      court filings or actions by other governing authorities.

e) In cases where a diplomate holds a certificate from more than one Member Board, the Member Board
    that has received credible evidence of potential professional misconduct should promptly advise the
    other Member Boards about its receipt of such evidence.

f) Member Boards may consider available credible evidence of any crime or conduct involving moral
   turpitude or unethical behavior for which a diplomate is convicted, enters a plea of guilty or nolo
   contendere or is found liable by a judge or jury (e.g., violent or sexual crimes, medical malpractice or
   harassment) as evidence of a lack of professionalism.

4) Member Boards shall render an independent judgment about professional misconduct based on the
   context of each case.

   a) Prior to rendering a decision regarding the diplomate’s certification, the Member Board shall examine
      all available credible evidence to determine whether or not the alleged conduct breached the
      professional norms established by the Member Board.
      i) Member Boards may consider the context of actions taken by state licensing boards and may
         choose not to act if they believe that professional norms have not been breached.
      ii) Member Boards may take action on the basis of information from other sources if they believe
          that the information demonstrates that professional norms have been breached.

   b) The diplomate’s underlying conduct may be unrelated to the practice of medicine yet may
      nevertheless constitute misconduct that creates a safety risk or undermines the trustworthiness of
      the profession or of the certification.

   c) Member Boards may obtain supplemental information and may consider any and all relevant evidence
      outside the scope of any state medical board investigation.

   d) Member Boards retain full discretion over the determination to revoke or impose a limitation on
      certification based on a diplomate’s breach of professional norms.
e) A diplomate who has been granted a license with practice limitations may be deemed to be in compliance with this Policy, unless the diplomate breaches professional norms.

f) A diplomate who is suffering from a mental or substance use disorder may be encouraged to seek care through a physician health program (“PHP”) or similar program providing a safe environment in which to receive treatment and support in recovery. A diplomate who is participating in a PHP may be deemed to be in compliance with this Policy.

5) Member Boards shall provide diplomates with due process.

   a) The Member Board’s policy should provide diplomates with a fair and impartial procedure prior to a certification action based on a breach of professional norms.

   b) At a minimum, these procedural protections should include the following:
      i) Notice to the diplomate of the alleged breach of professional norms;
      ii) An opportunity for the diplomate to respond to the allegations, which may include the following at the discretion of the Member Board:
          (1) Permitting the diplomate to submit a written response; or
          (2) Providing the diplomate with a hearing.

   c) Member Boards should ensure that their decisions are supported by substantial evidence and are not arbitrary or capricious.

   d) Member Boards may grant diplomates a right to have their decisions reconsidered.

6) Member Boards shall communicate certification actions related to professional misconduct.

   a) Member Boards shall publicly display actions against a certificate based on professional misconduct within their public reporting systems.

   b) Member Boards shall share information about revoked certifications with ABMS.