



American Board  
of Medical Specialties

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# The Patient-Public Voice

A Guide to Engaging Patients in Physician Certification



# A Note About This Guide

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This guide has been developed to help ABMS Member Boards engage the public, particularly patients, in their decision-making process. It contains recommendations for Member Boards' use when considering adding public members to their governance structures and for engaging patients more broadly.

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# Public Voice – Why Public Engagement is Important

## Introduction

What is public engagement? It is a term widely used to describe a process and/or activities that bring together citizens and stakeholders, such as organizations, communities, and government agencies, to develop better policies and improve initiatives that mutually benefit all participants. Drawing on the knowledge and resources gathered by all parties, public engagement both informs the public and obtains input from its members. In that sense, public engagement makes stakeholders out of all the parties involved.

By incorporating the public voice, the ABMS community helps support the social compact between society and the medical profession. While society grants the profession substantial autonomy to determine professional and educational standards, as well as to self-assess and self-regulate, it is up to the ABMS community to safeguard the public trust regarding physician competence and assessment for medical specialty certification.

## History of Public Engagement in Physician Regulation and Certification

“We have had both a public member and a patient member for about 10 years. They play a critical role, changing the conversation. Patients have been particularly helpful in professionalism, performance improvement, and in residency issues. Public members have been valuable in communications, governance, and research especially.”

– Warren Newton, MD, MPH  
President and CEO,  
American Board of Family Medicine

During the late 1960s, consumer activists began to call for broader representation by patients in the health care regulatory process. During this time, some state medical licensing boards began to change their composition to require the appointment of public members. An increasing number of public members has led to a gradual transformation of occupation licensing boards. Some states have gone as far as to require public member majorities. Increasing the involvement of consumers has expanded the medical profession’s sensitivity to the needs of patients, including those from diverse backgrounds, cultures, and communities.

ABMS has incorporated the public voice in its decision-making for more than 40 years. In 1975, the first public member, Anne Somers, was appointed to the ABMS Board of Directors (ABMS BOD). This author, teacher, labor organizer, and champion for health care reform began her first two-year term in 1976.

## Public Voice – Why Public Engagement is Important

ABMS' efforts to engage the public followed the publication of the "The Graduate Education of Physicians: The Report of the Citizens' Commission on Graduate Medical Education," also known as the "Millis Report of 1966," commissioned by the American Medical Association (AMA). Formed in 1963, the Citizens Commission consisted of three physicians, three university presidents, two distinguished scientists, a former Supreme Court Justice and lawyer, and a sociologist. Consistent with the prevailing thought of the time, the report suggested that the House of Medicine should recognize the value of advice from sources beyond the medical community. As such, this report contained independent views from within and outside the profession, much like the Flexner Report of 1910, which led to reform of the nation's medical schools.

In 1979, the ABMS Committee on Long Range Planning encouraged the Member Boards to try various methods to collaborate with the public in the development and implementation of policies. With the Enhanced Public Trust Initiative of 2008 – 2011, ABMS made a commitment to expand its efforts to engage the public beyond the ABMS BOD to many of its committees. The purpose was to both gain public feedback on its programs and share information about the education and certification of physicians. In 2013, two additional public members joined the ABMS BOD. Two years later, another public member was added.

In October 2021, new Standards for Continuing Certification were approved by the ABMS BOD. These new Standards were developed through a comprehensive and transparent process that involved more than one hundred stakeholders representing specialty physicians, state medical societies, patient advocates, health plans, academic medicine, continuing medical education professionals, credentialing bodies, and patients. Building on the recommendations of the 2018 Continuing Board Certification: Vision for the Future Commission, the new Standards acknowledge that self-regulation is a collaborative process that requires the involvement of partners, including professional societies, hospitals, health systems and patients – all of whom have a significant role in supporting physician engagement in meaningful learning and improvement work.

Today, 17 of the 24 ABMS Member Boards have public member seats on their BODs and four offer public member positions for patients and family caregivers. ABMS' public members represent patients and individuals with a broad range of experience in patient care, health administration, education, business, community service, regulatory policy, and international affairs. Their presence on the BOD is designed to increase transparency of Member Board programs and help ABMS and its Member Boards remain aware of, and responsive to, the needs of the patients, families, and communities they serve.



# Patients as Public Members

## Public Member vs. Patient Member

The National Commission for Certifying Agencies (NCCA) defines public members as:

*“Representatives of the consumers of services provided by a certificant population serving as a voting member on the governing body of a certification program, with all rights and privileges, including holding office and serving on committees. The public member should bring a perspective to the decision and policymaking of the organization that is different from that of the certificants and should help to balance the organization’s role in protecting the public while advancing the interests of the profession.”<sup>1</sup>*

“The voice of patients and their caregivers are paramount in the work we do every day. Without their engagement, we would be less well informed on key issues and decisions and our efforts would ring hollow. ABIM is a better organization because of the active and meaningful engagement of patients and caregivers in our work.”

– Yul Ejnes, MD, Chair, American Board of Internal Medicine Board of Directors

Patients and family caregivers (e.g., parents of youth and children living with special health care needs, spouses or partners of individuals managing chronic care conditions) are individuals who have experience using the health care system and primarily identify as a recipient of health care services as opposed to a health care professional or individual who primarily represents those who provide health services. The experience of care, as perceived by the patient and family, is a critical element to improving health care that should not be omitted.

Most patients and families are not aware of the full impact certifying boards have on health care quality and safety. Beyond setting standards for the specialty, the public is generally unaware of the Member Boards’ role in ongoing education and assessment, quality improvement, and addressing behavior not in keeping with professional policies and standards. Increasing the engagement of patients and consumers, particularly individuals who have connections to consumer groups or other organization with which they can share their ABMS public member experience, can lead to more widespread awareness and understanding of the Member Boards’ mission and accomplishments.

## Patients as Public Members

Patients and families, by their very presence in Member Board governance, increase the legitimacy and credibility of specialty certification. Research has shown that having patient representatives can improve trust in health care organizations. The public and other organizations such as hospitals, insurance plans, and employers will have greater confidence that the Member Board programs are truly dedicated to protecting the public's health and safety, rather than only focused on the interests of the diplomates. Patient-public members who communicate the work of the Member Boards can enhance the public trust in the certificate. Patients can serve the boards by helping to develop patient-friendly messages about board certification and actively sharing those communications with patient groups and organizations. Patients are also well-positioned to help boards address other priority areas impacting the specialty such as health equity, social determinants of health, and access to specialty care.

Patient and family caregiver perspectives can be integrated into other important work of certifying organizations. In addition to serving as public members on BODs, patients can also offer input through Patient and Family Advisory Committees, Stakeholder Committees, educational events, research projects, and time-limited task forces. For example, the American Board of Pediatrics (ABP) Family Leadership Committee brings together patients and families to give input to the ABP. Several members of the Family Leadership Committee also serve on other ABP committees and specialty boards.



# Process of Selecting a Patient-Public Member

## Qualities to Look for in Candidates

When seeking patient and family candidates for public member roles, look for individuals who have experience partnering with physicians beyond their own care, such as serving on patient and family advisory committees and/or in broader patient advocacy roles. Consider those who have worked to make quality improvements or developed policies for patient advocacy and/or health care organizations. Choose candidates who can communicate effectively with physicians and other health professionals to better convey the patient or family perspective. Most of the qualities you will look for in patient-public members are the same as those you will seek in any effective member of the BOD, including:

- Ability to commit the time necessary to fully participate as a member of the BOD
- Comfort with communicating candidly in a group
- Capacity to show respect for the perspectives of others
- Awareness of the issues impacting the health of diverse populations
- Experience working with organizational boards and/or holding other leadership positions
- Ability to work in partnership with others

Additional qualities to consider in patient-public members are:

- Desire to share insights and information about their experiences in ways that others can learn
- Willingness to engage on all issues impacting patients, not only those specific to one's personal experience and/or diagnosis
- Strong connections to other groups such as patient advocacy, research and/or health policy organizations
- Experience working with physicians in quality and safety improvement (e.g., hospital safety committees)

When meeting with potential candidates, clarify the areas, such as overall governance or specific committees, in which the public members are expected to contribute. Give candidates an overview of the organization and its key issues as part of the interview process. Interviews provide an opportunity to evaluate candidates' communication style, as this can be crucial to their success as a non-physician in the ABMS community.

Patients bring an important perspective that may be new or different than that of the physician community. It is important that they feel encouraged to participate. While one public member may be sufficient, patient-public members interviewed by ABMS staff encourage Member Boards to consider appointing more than one patient-public member to compound the value of having this input and to alleviate pressure and intimidation that might be felt by a solitary public representative.





# Preparing and Supporting Patient-Public Members

To effectively partner with diplomates in the business of certification programs, patient-public members must acquire a basic understanding of assessment and clinical issues without feeling they must achieve the same level of expertise in the specialty held by the diplomates, or even equal to that of other health professionals serving in public member roles. Patients must understand that they have been invited to serve on the board and/or committees precisely because they are not physicians. They are asked to draw on their experiences as recipients of health care services to contribute to the board's mission of protecting and serving the public.

Diplomates and other health professionals serving as public members should be oriented to the role of patients and family caregivers as members of the BOD. It is likely that diplomates have not experienced collaboration with patients outside of their clinical practice. It is important to help them understand their role on the BOD as equal partners in organizational governance and their valuable contributions toward improving physician standards of care.

For patients and family caregivers to participate fully as public members, they will require an orientation to the organization beyond what is provided for diplomates or other health professionals to ensure a basic understanding about the process of specialty certification and the key issues impacting the profession.

A thorough orientation will provide patient-public members with confidence to contribute their expertise to the Member Board. Recommended topics to cover in a new board member orientation:

- An informative overview of the ABMS community, issues impacting the specialty and certification, and the process of specialty certification, beginning with graduate medical education through continuing certification.
- List of common terms and acronyms used in the specialty and in the Member Board Community.
- Roles/responsibilities of a board member. In return, the members should confirm that they understand and agree to their roles and responsibilities.
- Structure of the board, bylaws, and purpose of board committees. Adequate time for review before the public members' first meeting should be provided.
- BOD liability explanation in informal language, not legal jargon.
- A historic overview, including the board's mission, vision, values, and strategic plan.
- Organizational structure and roles of the executive staff. Initially, public members should have one primary contact in the organization to help direct them to others, depending on their needs.
- An opportunity to allow public members to experience Member Board programs and services firsthand through test accounts.

## Preparing and Supporting Patient-Public Members

To provide additional support to patient-public members, consider appointing a key staff contact who can answer questions about the organization and the specialty, and address any other concerns raised by a patient-public member. Helping public members make connections can be particularly empowering and supportive.

### Remuneration

While service on a Member Board is typically considered a voluntary activity, it is important to recognize that patient-public members donate a sizable portion of their time to serve on the BOD. Patient-public members who do not work in health care organizations are less likely to have paid time away from work while they are doing the work of the Board. Like any Board member, all public members should minimally be reimbursed for travel expenses associated with their participation in Board work. In addition, consider providing patient-public members stipends or honorariums for their time.

### Voting Rights

Patient-public members should be granted the same rights and privileges as other BOD members. In some states, it is against the law to not grant voting rights to Board members.



# Integrating Patients as Full Partners

It is important for Member Boards to foster an environment open to contributions by public members.

- Recognize that patient public members will present viewpoints from a different vantage point than diplomates and other health professionals. Patients can help diplomates see beyond their professional silos.
- Do not assume that patients understand all medical terminology and other lingo that diplomates might find commonplace. Provide patients lists of common terms and acronyms used in specialty certification programs during the orientation process. Make certain everyone feels comfortable asking questions both before, during, and after meetings.
- Try not to stifle difficult conversations. There may be times when public members do not fully understand the implications of certain requests for practicality or costs. Welcome challenging questions and provide clear rationale to support decisions.
- Allow public members to challenge time-tested routines and policies. Public members can help BODs to step back and see the “big picture.”
- Do not underestimate the ability of patients to understand policies and content that diplomates view as highly technical. Although they might not have the same level of a diplomate’s clinical expertise, they can review content through the lens of evaluating clinical questions and scenarios for cultural sensitivity, patient-centeredness, team-based care, and shared decision-making.

“The incorporation of young adult patients and parents/caregivers has added immensely to the work of the ABP. Their perspectives keep us as an organization accountable to the mission of the ABP by keeping the needs of children and families front and center. They balance the numbers and data about doctors, children, and families that we collect and make them real by sharing lived experiences, reminding us why we do the work we do. They challenge assumptions that those of us in medicine and in certification may not realize we are using to drive decision-making. Their expertise, while different, is every bit as valuable as that of the certified physician.”

– *Laurel K. Leslie, MD, MPH, VP, Research, American Board of Pediatrics*

If patient-public members are well-prepared, respected, and viewed as full partners, Member Boards will benefit from having a broader perspective and enhanced understanding of all factors before making decisions. Fully integrated patient members can help Member Boards have greater confidence they are addressing issues of greatest importance to those receiving specialty care.

# Contact Us

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For questions and comments about this guide, or for additional assistance recruiting and/or orienting patients for roles in Member Board governance, please contact the following ABMS staff:

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# Appendix: Resources

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## Job Descriptions for Public Members

### The following is a job description for a patient-public member on the American Board of Internal Medicine’s Endocrinology, Diabetes and Metabolism Board:

The role of the **Specialty Board** is to:

- Define, refine, and set standards in Certification and continuing certification in the discipline
- Perform oversight/review of performance assessments in the discipline
- Build partnerships with societies and other organizational stakeholders in support of ABIM work

### Expertise/Qualifications

The ABIM Endocrinology, Diabetes, and Metabolism Board seeks a non-physician patient or caregiver with experience in endocrinology/diabetes. Special consideration will be given to female candidates and candidates from the South and West parts of the country.

Underrepresented minorities are encouraged to apply.

We are looking for the following attributes of a non-physician patient/caregiver member to join the Endocrinology, Diabetes, and Metabolism Board:

- Prior service in roles representing the public interest for patients with endocrine or metabolic conditions, e.g., leadership in advocacy groups for patients with diabetes or osteoporosis, is a plus.
- Experience on hospital, medical system or patient advocacy boards is helpful.
- Knowledge and expertise in areas such as health policy, health information technology, healthcare management, assessment, or quality improvement science, and/or business and finance.
- Ability to interact and collaborate with physicians and individuals from a variety of health care-related backgrounds.
- Insight reflecting a firm understanding and support for ABIM’s mission.

### Requirements for ABIM Service

- Commitment to ABIM’s mission “to enhance the quality of health care by certifying internists and subspecialists who demonstrate the knowledge, skills and attitudes essential for excellent patient care.”
- Genuine interest in professional development and standard setting for internal medicine and its subspecialties.
- Compliance with the MOC Participation Policy for Physicians Serving ABIM, if applicable, which includes a requirement that diplomates certified before 1990 who have never passed an MOC exam must take and pass an MOC exam within the first three years of ABIM service.
- Compliance with ABIM’s Financial and Academic conflict of interest policies, which require relationship

# Appendix: Resources

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disclosures be updated at least annually, and prohibit participation in “board review” or “board prep” courses throughout ABIM service.

- Effective communication, interpersonal, and collaboration skills, as well as ability to meet deadlines and complete task assignments.

## **Time Commitment**

Specialty Boards typically have two one-day meetings per year in Philadelphia, as well as several online meetings throughout the year as needed. Specialty board members serve an initial three-year term, renewable once up to six years of total service, pending satisfactory performance.

## **Submission Deadline:**

## **Decision Expected:**

## **Candidates will be asked to provide:**

- **Curriculum Vitae/Resume**
- **Letter of Support** from a colleague who knows you and your work well.
- **Personal Statement** – Approximately 300 words describing your perspective of the ABIM mission and your role in it.

To be considered for this opening, please complete and submit the online Candidate Information Form.

# Resources

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