



American Board of Medical Specialties

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ORGANIZATION **AMERICAN BOARD OF MEDICAL
SPECIALTIES**

POLICY NO. **I.8**

TITLE: **ADMISSION OF NEW MEDICAL SPECIALTY BOARDS TO MEMBERSHIP IN THE
AMERICAN BOARD OF MEDICAL SPECIALTIES**

ADOPTED BODY **ABMS Board of Directors**

ADOPTED **October 27, 2023**

RESPONSIBLE BODY **EXECUTIVE COMMITTEE**

EFFECTIVE **October 27, 2023**

REVIEWED

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Version History

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Internal Policy

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HIGHER STANDARDS, BETTER CARE

The mission of the American Board of Medical Specialties (ABMS) is to serve 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 is privileged to focus on improving health and healthcare by elevating the profession of medicine through board certification. ABMS Member Board credentials verify skills and expertise and demonstrate Diplomates' professionalism and commitment to staying current in their specialty; these credentials represent a promise to the public for providing health care of the highest standard. Discussions and processes surrounding the potential addition of a new ABMS Member Board therefore must be measured and thoughtful.

SECTION I. DEFINITION OF A MEDICAL SPECIALTY BOARD ELIGIBLE FOR ABMS REVIEW

A medical specialty board must be a separately incorporated and financially independent body which determines its requirements and policies for certification, selects the members of its governing body in accordance with the procedures stipulated in its bylaws, accepts its candidates for certification from persons who fulfill its stated requirements, administers examinations and other program components, and issues certificates to those who submit to and pass its evaluations.

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SECTION II. OBJECTIVES OF ABMS MEDICAL SPECIALTY BOARDS

The fundamental objective of all approved ABMS medical specialty boards is to act in the public interest by contributing to the improvement of medical care and the health of patients by establishing qualifications for candidates, evaluating the qualifications of candidates who apply, certifying as Diplomates those candidates who are found to be qualified, and ensuring that certified Diplomates maintain their qualifications. ABMS medical specialty boards also assist in ensuring high standards for graduate medical education (GME) in collaboration with other concerned organizations and agencies.

To accomplish these objectives, ABMS medical specialty boards:

- Identify and define the standards, knowledge, clinical judgment, and skills necessary to demonstrate competencies within a specific scope of practice;
- Determine whether candidates have received adequate training and preparation in accordance with standards established by the medical specialty board;
- Create independent, external assessments and conduct comprehensive evaluations of the knowledge, clinical competence, performance, and experience of such candidates, through initial and continuing certification;
- Issue certificates to those candidates and Diplomates found qualified under the stated requirements of the medical specialty board; and
- Bring value to Diplomates, patients, the public, and the profession through a focus on high standards, professionalism, a culture of lifelong learning, and the delivery of high-quality, safe care delivered according to the established standards of the specialty.

SECTION III. REQUIRED CONTENT FOR APPLICATIONS

In order to be recommended for approval by the ABMS Advisory Body on Specialty Board Development (“Advisory Body” [see Section IV]), a new applicant specialty board must demonstrate that all of the following requirements have been satisfied.

- (1) The applicant board must demonstrate that it is primarily composed of Diplomates who hold a Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), or foreign equivalent (e.g., Bachelor of Medicine, Bachelor of Surgery [MBBS]) degrees. The ABMS Board of Directors will determine whether this criterion has been satisfied in its sole and absolute discretion based on

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the unique circumstances of each applicant board.

- (2) The applicant board must define its objectives and function, including a scientific rationale demonstrating a substantial advancement in medicine or technology, evidence of a distinct and well-defined field of medical practice, and/or confirmation of an interdisciplinary practice field sufficiently distinct from existing fields of practice. The applicant board must present data on the field's core content/competencies and scope of practice based on a validated blueprint of the professional area, including present and projected future public needs and expected growth.
- (3) The applicant board must present a rationale for how this field of practice serves the patient/public interest, as well as supports candidates'/Diplomates' needs.
- (4) The applicant board must demonstrate how its training and evaluation methods satisfy ABMS' standards.
- (5) The applicant board must describe the training needed to meet requirements for certification and delineate how this training is sufficiently distinct from the training required for certification by existing ABMS medical specialty boards.
- (6) The applicant board must define standards for the requisite knowledge and skills in the field of practice. They must demonstrate that candidates for initial certification acquire and maintain these standards. A specific plan for development and validation of the requirements for initial and continuing certification must be presented, along with an outline of and rationale for the qualifications to be required of candidates for certification. The applicant board also must provide a detailed explanation of how the program will adhere to ABMS' initial, continuing, and organizational standards and provide a detailed plan for program review and evaluation.
- (7) Except as provided in this section, the applicant board must require all new Diplomates to successfully complete an ACGME-accredited residency or training program prior to becoming certified. If the applicant board is in the process of obtaining ACGME accreditation for the GME training program(s) for the field of practice at the time of application for admission to the ABMS (and if all other conditions are satisfied), the ABMS Board of Directors may conditionally approve the applicant board contingent upon ACGME accreditation of the program(s). Applicant boards may not issue new certificates under the ABMS imprimatur or use the ABMS seal until final approval as a medical specialty board has been granted by the ABMS.
- (8) A plan must be presented to accommodate the certification of individuals who complete their GME prior to the establishment of ACGME-accredited or other accredited programs in the specialty. A description of the practice requirements for Diplomates practicing in the field of practice without ACGME-accredited training must be provided. The description should include a summary of the qualifications, the examination(s) required, and the number of physicians or

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medical specialists to be certified in this manner. Applicant boards with existing certified diplomates at the time of application to membership in the ABMS must present a plan to accommodate the ABMS certification of individuals if such ABMS certification for existing diplomates is desired by the applicant board.

- (9) The applicant board must demonstrate broad support from the relevant field of medical practice and broad professional support. The applicant board must provide the communications used to notify the field of medical practice of the proposed application.
- (10) The applicant board must provide the total number, along with the complete list of institutions providing residency or other acceptable training programs in the field of practice; the total number of residency positions available; and the number of residency programs planned for creation within the next five years. This data should demonstrate the growth and sustainability of these training programs.

The applicant board further must provide the following:

- (11) The official name of the proposed board, including the names and professional qualifications of its officials and the organization that each official represents (if applicable).
- (12) An operational plan, including sufficient detail for evaluation of the following areas:

MISSION AND OPERATIONS

The applicant board must have a mission that aligns with the mission of ABMS and articulates the purpose of board certification in the proposed field of medical practice. The applicant board will provide copies of existing policies and procedures that promote professionalism and excellence in operations and that strive to meet the needs of the public and the profession. The applicant board is expected to conduct periodic reviews of its operations as supported by principles of good governance.

GOVERNANCE STRUCTURE

The applicant board must demonstrate that its Board of Trustees/Directors follows best practices for governance and is able to address the needs and concerns of its stakeholders. Board members should have sufficient professional expertise for effective board operation and management. The applicant board must specifically articulate how the perspectives of active clinician Diplomates, stakeholders in the field of medical practice, patients, and the public inform board governance, and must explain the presence or absence of any structural or process components related to equity.

BUSINESS PLAN

The financial support for a valid, objective program of candidate and Diplomate assessment must be presented, and the applicant board must attest that adequate resources and revenue are available to support and sustain the applicant board. The data should include the approximate number of

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physicians or medical specialists currently engaged in the practice of the field of medical practice, as well as projected numbers of examinees for initial and continuing certification and projected certification fees. The applicant board must reflect appropriate, transparent financial stewardship in a manner befitting its non-profit status,

- (13) A copy of the Constitution (if applicable) and Bylaws;
- (14) A copy of the Articles of Incorporation;
- (15) A copy of the application form for candidates for initial and continuing certification; and
- (16) A non-refundable application fee.

SECTION IV. PROCEDURE FOR THE RECOMMENDATION OF APPROVAL OF NEW SPECIALTY BOARDS

Upon receipt of a completed application addressing required content outlined in Section III, the Advisory Body will be convened. The Advisory Body comprises the following individuals (all with vote unless otherwise indicated):

- (1) The ABMS President and Chief Executive Officer;
- (2) The Chair of the ABMS Board of Directors;
- (3) The Chair of the ABMS Accountability and Resolution Committee;
- (4) Three non-conflicted (as determined by the ABMS Chief Legal Officer) ABMS Member Board Empowered Representatives, appointed by the Chair of the ABMS Board of Directors;
- (5) The Chair of the ABMS Public Member Caucus (unless this individual is currently serving as the Chair of the ABMS Accountability and Resolution Committee, in which case another Public Member Director of the ABMS will be selected by the Chair of the ABMS Board of Directors);
- (6) The Chair of the ABMS Stakeholder Council (without vote);
- (7) The Chair of the ABMS Committee on Certification (without vote);
- (8) The Chair of the ABMS Committee on Continuing Certification (without vote);

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(9) The President and Chief Executive Officer of the Accreditation Council for Continuing Medical Education (without vote); and

(10) The Chair of the American Medical Association Council on Medical Education (without vote).

The Chair of the ABMS Committee on Certification will serve as the Chair of the Advisory Body (without vote). A senior staff member of the ABMS will serve as the Secretary of the Advisory Body (without vote) and the administrative liaison between the applicant board and the Advisory Body. A senior physician staff member of the ABMS who is not a member of the Advisory Body will serve as the clinical liaison between the applicant board and the Advisory Body.

The Advisory Body will solicit third-party comments regarding the application from the ABMS' existing Member Boards; the ABMS' Associate Members; specialty and state medical societies; patient and consumer advocacy groups; hospitals and health systems; insurers; the public; and any other relevant stakeholders during an open comment period of at least 90 days. Anonymous comments will not be accepted. All comments from third parties will be shared with the applicant board. The applicant board, at its discretion, may submit a written response to the Advisory Body regarding third-party comments.

At any time during its review, the Advisory Body may consult experts to assist in evaluating the applicant board's submission, and/or request additional information, feedback, or opinions from the applicant and/or third parties, such as major specialty organizations, related to the applicant board's field of practice. The applicant board will be invited to make an oral presentation to the Advisory Body. At the Advisory Body's discretion, other parties may be invited to make an oral presentation.

After review of the application, comments, expert testimony, and oral presentation(s), the Advisory Body will submit a written, non-binding recommendation, including the rationale for said recommendation, to the ABMS Board of Directors for approval or disapproval of the applicant board based on an assessment of each of the criteria included in this document. The ABMS Board of Directors will consider the recommendation of the Advisory Body at its next regularly scheduled meeting, provided that at least 60 days have passed since the recommendation has been shared with the Board. The Chair of the ABMS Board of Directors may request that the Chair of the Advisory Body and/or an applicant board representative be available to respond to questions during the Board of Directors' discussion of the recommendation.

The ABMS Board of Directors may approve the application for an applicant board, deny the application for an applicant board, or recommend that an applicant board consider an alternative such as pursuing conjoint board status. Denial of the application by the ABMS Board of Directors is not subject to appeal. Approval of admission to the ABMS as a medical specialty board does not constitute simultaneous approval of the applicant board's certificate programs; these will need to be separately reviewed and approved according to existing ABMS policies and procedures, including those established

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by the ABMS Board of Directors, ABMS Committee on Certification, and ABMS Committee on Continuing Certification.

In the event of a negative outcome, the Board's communication to the applicant board of same will include an explanation of why the application was not approved.

Please see Appendix A for a flowchart of the review process for applicant board applications.

SECTION V. REAPPLICATION TO THE ABMS

In the event an application for an applicant board is denied, the applicant board may file a new application no sooner than twenty-four months following notification, to the applicant board, of the previous denial of the ABMS.

- (1) Reapplications must clearly address any areas of deficiency identified in the Board's previous denial and highlight relevant changes.
- (2) Reapplications will not be given preference over new applications already in the review queue.
- (3) Reapplications will not be exempted from the application fee.

SECTION VI. PROCESS FOR THE TRANSITION OF AN EXISTING ABMS SUBSPECIALTY TO A DISTINCT PRIMARY BOARD

At certain times and under certain conditions, existing ABMS subspecialties may wish to convert their status to primary specialty boards. Subspecialties wishing to convert their status must demonstrate that they have satisfied Section III of this document, in addition to the following criteria, prior to a convening of the Advisory Body:

- (1) The subspecialty board(s) must detail any proposed changes to the field's core content/competencies and scope of practice based on a validated blueprint of the professional area, including present and projected future public needs and the rationale for how any such changes and the evolution to primary board status will impact the specialty and will better serve the patient/public interest than the current board structure.

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- (2) The subspecialty board(s) must detail impacts to Diplomates currently practicing in the affected subspecialty, such as whether maintenance of primary certificates is required and/or whether their current certification cycle will be honored.
- (3) The subspecialty board(s) must delineate how, based on changes or evolution, the practice of that subspecialty, its foundational science and knowledge base, and training requirements are distinct from the primary specialty from which it emerged.
- (4) The subspecialty board(s) must demonstrate evidence of dialogue with the parent specialty board(s) and include an official response from the parent specialty board(s) regarding its support/non-support for this evolution.
- (5) Subspecialties existing under multiple parent boards must detail how different primary boarded Diplomates will be tracked into the new primary specialty board.

Please see Appendix B for a flowchart of the review process for existing subspecialties wishing to evolve into a distinct primary specialty board.

SECTION VII. PROCESS FOR TRANSITION OF AN EXISTING ABMS CONJOINT BOARD TO A DISTINCT PRIMARY BOARD

At certain times and under certain conditions, existing ABMS Conjoint Boards may wish to convert their status to primary specialty boards. Conjoint Boards wishing to convert their status must demonstrate that they have satisfied all of Section III of this document, in addition to the following criteria, prior to a convening of the Advisory Body:

- (1) The Conjoint Board must provide a rationale for transition to a distinct primary board.
- (2) The Conjoint Board must demonstrate evidence of dialogue with the sponsoring boards and include an official response from the sponsoring boards regarding support/non-support for this evolution.
- (3) The Conjoint Board must detail any proposed changes to the field's core content/competencies and scope of practice based on a validated blueprint of the professional area, including present and projected future public needs and the rationale for how any such changes and the evolution to primary board status will better serve the patient/public interest than the status quo.
- (4) The Conjoint Board must detail any proposed changes to current standards for requisite knowledge, training requirements, certification program, and/or continuing certification program including present



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and projected future public needs and the rationale for how any such changes and the evolution to primary board status will better serve the patient/public interest than the status quo.

- (5) The Conjoint Board must detail impacts to Diplomates currently practicing in the affected specialty, such as whether maintenance of primary certificates is required and whether their current certification cycle will be honored.

Please see Appendix C for a flowchart of the review process for existing Conjoint Boards wishing to evolve into a distinct primary specialty board.

SECTION VIII. AMENDMENTS OR REVISIONS

Amendments or revisions to the processes outlined in this policy must be approved by the ABMS Board of Directors.

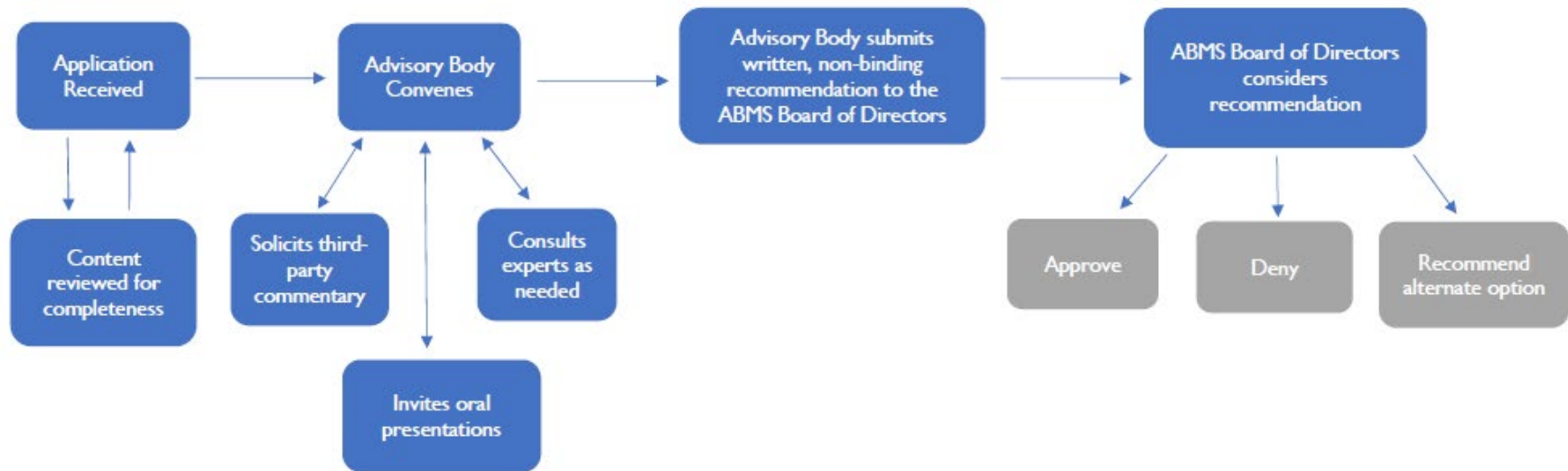
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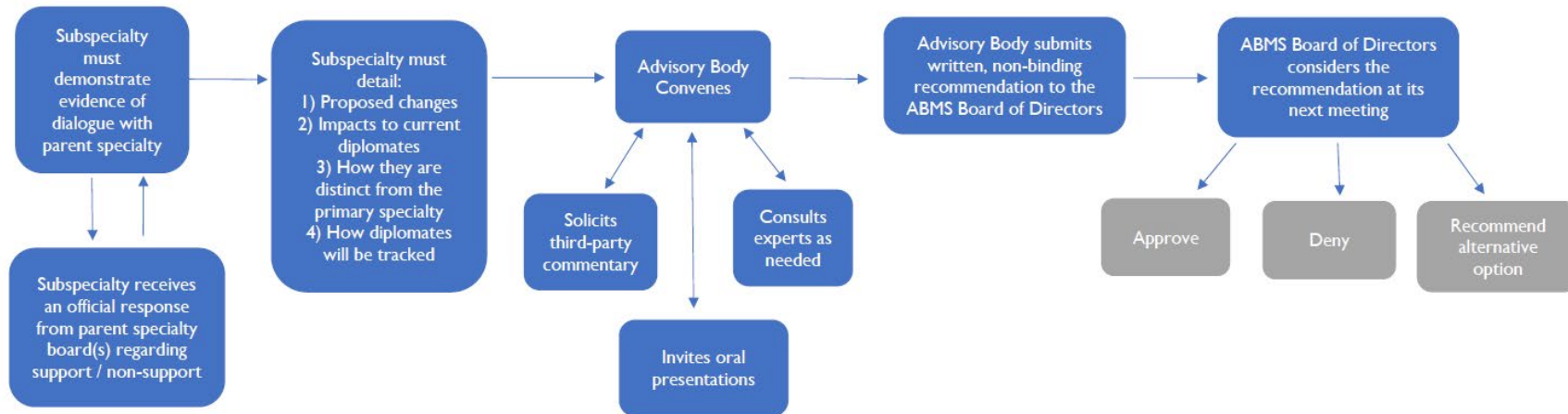
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APPENDIX A: FLOWCHART RE TIMING OF EACH STAGE/FLOW OF INFORMATION/DECISIONS FOR NEW APPLICANT SPECIALTY BOARDS



APPENDIX B: FLOWCHART RE TIMING OF EACH STAGE/FLOW OF INFORMATION/DECISIONS FOR EXISTING SUBSPECIALTIES WISHING TO EVOLVE TO A PRIMARY SPECIALTY BOARD



APPENDIX C: FLOWCHART RE TIMING OF EACH STAGE/FLOW OF INFORMATION/DECISIONS FOR CONJOINT BOARDS WISHING TO EVOLVE TO A PRIMARY SPECIALTY BOARD

