American Board of Medical Specialties
Standards for Initial Certification
v1.5

CONTENTS

STANDARDS FOR INITIAL CERTIFICATION

INTRODUCTION

American Board of Medical Specialties (ABMS) board certification represents a rigorous and continuous process of professional assessment and development. Initial certification marks the beginning of this journey, following residency or fellowship training. It embodies a lifelong dedication to professional growth and excellence.

These "Standards for Initial Certification" (Standards) promote the design of programs by ABMS Member Boards that ensure physicians and medical specialists entering the certification process possess the knowledge, judgment, skills, and professionalism necessary to deliver high-quality, patient-centered care. Rooted in public trust, professional accountability, and continuous improvement, the Standards reflect the evolving expectations of the healthcare system and the diverse patients, families, and communities (the Public) it serves. They are central to ABMS' mission to improve health care through high standards for physician certification and its vision for excellent care for every patient from every board certified physician.

ABMS board certification serves two essential roles: First, it provides an independent, rigorous assessment of a physician's or medical specialist's readiness to practice in a specialty. Second, it offers a trusted credential that patients can rely upon when selecting a health care provider. These dual purposes reflect the profession's enduring commitment to both clinical excellence and public accountability.

The Standards emphasize collaboration with training programs, integration of core competencies, and the use of multiple methods to support a comprehensive assessment of candidates. They also highlight the importance of ethical conduct, transparency, and fairness throughout the certification process. By upholding these principles, ABMS Member Boards reinforce the integrity of certification and the shared responsibility among certifying boards, educators, and the medical profession to advance the quality of care delivered by board certified physicians.

The Standards document is organized into the following domains: General Standards, Professional Standing and Conduct, Education and Training, and Assessment of Knowledge, Judgment, and Skills. Each Standard outlines the essential components of a valid and reliable certification process and reflects the evolution of previous initial certification standards. These Standards guide the design and redesign of Member Boards' initial certification programs.

Each Standard is accompanied by a commentary. Commentaries are explanatory and provide rationale, context, and additional considerations; they do not establish new or mandatory requirements.

The foundation of initial certification rests on the integration of six core competencies jointly established by ABMS and the Accreditation Council for Graduate Medical Education (ACGME). These competencies — Practice-Based Learning and Improvement; Patient Care and Procedural Skills; Systems-Based Practice; Medical Knowledge; Interpersonal and Communication Skills; and Professionalism — define the essential attributes physicians must demonstrate to provide high-quality, compassionate, and patient-centered care. While the Standards are consistent across all ABMS Member Boards, they are designed to accommodate the unique characteristics of each specialty. By embedding these competencies into certification programs, Member Boards ensure that physicians are assessed holistically and prepared to meet the evolving needs of patients and the health care system.

GENERAL STANDARDS

PREAMBLE

The ABMS General Standards for Initial Certification provide the structure for ABMS Member Boards' initial certification programs. These standards are intended to provide a rigorous and relevant processes for initial certification that assesses the knowledge, judgment, skills, and professionalism of candidates who care for the patients, families, and communities of the United States. The General Standards are intended to establish a framework for assessing candidates' fitness for certification as a mark of the ability to provide high-quality medical care.

REQUIREMENTS FOR ABMS MEMBER BOARDS

1. Six General Competencies

Member Boards must incorporate all six ABMS/ACGME Core Competencies: Patient Care and Procedural Skills; Medical Knowledge; Interpersonal and Communication Skills; Professionalism; Systems-Based Practice; and Practice-Based Learning and Improvement into their integrated initial certification programs.

Commentary

The Six Core Competencies, adopted by ABMS and ACGME in 1999, are recognized as integral to quality patient care. Brief descriptions of the competencies are available in Appendix I. ABMS Member Boards should ensure all six of the competencies are assessed either during training, in the initial certification process, or both. The assessment should serve the needs of patients cared for by their candidates and diplomates and be relevant to practice in the respective specialty. As appropriate, the component parts of the process for initial certification should harmonize with each other.

2. Collaboration with Training Programs

Member Boards must communicate with training programs and engage in collaborative efforts to uphold their shared responsibility to assess a candidate's suitability for certification.

Commentary

To achieve initial certification in a specialty, candidates must have satisfactorily completed a rigorous program of education and training with assessment of competencies in the training environment, be in good standing professionally, and have passed the Member Board's assessment of knowledge, judgment, and skills. While the program director and faculty should assess all competencies, they have a particular opportunity to assess those competencies that can be observed in the workplace over time by multiple assessors. Strong consideration should be given to developing and assessing the competencies that relate to one's ability to improve health and health care at a systems level, such as clinical and programmatic quality improvement, patient safety, and patient and community engagement.

Member Boards should encourage training programs to evaluate individual trainees through an assessment framework aligned with outcomes-based or competency-based medical education. Given their shared responsibilities, Member Boards and training programs should engage in ongoing collaborative efforts to improve the quality and validity of assessments for both formative and summative purposes. When incorporating novel tools into the assessment process, careful consideration should be given to the potential risks and benefits, with clear rationale and communication about their use and role in decision-making.

3. Eligibility Duration

Member Boards must determine criteria for eligibility, including the duration of the Member Board certification eligibility period.

    a. The expiration date must be no fewer than three and no more than seven years following the successful completion of accredited training.

    b. The expiration date must align with the Member Board requirements plus time in practice required by the Member Board for admission to the certifying examination (if applicable).

Commentary

The eligibility of a candidate to become board certified by an ABMS Member Board is directly related to the recency of successful completion of an ACGME-accredited residency program (or substantially similar to ACGME requirements). It is not in the best interests of the medical specialty, the credentialing community, patients or the public for a candidate to remain eligible for board certification for an indeterminate period. Allowing an indefinite period of "Board Eligibility" denigrates the achievement of those diplomates who have already achieved board certification.

"Board Eligibility" is a common term that is used by some, but not all, Member Boards. It refers to the period between the completion of training and achievement of initial certification in a specialty. It is not an official status recognized by ABMS.

In individual instances and for good cause, an ABMS Member Board at its sole discretion may make exceptions to its eligibility rules for a candidate.

Additionally, Member Boards should establish well-defined, transparent, and fair pathways for candidates to re-establish their eligibility should they not achieve certification during their initial eligibility period.

4. Program Evaluation

Member Boards must continually evaluate and improve their initial certification program using appropriate data, which may include feedback from candidates, training programs, and other stakeholders.

Commentary

Member Boards need to evaluate initial certification programs on an ongoing basis using a variety of metrics to guide enhancements. Aspects of program evaluation could include assessing the experience of candidates, training program leaders, and other stakeholders. Feedback from other certification stakeholders — professional societies, credentialers, hospitals and health systems, patients, and the public — should also be considered.

PROFESSIONAL STANDING AND CONDUCT

PREAMBLE

Professionalism is a system of beliefs and behaviors that foster trust. Medical professionalism is the profession's public declaration of shared standards of competence and ethical values, defining what patients and society can expect from medical professionals. It is central to medicine's social contact and underpins both technical expertise and the promise of service. Members commit to uphold these standards, monitor each other's adherence, and advance an ethical framework grounded in serving patients and the public — not self-interest.

This commitment includes acquiring and maintaining the knowledge, technical skills, and interpersonal abilities needed for effective practice and collaboration with patients, families, and health teams. Professionalism also involves applying judgment and values to guide the proper use of specialized knowledge — the "art" of medicine.

These Standards address the professionalism and professional standing of candidates for certification by ABMS Member Boards. Certification signifies a diplomate's demonstration of professionalism, knowledge, and skills essential for safe specialty practice. The public and medical community rely on this certification as a marker of expertise and trustworthiness — a status rooted in the shared value of professionalism among Member Boards.

REQUIREMENTS FOR ABMS MEMBER BOARDS

5.   Professional Standing and Conduct

Member Boards must define and convey the expectations for professional standing and conduct to its candidates for initial certification.

Commentary

As part of identifying expectations for professional standing and conduct, ABMS Member Boards must clearly articulate them in documents that are developed, adopted by, and transparently displayed by the Member Board.

6.   Review of Professional Standing

Member Boards must conduct Primary Source Verification of an unrestricted license in every state or jurisdiction in which the candidate holds a license prior to any examination(s). Any actions that signal a violation of the Member Board's professional-standing and conduct-related policies must be reviewed.

Commentary

Member Boards need to ensure that candidates meet high standards of professionalism. Member Boards rely on State Medical Boards for primary evidence that candidates maintain good standards of professional standing and conduct, and expect medical licenses held by candidates to be unrestricted.

Member Boards should have processes in place to review actions against a license that signal a violation of their professional-standing policies. Member Boards are expected to review available information, including restrictions forwarded to the Member Board, 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 do not threaten patient care or that are being appropriately monitored and resolved by the regulatory authority.

To ensure candidates are in good standing with their licensing board(s), ABMS will facilitate Primary Source Verification of unrestricted licensure with a seamless and efficient mechanism through which Member Boards can easily identify restrictions on a medical license.

Member Boards may choose to use additional methods to evaluate professional standing and conduct.

7. Responding to Issues of Professional Conduct

Member Boards must have policies on professional standing and conduct that define the process for review and taking action on the information that reflects a violation of professional norms. Policies must be communicated to candidates and made available on Member Board websites.

Commentary

Consistent with the ABMS Policy on Professional Conduct, at the point of application for initial certification, possession of a valid and unrestricted license to practice medicine indicates that the State Medical Board views a candidate's behavior as consistent with the jurisdiction's expectations for professionalism and provision of patient care, and has not identified any issues that justify taking an action against a candidate's license. ABMS Member Boards may, but generally do not, act as the "first investigator" of complaints about a candidate. In some instances, actions taken against a candidate's medical license by a State Medical Board should result in a determination of ineligibility for board certification. In other instances, actions taken against a candidate's medical license by a State Medical Board should not necessarily preclude eligibility for board certification. ABMS Member Boards will appropriately balance their primary obligation to the public with fairness and due process to candidates.

ABMS Member Boards with non-physician candidates should establish appropriate mechanisms to address actions taken against the professional licenses of these candidates.

8. Candidate Self-Report

Member Boards must communicate the expectations and process for candidates to self-report any changes in professional standing and the implications for failing to do so.

Commentary

Self-reporting of changes in professional standing is itself an act of professionalism. Candidates for certification need to be aware of the self-reporting requirement according to the specific Member Board's requirement and timeframe.

EDUCATION AND TRAINING

PREAMBLE

Certification standards for education and training contribute to better patient care by ensuring high-quality graduate medical education and fair, transparent pathways to initial certification. These standards define essential requirements for preparing candidates in their specialty or subspecialty prior to certification. Training to prepare physicians for unsupervised practice is experiential and occurs within the context of the health care delivery system. Participation in ABMS Member Board-approved residency and fellowship programs — or in uncommon circumstances, equivalent pathways — provides the foundation for achieving specialty and subspecialty certification.

REQUIREMENTS FOR ABMS MEMBER BOARDS

9. Training Requirements

Member Boards must clearly define and articulate the expected outcomes of training, specify the requirements to attain those outcomes, and collaborate with training programs to ensure these requirements are met prior to awarding initial specialty or subspecialty certification.

    a. Training requirements must address the expected outcomes of the training experiences, while considering additional paths to eligibility based on achieving these outcomes.

    b. The duration of training for initial certification must be deemed sufficient for trainees to be competent and independent providers in the specialty as determined by the Member Board.

    c. Training programs must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) or from an organization whose standards are substantially similar to ACGME requirements as deemed by ABMS, except as noted in standard 10.

Commentary

Each ABMS Member Board will establish training requirements for initial certification and determine which programs meet the Member Board's requirements. Requiring association with ACGME-accredited residency or fellowship programs (or equivalency) helps assure ABMS Member Boards that candidates have developed the knowledge, skills, and professionalism for competency in all six domains of competence under the guidance and supervision of faculty members. Pilot programs should evaluate optimal duration, based on educational programming and competency assessments.

10. Alternative Pathways

Member Boards must inform candidates of all potential pathways to obtain initial certification and may choose to recognize alternate pathways to initial certification for candidates who have not completed residency training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Commentary

Some examples of common alternative training pathways to initial certification include time-limited practice pathways based on practice experience obtained before a certification is created, research pathways, and international graduate medical education pathways that are deemed to meet the standards of the ABMS Member Board and the ABMS Alternative Pathways Policy/Guidance.

Member Board policies and procedures related to the assessment, credentialing, and approval of candidates from alternative training pathways should be outcome-oriented and not be perceived as arbitrary or capricious; they should be transparent, fair, objective, and equitably available to candidates with comparable credentials.

ASSESSMENT OF KNOWLEDGE, JUDGMENT, AND SKILLS

PREAMBLE

The certification process incorporates assessments that are intended to provide assurance that a candidate has demonstrated the core knowledge, judgment, and skills in the specialty necessary for safe and effective delivery of patient care. The primary purpose of the assessment(s) is to contribute to the determination whether candidates possess the requisite knowledge, judgment, and skills to assure the public and the profession that the candidate has met the standards of the specialty.

REQUIREMENTS FOR MEMBER BOARDS

11. Assessment of Knowledge, Judgment, and Skills

Member Boards must require at least one summative assessment of candidates' core knowledge, judgment, and skills in the specialty.

Commentary

The knowledge, judgment, and skills to be assessed by the initial certification examination(s) should be defined and justified for certification in the specialty with a focus on safe and effective practice.

Member Boards may include more than one assessment component when necessary to assess the knowledge, judgment, and skills needed for board-certified practice. Each component should include publicly available purpose statement and examination specifications, including how scores on components are to be used to reach an overall certification decision and the timing of each component.

12. Examination Procedures, Scoring, and Score Reporting

Member Boards must develop examination procedures that reflect accepted educational standards for examination design, development, administration, reliability, validity, fidelity, scoring, reporting, and feedback.

Commentary

Examination specifications should be based on exam content that is representative of the credential and be informed by diplomate input. This may be done through a practice analysis or survey of the diplomates of the Member Board. Input may also be sought from the broader educational community, training program faculty, or other stakeholders.

The examination specifications (commonly referred to as the "blueprint") should be made available to candidates in advance of the examination. The Member Board should have a policy for regular review and revision of the examination blueprint and document how closely each examination form adheres to it.

Member Boards should employ a psychometrically validated method to establish and maintain a passing standard. Procedures used to score the examination, as well as those used to combine scores on different components of an examination, should be defined and made available to candidates before examination administration. Examinations should possess sufficient internal reliability for reproducible pass/fail decisions. When alternate forms of an examination are used within or across administrations, the forms should be comparable from content and psychometric perspectives, and the same level of performance should be required to pass each of the forms.

Member Boards conducting constructed response examinations such as oral exams, Objective Structured Clinical Examinations (OSCEs), and performance-based examinations, should provide training to examiners delivering and scoring the examination to ensure sufficient inter-rater reliability. They should ensure that each candidate is assessed on a sufficient number of items by a sufficient number of examiners to obtain

reproducible pass/fail decisions. They should take steps to ensure that candidates are not disadvantaged based on factors unrelated to examination performance. When automated scoring methods are used, evidence should be provided to document alignment between human and automated scoring outcomes.

When supported by sufficient reliability, Member Boards should provide each candidate with specific, instructive feedback that identifies their knowledge gaps on examinations, with the purpose of assisting in remediation for those who do not pass. When feedback performance is not possible, Member Boards should indicate this to candidates in advance of taking the examination.

Member Boards should have policies and procedures in place for candidates to request score verifications and for handling appeals following release of the scores.

13. Standardized Administration and Accessibility
Member Boards must conduct administration of examinations in a manner that ensures the following:

    a. The identified examination-taker is, in fact, the person who is taking the examination,
    b. Materials and other assistance used during the examination are limited to those provided or approved by the Member Board,
    c. Processes and procedures are in place for evaluating applicant requests for accommodations related to pregnancy or nursing, and for disabilities, to ensure compliance with the Americans with Disabilities Act,
    d. Actual examination content is protected and secure, and
    e. Proprietary information and examination content is not shared by examinees, examiners, or anyone else associated with the examination unless specifically approved by the Member Board.

Commentary
Applicants should be provided with information describing the documentation to be submitted with a request for accommodation and the timeframe within which an accommodation decision will be made. Procedures for responding to these requests should be equitable and consistent and should include a mechanism for handling candidate appeals of these decisions.

Member Boards should have well-defined policies in place for dealing with suspected irregularities in examination administration. These should include a procedure for handling candidates' appeals of decisions related to the administration of the examination.

14. Program Evaluation and Documentation
    a. Member Boards must track and document assessment, item and examinee performance at regular intervals and employ quality control procedures to address anomalies. .

Commentary
Member Boards should adopt appropriate procedures to review the initial certification examination(s) at regular intervals. This may include but is not limited to documentation of procedures for key validation, evaluation of examination forms for sufficient score reliability, and analysis of candidate performance (pass rates) over time. This is to ensure the appropriate coverage of content on individual examination components and the relevance, accuracy, fidelity, and currency of examination material as medical knowledge and clinical practices evolve.

If possible, Member Boards are encouraged to perform an analysis of examination data that allows identification of specialty-specific knowledge gaps. By sharing these high-level data, training programs and educational organizations may be able to create targeted learning resources for the benefit of the specialty. Summary data should only be shared with essential stakeholders who require the information for service to the profession.

APPENDICES

APPENDIX I: GLOSSARY

ABMS/ACGME Core 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:

- **Patient Care and Procedural Skills** refers to the candidate'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.
- **Medical Knowledge** refers to the candidate's demonstration of knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of these sciences in patient care.
- **Interpersonal and Communication Skills** refers to the candidate's demonstration of skills that result in effective information exchange and partnering with patients, their families, and professional associates (e.g., fostering a therapeutic relationship that is ethically sound; 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 candidate'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.
- **Systems-Based Practice** refers to the candidate's awareness of, and responsibility to, population health and systems of health care. The candidate should be able to use system resources responsibly in providing patient care (e.g., good resource stewardship, coordination of care).
- **Practice-Based Learning and Improvement** refers to the candidate's ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve the candidate's own practice of medicine, the collaborative practice of medicine, or both.

ABMS Member Board
Medical specialty board expressly recognized and approved by ABMS as a Member by virtue of its meeting, from time to time, ABMS' criteria for certification and/or continuing certification of physicians and/or medical specialists within that specialty.

ABMS standards and requirements
Standards are requirements for each ABMS Member Board for the design of its initial 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.

Board certification
Board certification is a program of continuing, rigorous professional assessment and development. It begins with initial certification and is sustained as a process of continuing certification, which exemplifies a lifelong dedication to professional growth, excellence in the practice of medicine in the specialty, and a commitment to the ABMS/ACGME Core Competencies.

Candidate
A physician or medical specialist who is considering or in the process of applying for initial certification through one of the ABMS Member Boards.

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.

Diplomate
A diplomate is a physician or medical specialist who is board certified by one or more of the ABMS Member Boards for demonstrated knowledge in a particular medical specialty or subspecialty. Once board certified, the individual may be referred to as a diplomate of the board.

Formative assessment
Assessment of a candidate/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.

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.

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.

Member Board
See ABMS Member Board

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

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, ABMS operationalizes "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.

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.

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

Summative assessment

Assessment of learning with the primary purpose of establishing whether performance measured at a single defined point in time meets established performance standards, permanently recorded in the form of a score.