HOD ACTION: Recommendations in Council on Medical Education Report 2 adopted as amended.

REPORT 02 OF THE COUNCIL ON MEDICAL EDUCATION (A-22)
An Update on Continuing Board Certification
(Reference Committee C)

EXECUTIVE SUMMARY

The Council on Medical Education has monitored continuing board certification (CBC), formerly referred to as maintenance of certification (MOC), during the last year. This annual report, per American Medical Association (AMA) Policy D-275.954, "Continuing Board Certification," provides an update on some of the changes that have occurred as a result of collaboration among multiple stakeholder groups with active input from the AMA to improve the CBC process. Due to the impact of the COVID-19 pandemic and reprioritization of business put forth to the AMA House of Delegates (HOD), submission of this Council report was moved to the 2022 Annual Meeting.

The Continuing Board Certification: Vision for the Future Commission was established in 2018 by the American Board of Medical Specialties (ABMS) and charged with reviewing continuing certification within the current context of the medical profession. In 2019, the Commission completed its final report, which contained 14 recommendations intended to modernize CBC, with input from the AMA Council on Medical Education ("Council"). The ABMS and its member boards, in collaboration with professional organizations and other stakeholders, agreed upon and prioritized these recommendations and developed strategies to implement them. A summary of these strategies was provided in the previous annual Council report.[1] In April 2021, the ABMS released Draft Standards for Continuing Certification. These Standards reflect foundational changes to the manner in which ABMS and its member boards deliver on their mission, bringing value to both the profession and the public at large. A Call for Comments period from April-July 2021 allowed for stakeholder feedback. The ABMS Board of Directors reviewed the feedback at their October 2021 meeting and released the final standards shortly thereafter.

All ABMS member boards now offer alternatives to the historical high-stakes, 10-year examination or are administering longitudinal assessment pilots, enabling delivery of assessments that promote continual learning and are less burdensome. Appendix A in this report provides updates on these models. The ABMS member boards continue to expand the range of acceptable activities that meet the Improvement in Medical Practice (IMP) requirements in response to physician concerns about the relevance, cost, and time associated with fulfilling the IMP requirements. Appendix A also includes an update of these initiatives.

Given the consequences of the COVID-19 pandemic, several boards offered temporary changes to continuing as well as initial certification requirements, as listed in Appendix B.

The Council is committed to ensuring that CBC supports physicians' ongoing learning and practice improvement and remains actively engaged in the implementation of the Commission's recommendations and the development and release of Standards for Continuing Certification.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 02-A-22

Subject: An Update on Continuing Board Certification

Presented by: Niranjan V. Rao, MD, Chair

Referred to: Reference Committee C

Policy D-275.954(1), "Continuing Board Certification," asks that the American Medical Association (AMA) "continue to monitor the evolution of Continuing Board Certification (CBC), continue its active engagement in discussions regarding their implementation, encourage specialty boards to investigate and/or establish alternative approaches for CBC, and prepare a yearly report to the HOD regarding the CBC process."

Council on Medical Education Report 1, "An Update on Continuing Board Certification," adopted at the Special November 2020 Meeting, recommended that our AMA, "through its Council on Medical Education, continue to work with the American Board of Medical Specialties (ABMS) and ABMS member boards to implement key recommendations outlined by the Continuing Board Certification: Vision for the Future Commission in its final report, including the development of new, integrated standards for continuing certification programs by 2020 that will address the Commission's recommendations for flexibility in knowledge assessment and advancing practice, feedback to diplomates, and consistency." This recommendation was appended to Policy D-275.954, becoming the 38th clause.

This report is submitted for the information of the House of Delegates in response to these policies.

BACKGROUND

The years 2020-2021 saw the emergence and spread of the novel coronavirus (COVID-19), first identified outside of the U.S. in late 2019 and quickly evolving into a global pandemic. Due to the impact of COVID-19, the traditional in-person Annual and Interim Meetings of the AMA House of Delegates (HOD) were not feasible. Special Meetings of the HOD were conducted in a virtual format in June and November 2020 and 2021. The streamlined June 2020 Meeting contained only essential business of the HOD; therefore, it did not address resolutions or reports which had been originally intended for that Meeting. As such, this annual report was moved to the November 2020 Meeting. This change reset the annual clock for the report, which is now submitted each year to the Interim Meeting. However, reports were again streamlined for the November 2021 meeting, which resulted in this report being deferred to Annual 2022.

The ramifications of COVID-19 were also felt by the ABMS and its member boards. Various meetings and conferences scheduled in 2020-2021 were cancelled, delayed, or moved to a virtual format. Many initiatives and programs were altered or put on hold. The ABMS released several statements throughout 2020 and 2021 to provide guidance to member boards and physicians. This report provides an overview of the CBC landscape and advancements during this unsettling period despite the challenges posed by a public health crisis.

CONTINUING BOARD CERTIFICATION: VISION FOR THE FUTURE COMMISSION

In 2018, the Continuing Board Certification: Vision for the Future Commission, an independent body of 27 individuals representing diverse stakeholders, was established by the ABMS and charged with reviewing continuing certification within the current context of the medical profession. Later that year, the AMA Council on Medical Education ("Council") provided comments to strengthen the draft recommendations of the Commission. The Commission's final report, released in 2019, contained research, testimony, and public feedback from stakeholders throughout the member boards and health care communities. The report comprised of 14 recommendations intended to modernize CBC so that it is meaningful, contemporary, and a relevant professional development activity for diplomates who are striving to be up to date in their specialty of medicine. The ABMS and its member boards, in collaboration with professional organizations and other stakeholders, agreed and prioritized these recommendations and developed strategies and task forces to implement them (as described in the last report, CME 1-N-20).[1] The Commission's report included a commitment by the ABMS to develop new, integrated Standards for continuing certification programs by 2020. The final set of recommendations marked the end of the Commission's work. Due to COVID-19, the release of these draft Standards was delayed to 2021.

Updates on ABMS Task Forces

The "Achieving the Vision" task forces continued their work, with many of the physician volunteer members making an extraordinary effort to actively contribute, while also meeting the demands of being on the front line battling COVID-19. On May 1, 2020, the Chairs of the Improving Health and Health Care, Professionalism, Remediation, and Information and Data Sharing Task Forces met virtually with the Council to share updates on their progress and received feedback from Council members to help inform and guide their work.

The Improving Health and Health Care (IHHC) Task Force, formerly the Advancing Practice Task Force, was asked to engage specialty societies, the continuing medical education/continuing professional development community, and other expert stakeholders to identify practice environment changes necessary to support learning and improvement activities to produce data-driven advances in clinical practice. The task force promoted a "wide door" approach to a broader range of potential improvement options for diplomates, recommending that the member boards support improvement at any level—personal, team, system, or community—that is relevant to any role in which a diplomate serves. The task force emphasized the use of clear, non-technical language in the belief that many diplomates are alienated by and unfamiliar with tools of quality improvement. Recognizing that this unfamiliarity may be in part what keeps diplomates disengaged, the task force encouraged further learning about health systems science, improvement science, and safety science, and incorporating knowledge of those methods into member board assessment programs. Through its work, the task force heard about successful strategies that some member boards use and about the impressive array of tools and services available from the specialty societies, particularly with respect to data resources, quality tools, and coaching/practice facilitation services. Members discussed promoting teamwork and team-based improvement and leveraging the sponsors of the ABMS Portfolio Program to create locally available, practice-relevant opportunities aligned with institutional quality priorities. To support small and independent practices, the group was impressed by the AMA's STEPS Forward™ resources, which help physicians make their practices more efficient, increase practice satisfaction and reduce burnout. The task force recommended partnering with the specialty and medical societies to make tools and resources available to diplomates. It also examined how improvement methods could be used by diplomates to work on important priorities, such as equity and professionalism, and how

they could support related learning, assessment, and improvement. Importantly, the task force has recommended that ABMS transform ongoing efforts to support improvement work into a "Community of Learning," focused on a strategic approach incorporating internal and external stakeholders, expertise, and resources.

The Information and Data Sharing Task Force (IDSTF) was assigned the task of examining the development of processes and infrastructure to facilitate research and data collaboration between member boards and key stakeholders to inform future continuing certification assessments, requirements, and standards that will facilitate the prioritization of specialty learning and improvement goals. The goals of these collaborations include studying the impact of continuing certification on diplomate professional development, changes in diplomate practice, and changes in patient outcomes. Initially, the IDSTF focused on identifying data that member boards collect currently on their diplomates as well as data that are most important to support collaboration with other organizations. The group's milestones emphasized the importance of identifying necessary enhancements to the existing ABMS Boards' data warehouse structure in support of potential research-based data needs. Transparency and governance of data usage remain critical considerations, and the task force believes that the ABMS Boards Community must continue to ensure the privacy of diplomates as it engages in research evaluating the value of continuing certification. The task force also discussed the timely issue of the collection of data related to diversity, equity, and inclusion (DEI) within the ABMS Boards community. The group recognized the importance of DEI data sets and their essential role in certification research going forward.

The Professionalism Task Force was established to address the recommendation of the Commission calling for the ABMS and ABMS member boards to seek input from other stakeholder organizations to develop approaches to evaluate professionalism and professional standing while ensuring due process for the diplomate when questions of professionalism arise. The task force emphasized the importance of promoting positive professionalism through policies and programs. It also supported behavioral approaches to enhancing professionalism by encouraging formative assessment, learning, and improvement focused on interpersonal and social relationship skills vital to good health care. Task force members felt that diplomates would benefit from formative feedback on workplace performance accompanied by learning and improvement activities and encouraged the ABMS to work collaboratively with specialty societies to develop high-quality assessment tools and resources that can be used to support the development of professionalism skills. The task force also encouraged the ABMS to advocate for professional values, including issues of health equity and scientific integrity.

The Remediation Task Force was tasked with defining aspects of and suggesting a set of pathways for longitudinal assessment programs (LAP) and non-LAP for remediation of gaps prior to certificate loss, balancing specialty-specific practice differences with the avoidance of non-value-added variation in processes. In addition, this task force was asked to differentiate between pathways for re-entry and regaining certification after diplomate loss of certificate, based on the reason for certificate revocation. To inform and facilitate its work, the group established a peer-reviewed literature resource center of scholarly work on diplomate remediation and assessment research and established the development of a central repository of remediation programs that can effectively serve diplomates and improve the delivery of quality patient care.

The Standards Task Force was tasked with developing new continuing certification standards consistent with the Commission's recommendations, with appropriate input from stakeholders (including practicing physicians and diplomates) that would be implemented by the ABMS member boards. The final set of new standards was presented to and adopted by the ABMS Board of Directors in October 2021. The new Standards represent the culmination of three years of

consultation with diplomates, professional and state medical societies, consumers, and other public stakeholders from across the health care spectrum to reconceive the way specialty physician recertification is conducted. They have been designed to guide the ABMS member boards in establishing continuing certification programs that help diplomates stay current in their specialty while providing hospitals, health systems, patients, and communities with a credential upon which they can continue to rely and depend.

The development of the new Standards was inclusive and transparent by design. Nearly 100 volunteers were involved in the process, representing important stakeholder groups, including professional and state medical societies, individual practicing diplomates, member boards, and public constituents such as credentialers and health care consumer advocates. Additionally, thousands of individuals and organizations provided feedback on the draft Standards during an 80-day public comment period. The feedback collected was highly valued, and each draft Standard was revised in some manner to address the comments received. This resulted in a final set of Standards that meets the needs of the stakeholders who possess, use, or rely upon the board certification credential as an indicator of a diplomate's skills, knowledge, judgment, and professionalism. The new Standards reinforce the transition to innovative assessment programs that support and direct learning. These new assessment models represent an intentional shift from conventional high-stakes exams every 10 years to frequent, flexible, online testing that offers immediate feedback and directs participants to resources for further study. The new systems support learning and retention and complement the continuing education that that all physicians undertake to improve their skills. The new Standards also support greater opportunities for recognition of quality and safety improvement activities in which diplomates are engaged and provide member boards the flexibility to address specialty-specific requirements. A phased-in transition will be used to implement the standards, and member boards will continue to assess, update, and modify their programs based on diplomate and public feedback.

Standards for Continuing Certification

The Draft Standards for Continuing Certification were intended to address the Commission's recommendations for consistency yet flexibility in knowledge assessment and advancing practice and guidance for feedback. The Standards were developed after a year of deliberation with key stakeholders in response to the recommendations of the Vision Commission as well as of the wider stakeholder community. The ABMS had been prepared to release a Call for Comments on the Draft Standards in early December 2020 in accordance with the timeframes established in the Commission's final report. However, the surge in new COVID-19 cases placed an additional burden on the already stressed health care system, which prompted the ABMS to postpone the opening of the public comment period to April-July 2021. The ABMS Board of Directors reviewed the feedback at their October 2021 meeting, and the new Standards were released on November 1, 2021.

These 19 Standards were structured to support and provide diplomates with the tools they need to stay current in medical knowledge, prepare them to address emerging medical and public health issues, and help them identify and address opportunities for practice improvement within the systems in which they work—all in a manner that enhances relevance and reduces burden. They have been organized into the following groups: General Standards, Professional Standing, Lifelong Learning, and Improvement in Health and Health Care. 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 associated commentary which provides rationale and context and addresses important considerations. The Standards read as follows:

#	NEW STANDARD	COMMENTARY
	General Standards	
1	**Program Goals:** Member boards must define goals for their continuing certification program that address the overarching themes in the Introduction* and each of the subsequent standards in this document.	Program elements should be designed to achieve the goals of the program, highlight the boards' unique role as an assessment organization, lessen diplomate burden, and support diplomates in their professional obligation to keep up to date with advances in medical knowledge and continually improve themselves, their colleagues, and the systems in which they work. The goals and components of continuing certification programs should 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 integrated continuing certification program.	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 the certificate status of a diplomate by a member board must be based on each component of their integrated continuing certification program. 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 communicated to diplomates as part of diplomate engagement. Member boards should have a process to verify attestation for participation standards.
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.	Assessment of certification status on a frequent interval provides the public and credentialers trusted information about the diplomate; therefore, member boards may make certification decisions on a more frequent interval than five years. Policies that specify the requirements for certification and the relevant periodicity will be established by each member board. These policies require a decision to determine a diplomate's certificate status (e.g., certified, not certified) at the established interval. The components utilized to make a certification decision in the board-determined

		interval may vary (e.g., knowledge assessment, case logs, peer review, improving health and health care activity). Member boards may have some components of their continuing certification process that extend beyond five years.
4	**Transparent Display of Certification History:** Member boards must publicly display 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 any requirements (either a performance or participation requirement) in their continuing certification program are not met. Changes in the status of a certificate must be publicly displayed, including any disciplinary status. Member boards must use common categories for reporting the status of certificates, with such categories being defined, used, and publicly displayed in the same way.	Member boards have an obligation to the medical community and the public to display on their respective websites and/or the ABMS Certification Matters website, the certification status and history for each diplomate including 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, determined by each member board, must be communicated that a certificate might be at risk.	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 (i.e., deficits must be addressed within the cycle they are due). If a diplomate chooses not to address their 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.	A pathway should be available for physicians and medical specialists to regain certification following loss of certification after a lack of participation in a continuing certification program or not meeting the performance standard.
7	**Program Evaluation:** Member boards must continually evaluate and improve	It is crucial for member boards to evaluate their continuing certification program on an

	their continuing certification program using appropriate data that include feedback from diplomates and other stakeholders.	ongoing basis using a variety of metrics to guide enhancements to their program. Aspects of program evaluation should include assessing diplomate experience, the value of the program to diplomates, and whether diplomates are meeting the member board's objectives. Feedback from other certification stakeholders — professional societies, credentialers, hospitals and health systems, patients, and the public — should also be considered.
8	**Holders of Multiple Certificates:** Member boards must streamline requirements for diplomates who hold multiple certificates, to minimize duplication of effort and cost.	Diplomates who hold multiple specialty and/or subspecialty certificates from one or more member boards could have duplicative requirements to maintain all certificates. member boards should avoid redundancy of requirements of programs for their diplomates maintaining multiple certificates from their board (e.g., Lifelong Learning credit for participation in longitudinal assessment and improving health and health care credit for quality improvement efforts). Similar processes should be incorporated to offer reciprocity of credit for diplomates with multiple certificates held across member boards (e.g., Lifelong Learning credit for participation in longitudinal assessment and improving health and health care credit for quality improvement efforts).
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.	Member boards must have a process for diplomates with non-time-limited certificates 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 professional standing and conduct standards must be upheld by all certificate holders in order to remain certified.
	Professional Standing and Conduct	
10	**Review of Professional Standing**: Primary Source Verification of unrestricted licensure must occur annually. In addition, member boards must have a mechanism to identify and review information regarding licensure in every state in which the diplomate holds a medical license. Any actions by other	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 unrestricted.

	authorities that signal a violation of the member board's professionalism policies that become known by a board must also be reviewed.	On a timely basis, 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 diplomates 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 diplomate's medical license. • Mechanisms such as the ABMS Disciplinary Action Notification Service reports may assist member boards in continually monitoring any actions taking place between annual Primary Source Verification of licensure. • Member boards may choose to use additional methods to evaluate professional standing. • Member boards must effectively communicate the expectations and process for diplomate self-reporting of any changes in professional standing and the implications for failing to do so.
11	**Responding to Issues Related to Professional Standing and Conduct:** Member boards must have policies on professional standing and conduct that define the process for reviewing and taking action on the information that reflects a violation of professional norms. Policies should be communicated to diplomates and available on member board websites.	Member board policies on professional standing and conduct are to be made readily accessible to diplomates and the public. These policies ensure that: • Material actions that may imperil a diplomate's certificate status are clearly defined (e.g., disciplinary actions against a license, criminal convictions, incidents of sexual misconduct); • The facts and context of each action are considered before making any change in a diplomate's certification status; • Appropriate procedures to ensure due process are in place and clearly articulated to diplomates; and

		• There is a clearly outlined process for diplomates to regain a revoked certificate if they are eligible to do so. 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 professional standing and conduct 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 while some relate to administrative infractions that, while serious, may not be viewed as a breach of professional norms. Member boards are not investigatory bodies, but they are expected to weigh available evidence and render an informed judgment with due process. Member boards should consider permitting a diplomate to retain a certificate when the diplomate has been successfully participating in physician health programs or other treatment programs recognized by the state medical board. Finally, when a member board takes action on the certification status of a diplomate who

		holds certificates from multiple member boards, the member board must work with ABMS to notify other member boards of the action taken.
	Lifelong Learning	
12	**Program Content and Relevance:** Member boards' continuing certification programs must balance core content in the specialty with practice-specific content relevant to diplomates.	A continuing certification program should reflect the general scope of practice encompassed by a certificate as defined in collaboration with specialty societies, as well as the specific scope of diplomate's practice. To a reasonable degree, customization of required content should occur to enhance clinical relevance of certification.
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 assessment options that have a formative emphasis and that assist diplomates in learning key clinical advances in the specialty.	Assessments should integrate learning opportunities and provide feedback that enhances learning. Member boards may choose to offer point-in-time, secure assessments for diplomates who prefer this approach, provided that the member board can give useful feedback to guide diplomate learning.
14	**Use of Assessment Results in Certification Decisions:** Member boards' continuing certification assessments must meet psychometric and security standards to support making consequential, summative decisions regarding certification status.	Performance on continuing certification assessments should contribute to making certification decisions when assessment is a component of the decision matrix. Continuing certification programs must provide sufficient information upon which to base a decision about a diplomate's certification status. Member boards should ensure that subject matter experts engaging in assessment development are clinically active. In order for users to have confidence in the value of the certificate, sufficient psychometric standards must be met for reliable, fair, and valid assessments to make a consequential (summative) decision. Security methods must be used to determine the identity of the certificate holder while preserving assessment material without creating unnecessary burden for participating diplomates.
15	**Diplomate Feedback from Assessments:** Member board assessments must provide personalized feedback that enhances learning for diplomates.	A member board should provide specific, instructive feedback to each diplomate that identifies their knowledge gaps on assessments. Feedback should also inform any risk to loss of certification. Member boards should work with specialty societies and other stakeholders to identify

		educational resources that address knowledge and skills gaps and to inform diplomates about these. Member boards should also work with specialty societies to allow diplomates to share member board assessment data to support personalized learning plans implemented by specialty societies.
16	**Sharing Aggregated Data to Address Specialty-based Gaps:** Member boards must analyze performance data from their continuing certification program to identify any specialty-based gaps. Aggregated identified gaps should be shared with essential stakeholders, including diplomates, for the development of learning opportunities.	An analysis of performance data allows identification of specialty-specific knowledge gaps. By sharing these data, educational organizations can create targeted learning resources for the benefit of the specialty. Summary data should only be shared with essential stakeholders, such as specialty societies, that require the information for nonprofit service to the profession. Member boards should collaborate with specialty societies in a continual and timely manner to address major public health needs and frequently occurring deficits, engaging specialty societies in the bidirectional communication necessary for further identification and prioritization of gaps.
17	**Lifelong Professional Development:** Member boards' continuing certification programs must reflect principles of Continuing Professional Development (CPD) with an emphasis on clinically oriented, highly relevant content.	Continuing certification should increase a diplomates' knowledge, skills, and abilities that result in the provision of safe, high-quality care to patients. CPD activities must be of high quality and free of commercial bias. Member boards should work with stakeholders to help diplomates identify relevant, high-quality activities and report completion with minimal administrative burden.
	Improving Health and Health Care	
18	**Quality Agenda:** In collaboration with stakeholder organizations, member boards must facilitate the process for developing an agenda for improving the quality of care in their specialties. One area of emphasis must involve eliminating health care inequities.	Member boards are expected to support a quality agenda in alignment with their specialty-at-large. Member boards must collaborate with key organizations, including specialty societies and other quality organizations, to identify areas in which patient care can be improved, review the areas, and define strategies to improve care. To support a quality agenda, member boards should use the common framework developed by the Institute of Medicine for safe, timely, effective, efficient, equitable, and patient-centered care.

19	**Engagement in Improving Health and Health Care:** Member board continuing certification programs must commit to helping the medical profession improve health and health care by: a. Setting goals and meeting progressive participation metrics that demonstrate an ever-increasing commitment toward having all diplomates engaged in activities that improve care; b. Recognizing the quality improvement expertise of partner organizations and seeking collaborative opportunities for diplomate engagement with efforts to improve care through a variety of existing efforts; c. Working with partner organizations, including medical specialty societies, to create systems (e.g., data transfer process), for diplomates engaged in the organizations' quality improvement activities to seamlessly receive credit from the member boards; and d. Modeling continuous quality improvement by evaluating methods and sharing best practices for program implementation and diplomate engagement.	Wherever possible, member boards should align their expectations to existing performance measurement, quality reporting, and quality improvement efforts. Member boards should work with specialty societies and other stakeholders to ensure that opportunities exist for diplomates in all practice settings and in non-clinical roles (e.g., educator, researcher, executive, or advocate). Progressive participation goals may be appropriate for those member boards that are developing new programs or revising current programs.

In May 2021, the ABMS hosted a webinar on the Draft Standards for AMA leadership, including those representing AMA sections and councils. The Council responded to the Call for Comments to the Draft Standards to guide and inform the ABMS board of directors in the development of the final Standards.

CONTINUING BOARD CERTIFICATION: AN UPDATE

The Council and the HOD have carried out extensive and sustained work in developing policy on CBC. This includes working with the ABMS and the American Osteopathic Association (AOA) to provide physician feedback to improve CBC processes, informing our members about progress on CBC through annual reports to the HOD, and developing strategies to address concerns about the CBC processes raised by physicians. The Council has prepared reports covering CBC (formerly titled "Update on Maintenance of Certification and Osteopathic Continuous Certification") for the past 12 years.[1-12] Council members, AMA trustees, and AMA staff have participated in the following meetings with the ABMS and its member boards:

- ABMS Committee on Continuing Certification
- ABMS Stakeholder Council
- ABMS Accountability and Resolution Committee
- ABMS 2020 Annual Conference
- AMA Council on Medical Education 2020-2021 meetings

ABMS Committee on Continuing Certification

The ABMS Committee on Continuing Certification (known as "3C") is charged with overseeing the review process to CBC programs of the 24 member boards as well as the policies and procedures followed by the boards. Through 3C activities, the member boards share best practices in designing, implementing, and promoting continuing certification as individual member boards continue to receive input from subject matter experts researching physician competence, performance standards, continuing professional development, security considerations, and psychometric characteristics of longitudinal assessment programs.

During 2020 and 2021, the 3C continued to approve substantive program changes implemented among the ABMS member boards and announced additional pilot programs intended to enhance relevance to practice and improve diplomate satisfaction, while maintaining the rigor of assessment, education, and improvement components. This committee sought to improve the level of detail and analysis regarding the approval processes for assessment of new pilots and for adoption of substantive changes by aligning these review processes. This includes utilization of a third reviewer as a technical expert for assessment of new pilots. This third reviewer is designated as a member board staff volunteer (psychometrician or other staff with expertise in assessment design or administration) who provides additional technical expertise in the realm of assessment in recommended areas of analysis.

The 3C also participated in the review of the Draft Standards for Continuing Certification during the Call for Comments period. The committee continues to include AMA representation for monitoring issues of importance to multiple certificate holders, holders of cosponsored certificates, and physicians trained through non-Accreditation Council for Graduate Medical Education-approved pathways.

ABMS Stakeholder Council

Formed in 2018, the Stakeholder Council is an advisory body representing the interests of active diplomate physicians, patients, and the public. It was established to ensure that the decisions of the ABMS Board of Directors are grounded in an understanding of the perspectives, concerns, and interests of the multiple constituents impacted by the ABMS' work. The Stakeholder Council also provides guidance to the Vision Commission and its implementation plan.

During 2020-21 meetings, the Stakeholder Council reviewed and provided feedback to the ABMS regarding the Draft Standards for Continuing Certification, the ABMS Certification Matters display research project and its goals, and this Council's workgroup product regarding diversity and equity. Ongoing work within the Stakeholder Council discusses how the ABMS and its member boards can effectively communicate the evolving process of continuing certification that better balances the value of learning and assessment for physicians, while meeting the needs of the public for a meaningful credential. Issues identified as an important part of this Council's charge include sharing research, promoting best practices for new/emerging technologies, developing novel assessment techniques, aligning continuing certification activities with national reporting and licensure requirements, strengthening relationships between boards and specialty societies, and engaging in patient advocacy.

ABMS Accountability and Resolution Committee

The ABMS Accountability and Resolution Committee (ARC) is continuing its review of how the ABMS member boards engage with ABMS' eight organizational standards. These standards, which address issues related to member board governance, financial and organizational management, and stakeholder engagement, among others, are being reviewed with the intent of identifying best practices among the member boards that can be shared and scaled.

ABMS 2020-2021 Annual Conferences

Amidst the rapidly changing COVID-19 environment, the ABMS and its member boards continue to focus on delivering the value of board certification by convening virtually during the pandemic. For example, during the 2020 Annual Conference, held September 23-24, 2020, educational tracks featured current priorities and enduring principles related to the value of board certification, innovative assessments, and professionalism. This meeting also explored the impact of COVID-19 as well as topics on diversity, equity, and inclusion. AMA's past president, Patrice A. Harris, MD, MA, was featured in a plenary panel session entitled "Improving Public Health Through Diversity, Equity, and Inclusion."

The 2021 Annual Conference, "Transforming Certification for Better Care," was held virtually September 28-29, 2021. AMA staff leadership played key roles in the presenting of information. Jodi Abbott, MD, MSc, MHCM, Medical Director of Curriculum and Outreach for the AMA Ed Hub™, led a panel discussion on the elements and perspectives required in the design, development, editing, and publishing of foundational health equity education. This session illuminated how COVID-19, and other determinants of health, uniquely impact historically marginalized and minoritized communities. Also, AMA leaders Marie T. Brown, MD, MACP, Director of Practice Redesign, and Christine Sinsky, MD, MACP, Vice President, Professional Satisfaction, spoke in the plenary sessions "Addressing Health Care Disparities and the Role of the ABMS Community" and "Addressing Physician Well-being and Burnout: The Present and Future Role of Continuing Certification," respectively.

AMA Council on Medical Education 2020-2021 meetings

At the August 2020 as well as the March and November 2021 meetings of the Council, Richard Hawkins, MD, CEO of the ABMS, presented updates to the Council related to the Vision Commission and Standards. These meetings provided the Council with opportunities to ask questions and give real-time feedback.

ABMS Continuing Certification Directory

The ABMS Continuing Certification Directory provides ABMS board-certified physicians access to an online repository of practice-relevant, competency-based, accredited continuing medical education (CME) activities for continuing certification by participating member boards. During the past year, the Directory has increased its inventory and now indexes more than 4,000 open-access CME activities from more than 65 accredited CME providers. The inventory includes Opioid Prescriber Education Programs and other national health and quality priorities to help diplomates address national health priorities through continuing certification requirements for Lifelong Learning and Self-Assessment (Part II). Working in collaboration with the JAMA Network, the Continuing Certification Directory currently indexes individual journal-based and enduring CME activities across the JAMA Network. This collaboration has improved access to practice-relevant

education opportunities as well as the representation of these learning formats across the CME enterprise.

With the Directory, diplomates can strategically align CME with member boards' Continuing Certification Programs. The competency-based activities are routinely added following the review and approval by one or more of the ABMS member boards. All activities are accredited for CME by the Accreditation Council for Continuing Medical Education (ACCME).

In addition, the ABMS offers a Continuing Certification Reference Center, a searchable resource on its website that highlights literature relevant to member board certification and continuing certification. This reference center, provided by the Research and Education Foundation, is a dynamic database which grows as new studies, reviews, and commentaries are published.

ACCME updates and resources

The ACCME continues to support the continuing certification of physicians. CME Finder is a free search tool that helps physicians find accredited CME activities that meet their needs. In the last year, the ACCME has added more activities and enhancements to this tool to reduce burdens on learners and better serve accredited CME providers as well as to meet the needs of credentialing, certifying, and licensing authorities. These enhancements include the following:

- Ability to display any current or future activities that the accredited CME provider chooses to include as activities that are registered for Improvement in Medical Practice (IMP/Part IV) as well as Merit-Based Incentive Payment System (MIPS) or Risk Evaluation and Mitigation Strategies (REMS);
- Enabling physicians to create a personalized account to view their reported CME and IMP credits and generate transcripts for their state medical board, certifying board, employer, or other regulatory authority; and
- Searchability by activity format, date, types of credit offered, topic, location, keyword, specialty, and other filters.

In late summer 2021, the ACCME launched a new and improved Program and Activity Reporting System (PARS), the system used by accredited CME providers to report their activities and participate in the reaccreditation progress. The new PARS gives accredited CME providers the option to enter, track, and manage physician-learner data for all accredited activities, including activities for IMP. These enhancements support the value of accredited CME and lifelong learning.

The ACCME released its 2020-2021 Highlights Report, "Learning to Thrive Together," which outlines the key initiatives aimed to respond to the CME community's recommendations, fulfill strategic goals, and support a shared mission to improve care for patients and communities. Key takeaways are that the ACCME in 2020-2021:

- Continued to offer new accommodations and resources to help the accredited education community adapt to new circumstances.
- Provided an expedited pathway for planning activities related to COVID-19, a searchable database for vaccine-related education, and guidance for transitioning to virtual learning formats.
- Released the Standards for Integrity and Independence in Accredited Continuing Education, delivering on a promise to health care professionals that they can trust

accredited continuing education to provide accurate, balanced, evidence-based information that supports high-quality patient care.

- Launched CME Passport, a free, all-in-one web application that enables physicians to find, track, and manage their CME.
- Expanded collaborations with colleague regulatory bodies, with the goal of reducing CME-reporting burdens for physicians, giving them more time to focus on their education and patient care, rather than on compliance.
- Convened a special task force of the ACCME Board of Directors to explore the fostering of learning environments that promote diversity, health equity, and inclusiveness, as well as the facilitation of meaningful change in accredited education.

Update on Alternatives to the Secure, High-Stakes Examination/ Part III

All 24 ABMS member boards have moved away from the secure, high-stakes exam, to offer assessment options that combine adult learning principles with state-of-the-art technology, enabling delivery of assessments that promote ongoing learning and are less stressful. Fourteen member boards have implemented and/or are piloting a longitudinal assessment approach, which involves repeatedly administering shorter assessments of specific content, such as medical knowledge, over a period of time. Seven of these boards are using CertLink®, a technology platform developed by the ABMS to support the boards in delivering more frequent, practice-relevant, and user-friendly competence assessments to physicians. Sixteen member boards have retained the traditional secure exam option for reentry purposes and for diplomates who prefer this exam method.

Several boards leveraged their longitudinal assessment platforms to create and distribute up-to-date assessment items on COVID-19. The disruptions of COVID-19 prompted some member boards to make temporary changes to requirements for certification; according to the ABMS, per information obtained from 23 of the member boards regarding these changes, eight offered certificate extensions (three automatically; five by request). In addition, several boards offered extensions (six automatically; five by request) or modifications (three automatically; one by request) to Part III. Given the fluidity of the pandemic, other adjustments may have been or are being made that are not fully reflected in this report.

In April 2021, the American Board of Surgery (ABS) announced that it launched a pilot program in video-based assessment (VBA), taking place from June to December 2021, to help the ABS investigate the use of VBA as a component of its Continuous Certification Program and assess the feasibility of full implementation in the future. In this pilot, surgeons will upload videos of their operations from a predefined list of procedures and will be asked to review videos of their peers. They will provide feedback on their experience with the platform and overall experience with VBA. Videos will be de-identified for surgeon and patient anonymity. Pilot participants will receive quantitative and qualitative feedback on their technique. The ABS will have access to identified information only with respect to who completed uploads and reviews and to de-identified information on ratings, engagement, performance data, and other key performance indicators as defined prior to the pilot.

Progress with Refining IMP/ Part IV

The ABMS member boards continue to expand the range of acceptable activities that meet the IMP requirements, including those offered at the physician's institution and/or individual practices, to address physician concerns about the relevance, cost, and burden associated with fulfilling those requirements (Appendix A). In addition to improving alignment between national value-based

reporting requirements and continuing certification programs, the boards are implementing several activities related to registries, practice audits, and systems-based practice.

As described in the previous report,[1] several ABMS member boards have continued to innovate in the CBC space by developing online practice assessment protocols and tools that allow physicians to assess patient care using evidence-based quality indicators. Boards are also partnering with specialty societies to design population-based activities, integrating patient experience and peer review into IMP requirements, including simulation options, and allowing for personalized activities using data from a physician's own practice. The American Board of Family Medicine (ABFM) worked with four institutions to successfully create registries of measures that matter, despite the challenges of bringing consistency to the measures across the different institutions.

Amidst the challenges of COVID-19, the ABMS member boards continued to align CBC activities with other organizations' quality improvement (QI) efforts to reduce redundancy and physician burden while promoting meaningful participation. Many of the boards encouraged participation in organizational QI initiatives through the ABMS Multi-Specialty Portfolio Program™. According to the ABMS, per information obtained from 23 of the member boards regarding temporary changes to continuing certification due to COVID-19, several boards offered extensions (four automatically; five by request) or modifications (two automatically) to IMP/Part IV. Given the fluidity of the pandemic, other adjustments may have been or are being made that are not fully reflected in this report. Appendix B offers detailed information per board as to the temporary changes offered for continuing as well as initial certification.

ABMS Multi-Specialty Portfolio Program

The ABMS Portfolio Program (Portfolio Program™) supports health care organizations' quality and safety goals, encourages physician and physician assistant involvement in QI activities, and offers continuing certification credit for the improvement work being done in practice. Through the Portfolio Program™ community, individuals and organizations share resources and camaraderie, make strategic connections, and provide advice and feedback to other sponsor organizations. The Portfolio Program™ community includes hospitals, academic medical centers, integrated delivery systems, interstate collaboratives, specialty societies, state medical societies, and other types of organizations in the physician QI/education space. More than 4,500 QI projects have been approved by the Portfolio Program in which 18 ABMS member boards participate, focusing on such areas as COVID-19, health care inequities, advanced care planning, cancer screening, cardiovascular disease prevention, depression screening and treatment, provision of immunizations, obesity counseling, patient-physician communication, transitions of care, and patient-safety-related topics including sepsis and central line infection reduction. Many of these projects have had a positive impact on patient care and outcomes. To date, there have been nearly 47,000 instances of physicians receiving continuing certification credit through participation in the Portfolio Program™.

Specific to COVID-19, nearly 700 individual activities have been submitted by sponsor organizations participating in the Portfolio Program. These projects were related to or included the implementation of telehealth, process redesign, medication, intubation, contact tracing, vaccinations, and more. Through these activities, roughly 3,000 physicians and physician assistants have received credit.

Recent additions among the nearly 100 current Portfolio Program sponsors include the Perelman School of Medicine at the University of Pennsylvania, the Professional Renewal Center, and

Rainbow Babies & Children's Hospital at Case Western University. The full list of sponsors is available on the ABMS Portfolio Program website.

The AMA is also a sponsor in the Portfolio Program, having published several Performance Improvement CME activities which also offered IMP credit. Two activities launched in May 2021, "Screening for Abnormal Blood Glucose" and "Intervention for Abnormal Blood Glucose in Prediabetes Range," provide a streamlined learner experience. In October 2021, two additional activities were launched, "Retesting of Abnormal Blood Glucose in Patients with Prediabetes" and "Improving BMI Documentation and Follow-Ups." These activities support the AMA's ongoing efforts to improve health outcomes, particularly the prevention of diabetes; they can be found on the AMA's Ed Hub™.

Update on the Emerging Data and Literature Regarding the Value of CBC

The Council has continued to review published literature and emerging data as part of its ongoing efforts to critically review CBC. The annotated bibliography in Appendix C provides a list of recent studies, editorials, and announcements. Such information addresses ABMS member board history, initiatives, and advancements as well as concerns, challenges, and considerations for the future. The appendix also provides information on CBC in Canada and Europe.

OSTEOPATHIC CONTINUOUS CERTIFICATION: AN UPDATE

The American Osteopathic Association (AOA) offers board certification in 27 primary specialties and 48 subspecialties (including certifications of added qualifications). Nine of the 48 subspecialties are conjoint certifications managed by multiple AOA specialty boards. As of December 31, 2021, a total of 38,355 physicians held 45,128 active certifications issued by the AOA's specialty certifying boards.

The AOA Certifying Board Services Department works in collaboration with the 16 osteopathic medical specialty certifying boards on the development and implementation of certification programs and assessments. Under the guidance of the AOA Bureau of Osteopathic Specialists, specialty certifying boards commit to enhancing board certification services that better serve candidates and diplomates pursuing and maintaining AOA board certification.

AOA specialty certifying boards provide a modernized, expedited approach to the delivery of relevant and meaningful competency assessment for board certified diplomates. Through innovation and leveraging technology opportunities, all AOA specialty boards have developed longitudinal assessment programs that replaced the high stakes recertification exams previously required. Several AOA specialty certifying boards, including Anesthesiology, Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, Neurology & Psychiatry, Obstetrics & Gynecology, and Radiology have successfully launched their longitudinal assessment programs. The remaining primary specialty certifying boards remain on schedule to launch longitudinal assessment programs by the end of 2022.

To provide added convenience for AOA diplomates and in service of a long-range goal to improve user experience, every AOA specialty certifying board now offers its candidates and diplomates online remote proctored delivery of its certification and Osteopathic Continuous Certification (OCC) exams. Operational improvements were made within the department, which has resulted in reduced processing time for exam score reporting and enhanced psychometric exam validation.

CURRENT AMA POLICIES RELATED TO CBC

The AMA maintains robust policy related to CBC and lifelong learning, which can be accessed in the AMA PolicyFinder database. Specifically, Policies H-275.924 and D-275.954, both entitled "Continuing Board Certification," and H-275.926, "Medical Specialty Board Certification Standards," can be found in Appendix D.

DISCUSSION

The Council is actively engaged in the implementation of the Vision for the Future Commission's recommendations and standards to improve the process for the more than 640,000 diplomates participating in continuing certification (unpublished data, ABMS Diplomate Database, accessed July 1, 2021, with permission from ABMS). This report highlights the progress the ABMS and ABMS member boards have continued to make to ease burdens and improve the CBC process for physicians.

Council on Medical Education Report (CME 1-N-20), "An Update on Continuing Board Certification," considered at the Special November 2020 Meeting, recommended that our AMA, "through its Council on Medical Education, continue to work with the ABMS and its member boards to implement key recommendations outlined by the Vision Commission's final report, including the development of new, integrated standards for continuing certification programs by 2020 that will address the Commission's recommendations for flexibility in knowledge assessment and advancing practice, feedback to diplomates, and consistency." The recommendation was appended to AMA Policy D-275.954 as the 38th clause. However, the impact of COVID-19 led to the delay in the release of the new Draft Standards until 2021. The ABMS Board of Directors considered the feedback on the Draft Standards at their October 2021 meeting, and the final Standards were released shortly thereafter. Therefore, this report proposes to amend the policy to strike "2020" as well as to include language supporting the new Standards. Upon further review of this policy, another inaccuracy was noted. The 22nd clause of this policy refers to the AMA's continued participation in the National Alliance for Physician Competence; this Alliance was renamed the Coalition for Physician Accountability, and policy should reflect the current name.

Policy adopted at the June 2021 Special Meeting, now appended to AMA Policy D-275.954, "Continuing Board Certification," asks that our AMA "work with the ABMS and its member boards to reduce financial burdens for physicians holding multiple certificates who are actively participating in continuing certification through an ABMS member board, by developing opportunities for reciprocity for certification requirements as well as consideration of reduced or waived fee structures." The impetus for this policy is that many physicians are certified by more than one ABMS Board but may participate in CBC with only one of those boards. As one example, the American Board of Internal Medicine (ABIM) charges such physicians a fee and does not accurately reflect such physicians' status as participating in CBC in the ABIM Directory unless they pay that fee. The Council is in regular communication with the ABMS regarding these concerns raised.

Existing AMA policy is supportive of cost transparency as well as reduced financial burdens on physicians in their achievement of continuing certification. Policy H-275.924(19) states that "the CBC process should be reflective of and consistent with the cost of development and administration of the CBC components, ensure a fair fee structure, and not present a barrier to patient care." Also, Policy D-275.954 states that our AMA will "encourage the ABMS to ensure that all ABMS member boards provide full transparency related to the costs of preparing,

administering, scoring, and reporting CBC and certifying examinations" and "encourage the ABMS to ensure that CBC and certifying examinations do not result in substantial financial gain to ABMS member boards, and advocate that the ABMS develop fiduciary standards for its member boards that are consistent with this principle."

Since 2007, the Council has provided an annual report on CBC per AMA Policy D-275.954. Given advancements and improvements made in the field of CBC, the Council believes it is no longer imperative to provide a report every year. The Council continues to monitor the CBC process and will submit a report to the HOD when deemed necessary.

SUMMARY AND RECOMMENDATIONS

The AMA has been actively engaged in the implementation of the Continuing Board Certification: Vision for the Future Commission's recommendations as well as the development of the Draft Standards to contribute to the improvement of the continuing board certification process. The Council continues to monitor the development of continuing board certification programs and to work with the ABMS, ABMS member boards, AOA, and state and specialty medical societies to identify and suggest improvements to these programs.

The Council on Medical Education therefore recommends that the following recommendations be adopted and the remainder of the report be filed.

That our American Medical Association (AMA) amend Policy D-275.954 clauses 1, 22, and 38 by addition and deletion to read as follows:

1. (1),"Continue to monitor the evolution of Continuing Board Certification (CBC), continue its active engagement in discussions regarding their implementation, encourage specialty boards to investigate and/or establish alternative approaches for CBC, and prepare a report regarding the CBC process at the request of the House of Delegates or when deemed necessary by the Council on Medical Education."

2. (22), "Continue to participate in the Coalition for Physician Accountability, formerly known as the National Alliance for Physician Competence forums."

3. (38), "Our AMA, through its Council on Medical Education, will continue to work with the American Board of Medical Specialties (ABMS) and ABMS member boards to implement key recommendations outlined by the Continuing Board Certification: Vision for the Future Commission in its final report, including the development and release of new, integrated standards for continuing certification programs that will address the Commission's recommendations for flexibility in knowledge assessment and advancing practice, feedback to diplomates, and consistency." (Modify Current HOD Policy)

Fiscal Note: $3,000

APPENDIX A:
IMPROVEMENTS TO ASSESSMENT OF KNOWLEDGE, JUDGMENT, AND SKILLS (PART III) AND IMPROVEMENT IN MEDICAL PRACTICE (PART IV)*

American Board of:	Original Format	New Models/Innovations
Allergy and Immunology (ABAI) abai.org	**Part III:** Computer-based, secure exam was administered at a proctored test center once a year. Diplomates were required to pass the exam once every 10 years. *Traditional secure exam only offered for re-entry.*	**Part III:** In 2018, ABAI-Continuous Assessment Program was implemented in place of 10-year secure exam: • A 10-year program with two 5-year cycles; • Open-book with approximately 80 questions annually; • Customized to practice; • Diplomates must answer three questions for each of 10 journal articles in each cycle posted in February and August; • 10 core questions during each 6-month cycle; • Questions can be answered independently for each article; • Diplomate feedback required on each question; • Opportunity to drop the two lowest 6-month cycle scores during each 5-year period to allow for unexpected life events; and • Diplomates can take exam where and when it is convenient and have the ability to complete questions on PCs, laptops, MACs, tablets, and smart phones by using the new diplomate dashboard accessed via the existing ABAI Web Portal page.
	Part IV: ABAI diplomates receive credit for participation in registries.	**Part IV:** In 2018, new Part IV qualifying activities provided credit for a greater range of Improvement in Medical Practice (IMP) activities that physicians complete at their institutions and/or individual practices. A practice assessment/quality improvement (QI) module must be completed once every 5 years.

Anesthesiology (ABA) theaba.org	**Part III:** MOCA 2.0 introduced in 2014 to provide a tool for ongoing low-stakes assessment with more extensive, question-specific feedback. Also provides focused content that could be reviewed periodically to refresh knowledge and document cognitive expertise.	**Part III:** MOCA Minute® replaced the MOCA exam: • Customized to practice; • Diplomates must answer 30 questions per calendar quarter (120 per year), no matter how many certifications they are maintaining; and • Knowledge Assessment Report shows details on the MOCA Minute questions answered incorrectly, peer performance, and links to related CME.
	Part IV[2]: Traditional MOCA requirements include completion of case evaluation and simulation course during the 10-year MOCA cycle. One activity must be completed between Years 1 to 5 and the second between Years 6 to 10. An attestation is due in Year 9.	**Part IV[2]:** ABA added and expanded multiple activities for diplomates to demonstrate that they are participating in evaluations of their clinical practice and are engaging in practice improvement. Diplomates may choose activities that are most relevant to their practice; reporting templates no longer required for self-report activities; and simulation activity not required. An attestation is due in Year 9.
Colon and Rectal Surgery (ABCRS) abcrs.org	**Part III:** Computer-based secure exam administered at a proctored test center once a year (in May). Diplomates must pass the exam once every 10 years. *The secure exam is no longer offered.*	**Part III[1]:** New Continuous Certification Longitudinal Assessment Program (CertLink®) replaced the high-stakes Part III Cognitive Written Exam which was required every 10 years: • Diplomates must complete 12 to 15 questions per quarter through the CertLink® platform. • The fifth year of the cycle can be a year free of questions or used to extend the cycle if life events intervene.
	Part IV: Requires ongoing participation in a local, regional, or national outcomes registry or quality assessment program.	**Part IV:** If there are no hospital-based or other programs available, diplomates can maintain a log of their own cases and morbidity outcomes utilizing the ACS Surgeon Specific Case Log System (with tracking of 30-day complications). Resources are provided to enable completion of QI activities based on the results.

Dermatology (ABD) abderm.org	**Part III:** Computer-based secure modular exam still administered at a proctored test center twice a year or by remote proctoring technology. Diplomates must pass the exam once every 10 years. Test preparation material available 6 months before the exam at no cost. The material includes diagnoses from which the general dermatology clinical images will be drawn and questions that will be used to generate the subspecialty modular exams. Examinees are required to take the general dermatology module, consisting of 100 clinical images to assess diagnostic skills, and can then choose among 50-item subspecialty modules.	**Part III[1]:** ABD completed trials employing remote proctoring technology to monitor exam administration in the diplomates' homes or offices. On January 6, 2020, diplomates can participate in CertLink®: • Diplomates must complete 13 questions per quarter for a total of 52 questions; • Diplomates will receive a mix of visual recognition questions, specialty area questions, and article-based questions; • Written references and online resources are allowed while answering questions; and • Diplomates are permitted to take one quarter off per year without advanced permission or penalty, using the "Time Off" feature (if diplomate opts not to take a quarter off, their lowest scoring quarter during that year will be eliminated from scoring).
	Part IV[2]: Tools diplomates can use for Part IV include: • Focused practice improvement modules. • ABD's basal cell carcinoma registry tool. Partnering with specialty society to transfer any MOC-related credit directly to Board.	**Part IV[2]:** ABD developed more than 40 focused practice improvement modules that are simpler to complete and cover a wide range of topics to accommodate different practice types. Peer and patient communication surveys are now optional.
Emergency Medicine (ABEM) abem.org	**Part III:** ABEM's ConCert™, computer-based, secure exam administered at a proctored test center twice a year. Diplomates must pass the exam once every 10 years. *ConCert will be phased out after 2022*	**Part III:** ABEM launched an alternative assessment, MyEMCert, that consists of: • Short assessment modules, consisting of up to 50 questions each; • Each module addresses a category of common patient presentations in the emergency department; • Eight modules are required in each 10-year certification. (ABEM-diplomates who have less than 10 years remaining on their current certification and who choose to participate in MyEMCert will have less time to complete eight modules before their certification expires); • Each module includes recent advances in emergency medicine

		(that may or may not be related to the category of patient presentation). Participants in MyEMCert do not also have to take LLSAs; • Three attempts are available for each registration; • MyEMCert modules will be available 24/7/365; and • Diplomates can look up information—for example, textbooks or online resources to which they subscribe—while completing a module.
	Part IV²: Physicians may complete practice improvement efforts related to any of the measures or activities listed on the ABEM website. Others that are not listed, may be acceptable if they follow the four steps ABEM requirements.	**Part IV²:** ABEM is developing a pilot program to grant credit for participation in a clinical data registry. ABEM diplomates receive credit for improvements they are making in their practice setting. Must complete and attest to two performance improvement activities, one in years one through five of certification and one in years six through ten.
Family Medicine (ABFM) theabfm.org	**Part III:** One-day Family Medicine Certification Exam. Traditional computer-based secure exam administered at a proctored test center twice a year or by remote proctoring technology. Diplomates must pass the exam once every 10 years. The exam day schedule consists of four 95-minute sections (75 questions each) and 100 minutes of pooled break time available between sections.	**Part III:** In 2018, ABFM launched Family Medicine Certification Longitudinal Assessment (FMCLA), • Diplomates must complete 25 questions per quarter; 300 questions over a 4-year time period; • Diplomates receive immediate feedback after each response; • Clinical references similar to those used in practice allowed during the assessment; and • Questions can be completed at the place and time of the diplomate's choice.
	Part IV²: IMP Projects include: • Collaborative Projects: Structured projects that involve physician teams collaborating across practice sites and/or institutions to implement strategies designed to improve care. • Projects Initiated in the Workplace: These projects are based on identified gaps in quality in a local or small group setting.	**Part IV²:** ABFM developed and launched the national primary care registry (PRIME) to reduce time and reporting requirements.

	• Web-based Activities: Self-paced activities that physicians complete within their practice setting (these activities are for physicians, who do not have access to other practice improvement initiatives).	
Internal Medicine (ABIM) abim.org	**Part III:** Computer-based secure exam administered at a proctored test center. Diplomates must pass the exam once every 10 years. This option includes open-book access (to UpToDate®) that physicians requested. *ABIM introduced grace period for physicians to retry assessments for additional study and preparation if initially unsuccessful.*	**Part III:** ABIM will be piloting a longitudinal assessment option in 2022. *ABIM has developed collaborative pathways with the American College of Cardiology and American Society of Clinical Oncology for physicians to maintain board certification in several subspecialties. ABIM is working with other specialty societies to explore the development of pathways.*
	Part IV²: Practice assessment/QI activities include identifying an improvement opportunity in practice, implementing a change to address that opportunity, and measuring the impact of the change. Diplomates can earn MOC points for many practice assessment/QI projects through their medical specialty societies, hospitals, medical groups, clinics, or other health-related organizations.	**Part IV²:** Optional; incentive for participation in approved activities. Increasing number of specialty-specific IMP activities recognized for credit (activities that physicians are participating in within local practice and institutions).

Medical Genetics and Genomics (ABMGG) abmgg.org	**Part III:** Computer-based secure exam administered at a proctored test center once a year (August). Diplomates must pass the exam once every 10 years. *The secure exam is no longer offered.*	**Part III[1]:** ABMGG offers a longitudinal assessment program (CertLink®) • Diplomates receive 24 questions every 6 months, regardless of number of specialties in which a diplomate is certified; • Diplomates must answer all questions by the end of each 6-month timeframe (5 minutes allotted per question); • Resources allowed, collaboration with colleagues not allowed; • Realtime feedback and performance provided for each question; and • "Clones" of missed questions will appear in later timeframes to help reinforce learning.
	Part IV[2]: Diplomates can choose from the list of options to complete practice improvement modules in areas consistent with the scope of their practice.	**Part IV[2]:** ABMGG is developing opportunities to allow diplomates to use activities already completed at their workplace to fulfill certain requirements. *Expanding accepted practice improvement activities for laboratorians.*
Neurological Surgery (ABNS) abns.org	**Part III:** The 10-year secure exam can be taken from any computer, e.g., in the diplomate's office or home. Access to reference materials is not restricted; it is an open book exam. On applying to take the exam, a diplomate must assign a person to be their proctor. Prior to the exam, that individual will participate in an on-line training session and "certify" the exam computers. *The secure exam is no longer offered.*	**Part III:** In 2018, Core Neurosurgical Knowledge, an annual adaptive cognitive learning tool and modules, replaced the 10-year secure exam: • Open book exam focusing on 30 or so evidence-based practice principles critical to emergency, urgent, or critical care; • Shorter, relevant, and more focused questions than the prior exam; • Diplomates receive immediate feedback for each question and references with links and/or articles are provided; and • Web-based format with 24/7 access from the diplomate's home or office.

	Part IV: Diplomates receive credit for documented participation in an institutional QI project.	**Part IV:** Diplomates are required to participate in a meaningful way in morbidity and mortality conferences (local, regional, and/or national). For those diplomates participating in the Pediatric Neurosurgery, CNS-ES, NeuCC focused practice programs, a streamlined case log is required to confirm that their practice continues to be focused and the diplomate is required to complete a learning tool that includes core neurosurgery topics and an additional eight evidence-based concepts critical to providing emergency, urgent, or critical care in their area of focus.
Nuclear Medicine (ABNM) abnm.org	**Part III:** Computer-based secure exam administered at a proctored test center once a year (October). Diplomates must pass the exam once every 10 years.	**Part III[1]:** Diplomates can choose between the 10-year exam or a longitudinal assessment program (CertLink®). • Diplomates receive nine questions per quarter and up to four additional questions that are identical or very similar to questions previously answered (called "clones") and many will have images; • Educational resources can be used; • Diplomates receive immediate feedback with critiques and references; and • Allows for emergencies and qualifying life events.
	Part IV: Diplomates must complete one of the three following requirements each year. 1. Attestation that the diplomate has participated in QI activities as part of routine clinical practice, such as participation in a peer review process, attendance at tumor boards, or membership on a radiation safety committee. 2. Participation in an annual practice survey related to approved clinical guidelines released by the ABNM. The survey has several questions based on review of actual cases. Diplomates receive a summary of the answers provided by other physicians that allows them to compare their practice to peers. 3. Improvement in Medical Practice projects designed by diplomates or	**Part IV:** ABNM recognizes QI activities in which physicians participate in their clinical practice.

	provided by professional groups such as the SNMMI. Project areas may include medical care provided for common/major health conditions; physician behaviors, such as communication and professionalism, as they relate to patient care; and many others. The projects typically follow the model of Plan, Do, Study, Act. The ABNM has developed a few IMP modules for the SNMMI, Alternatively, diplomates may design their own project.	
Obstetrics and Gynecology (ABOG) abog.org	**Part III:** The secure, external assessment is offered in the last year of each ABOG diplomate's 6-year cycle in a modular test format; diplomates can choose two selections that are the most relevant to their current practice. The exam administered at a proctored test center.	**Part III:** ABOG integrated the article-based self-assessment (Part II) and external assessment (Part III) requirements, allowing diplomates to continuously demonstrate their knowledge of the specialty. Diplomates can earn an exemption from the current computer-based exam in the sixth year of the program if they reach a threshold of performance during the first 5 years of the self-assessment program. Since 2019, diplomates can choose to take the 6-year exam or participate in Performance Pathway, an article-based self-assessment (with corresponding questions) which showcases new research studies, practice guidelines, recommendations, and up-to-date reviews. Diplomates who participate in Performance Pathway are required to read a total of 180 selected articles and answer 720 questions about the articles over the 6-year MOC cycle.
	Part IV^2: Diplomates required to participate in one of the available IMP activities yearly in MOC Years 1-5. ABOG will consider structured QI projects (IMP modules, QI efforts, simulation courses) in obstetrics and gynecology for Part IV credit. These projects must demonstrate improvement in care and be based on accepted improvement science and methodology. Newly developed QI projects from organizations with a history of successful QI projects are also eligible for approval.	**Part IV^2:** ABOG recognizes work with QI registries for credit. ABOG continues to expand the list of approved activities which can be used to complete the Part IV.

Ophthalmology (ABO) abop.org	**Part III:** The Demonstration of Ophthalmic Cognitive Knowledge (DOCK) high-stakes, 10-year exam administered through 2018. *The secure exam is no longer offered.*	**Part III:** In 2019, Quarterly Questions™ replaced the DOCK Examination for all diplomates: • Diplomates receive 50 questions (40 knowledge-based and 10 article-based); • The questions should not require preparation in advance, but a content outline for the questions will be available; • The journal portion will require reading five articles from a list of key ophthalmic journal articles with questions focused on the application of this information to patient care; • Diplomates receive immediate feedback and recommendations for resources related to gaps in knowledge; and • Questions can be completed remotely at home or office through computer, tablet, or mobile apps.
	Part IV[2]: Diplomates whose certificates expire on or before December 31, 2020, must complete one of the following options; all other diplomates complete two activities: • Read QI articles through Quarterly Questions; • Choose a QI CME activity; • Create an individual IMP activity; or • Participate in the ABMS multi-specialty portfolio program pathway.	**Part IV[2]:** Diplomates can choose to: • Select 3 QI journal articles from ABO's reading list and answer two questions about each article (this activity option may be used only once during each 10-year cycle). • Design a registry-based IMP Project using their AAO IRIS® Registry Data; • Create a customized, self-directed IMP activity; or • Participate in the ABMS multi-specialty portfolio program through their institution.
Orthopaedic Surgery (ABOS) abos.org	**Part III:** Computer-based secure modular exam administered at a proctored test center. Diplomates must pass the exam once every 10 years. The optional oral exam is given in Chicago in July. Diplomates without subspecialty certifications can take practice-profiled exams in orthopaedic sports medicine and surgery of the hand.	**Part III:** ABOS offers a longitudinal assessment program (ABOS WLA) the Knowledge Assessment. This pathway may be chosen instead of an ABOS computer-based or oral recertification 10-year exam: • Diplomates must answer 30 questions (from each Knowledge Source chosen by the diplomate); • The assessment is open-book and diplomates can use the Knowledge

	General orthopaedic questions were eliminated from the practice-profiled exams, so diplomates are only tested in areas relevant to their practice. Detailed blueprints are being produced for all exams to provide additional information for candidates to prepare for and complete the exams. Eight different practice-profiled exams offered to allow assessment in the diplomate's practice area.	Sources, if the questions are answered within the 3-minute window and that the answer represents the diplomate's own work; and • Questions can be answered remotely at home or office through computer, tablet, or mobile apps.
	Part IV: Case lists allow diplomates to review their practice including adhering to accepted standards, patient outcomes, and rate and type of complications. Case list collection begins on January 1st of the calendar year that the diplomate plans to submit their recertification application and is due by December 1. The ABOS recommends that this be done in Year 7 of the 10-year MOC Cycle, but it can be done in Year 8 or 9. A minimum of 35 cases is required for the recertification candidate to sit for the recertification exam of their choice. Diplomates receive a feedback report based on their submitted case list.	**Part IV:** ABOS is streamlining the case list entry process to make it easier to enter cases and classify complications.
Otolaryngology – Head and Neck Surgery (ABOHNS) aboto.org	**Part III:** Computer-based secure modular exam administered at a proctored test center. Diplomates must pass the exam once every 10 years.	**Part III[1]:** CertLink®-based longitudinal assessment: • Diplomates receive 10 to 15 questions per quarter; • Immediate, personalized feedback provided regarding the percentage of questions answered correctly; • Questions can be answered at a diplomate's convenience so long as all questions are answered by the end of each quarter; and • Remote access via desktop or laptop computer (some items will contain visuals).
	Part IV[2]: The three components of Part IV include: • A patient survey; • A peer survey; and • A registry that will be the basis for QI activities.	**Part IV[2]:** ABOHNS is partnering with the American Academy of Otolaryngology-Head and Neck Surgery in their development of a RegentSM registry. Selected data will be extracted from RegentSM for use in practice improvement modules that diplomates can use to meet IMP requirements. ABOHNS is working to identify and accept improvement

		activities that diplomates engage in as part of their practice. ABOHNS will roll out the last section of MOC, Part IV, which is still under development. Part IV will consist of three components, a patient survey, a professional survey, and a Performance Improvement Module (PIM).
Pathology (ABPath) abpath.org	**Part III:** Computer-based secure modular exam administered at the ABP Exam Center in Tampa, Florida twice a year (March and August). Remote computer exams can be taken anytime 24/7 that the physician chooses during the assigned 2-week period (spring and fall) from their home or office. Physicians can choose from more than 90 modules, covering numerous practice areas for a practice-relevant assessment. Diplomates must pass the exam once every 10 years.	**Part III[1]:** The ABPath CertLink® program is available for all diplomates: • Customization allows diplomates to select questions from practice (content) areas relevant to their practice. • Diplomates can log in anytime to answer 15 to 25 questions per quarter; • Each question must be answered within 5 minutes; • Resources (e.g. internet, textbooks, journals) can be used; and • Diplomates receive immediate feedback on whether each question is answered correctly or incorrectly, with a short narrative about the topic (critique), and references.
	Part IV[2]: Diplomates must participate in at least one inter-laboratory performance improvement and quality assurance program per year appropriate for the spectrum of anatomic and clinical laboratory procedures performed in that laboratory.	**Part IV[2]:** IMP requirements must be reported as part of a reporting period every 2 years via PATHway. There are three aspects to IMP: • Laboratory Accreditation; • Laboratory Performance Improvement and Quality Assurance; and • Individual Performance Improvement and Quality Assurance.
Pediatrics (ABP) abp.org	**Part III:** Computer-based secure exam administered at a proctored test center. Diplomates must pass the exam once every 10 years.	**Part III:** In 2019, a new testing platform with shorter and more frequent assessments, Maintenance of Certification Assessment for Pediatrics (MOCA-Peds), was implemented: • Allows for questions to be tailored to the pediatrician's practice profile; • A series of questions released through mobile devices or a web browser at regular intervals;

		• Diplomates receive 20 questions per quarter (may be answered at any time during the quarter); • Diplomates receive immediate feedback and references; • Resources (e.g., internet, books) can be used. *Those who wish to continue taking the exam once every 5 years in a secure testing facility will be able to do so.*
	Part IV[2]: Diplomates must earn at least 40 points every 5 years in one of the following activities: • Local or national QI projects • Diplomates' own project • National Committee for Quality Assurance Patient-Centered Medical Home or Specialty Practice • Institutional QI leadership • Online modules (PIMS)	**Part IV[2]:** ABP is enabling new pathways for pediatricians to claim Part IV QI credit for work they are already doing. These pathways are available to physicians who are engaged in QI projects alone or in groups and include a pathway for institutional leaders in quality to claim credit for their leadership. ABP is also allowing trainees (residents and fellows) to "bank" MOC credit for QI activities in which they participate. The pediatricians supervising these trainees also may claim MOC credit for qualifying projects.
Physical Medicine and Rehabilitation (ABPMR) abpmr.org	**Part III:** Computer-based secure exam administered at a proctored test center. Diplomates must pass the exam once every 10 years. Released MOC 100, a set of free practice questions pulled directly from the ABPMR exam question banks to help physicians prepare for the exam. There is a separate computer-based secure exam administered at a proctored test center that is required to maintain subspecialty certification. *After the last administration of secure exam in 2020, the exam will be replaced with the Longitudinal Assessment for PM&R (LA-PM&R).*	**Part III[1]:** The Longitudinal Assessment for PM&R (LA-PM&R) is available for all diplomates: • Diplomates receive 20 questions per quarter; after that: between 15 and 18 questions depending on performance (higher performance = fewer questions); • Maximum of 2 minutes to answer each question; • Diplomates can customize their question content; • Diplomates receive immediate feedback indicating whether the answer was correct or incorrect, followed by a critique; and • Available from a desktop or tablet (some features may not work on a phone's web browser). The ABPMR is exploring the use of longitudinal assessment for its subspecialty assessment requirement, but these plans, IT infrastructure, customer service support, and item banks take time to develop. More information on longitudinal assessment

		for subspecialties will be available in the next few years.
	Part IV²: Guided practice improvement projects are available through ABPMR. Diplomates must complete: • Clinical module (review of one's own patient charts on a specific topic), or • Feedback module (personal feedback from peers or patients regarding the diplomates clinical performance using questionnaires or surveys). Each module consists of three steps to complete within a 24-month period: initial assessment, identify and implement improvement, and reassessment.	**Part IV²:** ABPMR introduced several free tools to complete an IMP project, including a simplified and flexible template to document small improvements and educational videos, infographics, and enhanced web pages. ABPMR is seeking approval from the National Committee for Quality Assurance Patient-Centered Specialty Practice Recognition for Part IV IMP credit. ABPMR is also working with its specialty society to develop relevant registry-based QI activities.
Plastic Surgery (ABPS) abplasticsurgery.org	**Part III:** Computer-based secure exam administered at a proctored test center once a year (October). Diplomates must pass the exam once every 10 years. Modular exam to ensure relevance to practice. ABPS offers a Part III Study Guide with multiple choice question items derived from the same sources used for the exam. *Following 2021, the computer-based secure exam will be replaced with the internet-based format.*	**Part III:** In April 2020, the continuous certification exam will move to an internet-based testing format: • Diplomate receives 30 questions per year; • Diplomates receive immediate feedback on answers with links to references and educational resources. These are offered with an opportunity to respond again; and • Available on any computer with an internet connection;
	Part IV: ABPS provides Part IV credit for registry participation. ABPS also allows Part IV credit for IMP activities that a diplomate is engaged in through their hospital or institution. Diplomates are asked to input data from 10 cases from any single index procedure every 3 years, and ABPS provides feedback on diplomate data across five index procedures in four subspecialty areas.	**Part IV:** Allowing MOC credit for IMP activities that a diplomate is engaged in through their hospital or institution. Physician participation in one of four options can satisfy the diplomate's Practice Improvement Activity: • Quality Improvement Publication • Quality Improvement Project • Registry Participation • Tracer Procedure Log
Preventive Medicine (ABPM) theabpm.org	**Part III:** In-person, pencil-and-paper, secure exam administered at a secure test facility. MOC exams follow the same content outline as the initial certification exam (without the core portion). *In 2016, new multispecialty subspecialty of Addiction Medicine was established. In 2017,*	**Part III:** In 2019, the ABPM began offering all diplomates remotely proctored MOC exams: • Must be completed by the examinee in a single sitting; • Given in two 50-question sections with an optional 15-minute break between sections;

	Addiction Medicine subspecialty certification exam was administered to diplomates of any of the 24 ABMS member boards who meet the eligibility requirements.	• Diplomates are not allowed to consult outside resources or notes; • Results available on diplomate's dashboard in the physician portal 4 weeks after the completion of the exam; and • Available on smart phone or computer. In 2021, ABPM began piloting a longitudinal assessment program for the Clinical Informatics subspecialty certificate.
	Part IV[2]: Diplomates must complete two IMP activities during each 10-year cycle. One of the activities must be completed through a Preventive Medicine specialty or subspecialty society (ACOEM, ACPM, AMIA, AsMA, or UHMS).	**Part IV[2]:** Partnering with specialty societies to design quality and performance improvement activities for diplomates with population-based clinical focus (e.g., public health).
Psychiatry and Neurology (ABPN) abpn.com	**Part III:** Computer-based secure exam administered at a proctored test center. Diplomates must pass the exam once every 10 years. ABPN is developing MOC exams with committees of clinically active diplomates to ensure relevance to practice. ABPN is also enabling diplomates with multiple certificates to take all of their MOC exams at once and for a reduced fee. Grace period so that diplomates can retake the exam.	**Part III:** ABPN implemented a new assessment that allows physicians to select 30-40 lifelong learning articles and demonstrate learning by high performance on the questions accompanying the article in order to earn exemption from the 10-year MOC high-stakes exam.
	Part IV[2]: Diplomates satisfy the IMP requirement by completing one of the following: 1. Clinical Module: Review of one's own patient charts on a specific topic (diagnosis, types of treatment, etc.). 2. Feedback Module: Obtain personal feedback from either peers or patients regarding your own clinical performance using questionnaires or surveys.	**Part IV[2]:** ABPN is allowing Part IV credit for IMP and patient safety activities diplomates complete in their own institutions and professional societies, and those completed to fulfill state licensure requirements. Diplomates participating in registries, such as those being developed by the American Academy of Neurology and the American Psychiatric Association, can have 8 hours of required self-assessment CME waived.

Radiology (ABR) theabr.org	**Part III:** Computer-based secure modular exam administered at a proctored test center. Diplomates must pass the exam once every 10 years. *The secure exam is needed only in limited situations.*	**Part III:** An Online Longitudinal Assessment (OLA) model was implemented in place of the 10-year traditional exam. OLA includes modern and more relevant adult learning concepts to provide psychometrically valid sampling of the diplomate's knowledge. • Diplomates must create a practice profile of the subspecialty areas that most closely fit what they do in practice, as they do now for the modular exams; • Diplomates will receive weekly emails with links to questions relevant to their registered practice profile. • Questions may be answered singly or, for a reasonable time, in small batches, in a limited amount of time. • Diplomates receive immediate feedback about questions answered correctly or incorrectly and will be presented with a rationale, critique of the answers, and brief educational material. *Those who answer questions incorrectly will receive future questions on the same topic to gauge whether they have learned the material.*
	Part IV^2: Diplomates must complete at least one practice QI project or participatory QI activity in the previous 3 years at each MOC annual review. A project or activity may be conducted repeatedly or continuously to meet Part IV requirements.	**Part IV^2:** ABR is automating data feeds from verified sources to minimize physician data reporting. ABR is also providing a template and education about QI to diplomates with solo or group projects.
Surgery (ABS) absurgery.org	**Part III:** Computer-based secure exam administered at a proctored test center. Diplomates must pass the exam once every 10 years. Transparent exam content, with outlines, available on the ABS website and regularly updated. ABS is coordinating with the American College of Surgeons and other organizations to ensure available study materials align with exam content.	**Part III:** In 2018, ABS began offering shorter, more frequent, open-book, modular, lower-stakes assessments required every 2 years in place of the high-stakes exam: • Diplomates will select from four practice-related topics: general surgery, abdomen, alimentary tract, or breast; • More topics based on feedback from diplomates and surgical societies are being planned;

	The secure exam is no longer offered for general surgery, vascular surgery, pediatric surgery, surgical critical care, or complex general surgical oncology.	• Diplomates must answer 40 questions total (20 core surgery, 20 practice-related; • Open book with topics and references provided in advance; • Individual questions are untimed (with 2 weeks to complete); • Diplomate receives immediate feedback and results (two opportunities to answer a question correctly); and • Diplomates can use their own computer at a time and place of their choosing within the assessment window. The new assessment is available for general surgery, vascular surgery, pediatric surgery, or surgical critical care with other ABS specialties launching over the next few years.
	Part IV[2]: ABS allows ongoing participation in a local, regional, or national outcomes registry or quality assessment program, either individually or through the Diplomate's institution. Diplomates must describe how they are meeting this requirement—no patient data is collected. The ABS audits a percentage of submitted forms each year.	**Part IV[2]:** ABS allows multiple options for registry participation, including individualized registries, to meet IMP requirements.
Thoracic Surgery (ABTS) abts.org	**Part III:** Remote, secure, computer-based exams can be taken any time (24/7) that the physician chooses during the assigned 2-month period (September-October) from their home or office. Diplomates must pass the exam once every 10 years. Modular exam, based on specialty, and presented in a self-assessment format with critiques and resources made available to diplomates.	**Part III:** ABTS developed a web-based self-assessment tool (SESATS) that includes all exam material, instant access to questions, critiques, abstracts, and references.
	Part IV[2]: ABTS diplomates must complete at least one practice QI project within 2 years, prior to their 5-year and 10-year milestones. There are several pathways by which diplomates may meet these requirements: individual, group or institutional. A case summary and patient safety module must also be completed.	**Part IV[2]:** *No changes to report at this time.*

Urology (ABU) abu.org	**Part III:** Computer-based secure exam administered at a proctored test center once a year (October). Diplomates must pass the exam once every 10 years. Clinical management emphasized on the exam. Questions are derived from the American Urological Association (AUA) Self-Assessment Study Program booklets from the past five years, AUA Guidelines, and AUA Updates. Diplomates required to take the 40-question core module on general urology and choose one of four 35-question content specific modules. ABU provides increased feedback to reinforce areas of knowledge deficiency.	**Part III:** In 2021, ABU began piloting a new assessment format that combines shorter more frequent assessments with article-based assessments over a 5-year cycle. Diplomates achieving a score of > 60% correct during the Knowledge Reinforcement (years 1 and 3), and ≥ 80% correct during the Knowledge Exposure (years 2 and 4) are not required to take the year 5 Knowledge Assessment but may participate if desired. If the Knowledge Assessment is not taken, learning in year 5 would be self-directed. The existing computer-based secure knowledge assessment is based on Criterion referencing, thus allowing the identification of two groups, those who unconditionally pass the knowledge assessment and those who are given a conditional pass. The group getting a conditional pass will consist of those individuals who score in the band of one standard error of measurement above the pass point down to the lowest score. That group would be required to complete additional CME in the areas where they demonstrate low scores. After completion of the designated CME activity, they would continue in the Lifelong Learning process and the condition of their pass would be lifted.
	Part IV[2]: Completion of Practice Assessment Protocols. ABU uses diplomate practice logs and diplomate billing code information to identify areas for potential performance or QI.	**Part IV[2]:** ABU allows credit for registry participation (e.g., participation in the MUSIC registry in Michigan and the AUA AQUA registry). Another avenue to receive credit is participation in the ABMS multi-specialty portfolio program (this is more likely to be used by Diplomates who are part of a large health system, e.g. Kaiser, or those in academic practices).

*The information in this table is sourced from ABMS member board websites and is current as of January 20, 2022.
[1]Utilizing CertLink®, an ABMS web-based platform that leverages smart mobile technology to support the design, delivery, and evaluation of longitudinal assessment programs, some of which launched in 2017-2018. More information is available at: https://www.abms.org/initiatives/certlink/member-board-certlink-programs/ (accessed 1-13-20).
[2]Participates in the ABMS Portfolio Program™ which offers an option for organizations to support physician involvement in quality, performance and process improvement (QI/PI) initiatives at their institution and award physician IMP credit for continuing certification.

APPENDIX B:
MEMBER BOARD TEMPORARY CHANGES DUE TO COVID-19**

American Board of	Initial Certification	Continuing Certification
Allergy and Immunology	1. ABAI will give initial certification exam candidates the option to take the exam in 2021 without the need to reapply or pay additional fees. 2. ABAI will enable a one-time increase from 8 to 10 weeks for maximum time away from training requirement without a formal exception to policy request from the program director for 2020 and 2021 graduates. 3. ABAI will support the inclusion of COVID-19 education and clinical activities in fellowship curricula as determined by the ACGME Allergy-Immunology Review Committee. 4. Extending the board eligibility window by one year from 7 to 8 for all allergist-immunologists meeting eligibility requirements for the 2020 initial certification exam regardless of whether a candidate is registered for the exam.	1. Extending the expiration date for certificates expiring in 2020 to 12/31/2021. No diplomate will lose their certification this year or next as a result of the COVID-19 crisis. 2. Extending the deadline for all individual MOC requirements (parts I, II, III, and IV due in 2020 to 12/31/2021. 3. Extending 2020 MOC fee deadline to 12/31/2021 allowing for combined 2020/2021 fee submission without penalty or impact continuing certification status. 4. ABAI will provide expedited certification status confirmation to credentialing bodies as diplomates adapt in person and telemedicine practices.
Anesthesiology	1. All applied exams have been cancelled. Trainees will not be adversely affected. The ABA is working to create a virtual exam. 2. Time spent by residents in quarantine will be counted as clinical hours. 3. Residents who miss training due to contracting COVID-19 may request an additional absence from training. 4. ABA executing ADVANCED Exam as scheduled in July. 5. ABA has voted to move forward with a virtual administration of the APPLIED Examination in the spring of 2021. While it remains the intention to assess all 2020 and 2021 candidates by the end of 2021, 2020 APPLIED Exam candidates will be given priority and will receive their exam appointment for the first half of the year no later than November. Time zones will be taken into consideration and accommodated. The Board will decide in early 2021 if the APPLIED Exams will continue virtually during the second half of 2021 based upon the state of the pandemic. In order to assess as many candidates as possible in 2021, candidates will not be able to select their exam appointment.	The ABA have already begun to add COVID-19 questions to MOCA Minute and are working to rapidly add more questions that speak to the unique needs of this pandemic. As with all MOCA Minute questions, the new COVID-19 related items include links to learning resources that physicians may find useful.

Colon and Rectal Surgery	1. It is up to the program director with input from the CCC to assess procedural competence of an individual trainee as one part of the determination of whether that individual is prepared to enter autonomous practice. 2. Case log minima will not be waived by the RRC, but case logs will be judiciously considered in light of the impact of the pandemic on that program. 3. Regarding certification by the ABCRS, all application deadlines remain in place. The board utilizes a number of criteria to admit a candidate for the written examination. The program director attestation and case logs will be reviewed with consideration given to the issues we are facing. The oral examination scheduled for September. 4. With a decrease in elective surgeries during this time, residencies/fellowships may be extended. The ACGME accredits programs. It does not certify individuals. What an extension of residency/fellowship would mean for a given individual in terms of the board certification process can only be answered by the appropriate certifying board. 5. The oral exam has been deferred to March 2021.	1. Due to the unprecedented pandemic creating obstacles for Diplomates, there is an option built into the Continuing Certification program. If the Diplomate has successfully answered 70% of the questions over four years, Diplomates can take the fifth year off from answering any question. Diplomates may request off a quarter or more without penalty and those quarters will be added to the fifth year. 2. Requests to take a quarter off may be made during that quarter for a maximum of four quarters.
Dermatology	1. The ABD will grant an extra year of eligibility for board certification to residents graduating in 2020. Instead of the normal 5 years of eligibility, residents will have 6 years to pass the exam. 2. Any board-eligible candidate currently in the traditional certification pathway may switch to the new certification pathway. This involves passing 4 CORE Exam modules, which can be taken via online proctoring, then passing the APPLIED Exam, which can be taken at a local Pearson VUE test center. The first possible date to complete all portions of this new exam is July 2021. Once in the new pathway, there is no option to switch back to the traditional pathway. 3. The traditional certification pathway exam is planned for administration via Pearson VUE in both 2021 and 2022. After 2022, everyone in the traditional certification pathway who has not passed the Certification Exam must transfer to the new pathway and pass the CORE and the APPLIED Exams.	1. ABD offering diplomates in the last year of their cycle the option to enroll in CertLink® in lieu of taking the traditional MOC Exam. 2. ABD reduced the question load from four segments to two and extended the period for completion for diplomates participating in CertLink®. Diplomates will have the option of designating one of these segments as a “time off” period. 3. Diplomates scheduled to take the MOC exam before the end of 2020 had two options: either participate in CertLink® or take the traditional exam with a deadline of June 2021. 4. The self-assessment requirement for 2020 is deferred until the end of 2021. 5. Practice improvement exercises due in 2020 can be deferred until the end of 2021.

Emergency Medicine	1. ABEM cancelled the May ConCert exam. It will now be available in an online-open book format for two three-week periods during 2021 and 2022. 2. ABEM will accommodate a 2-week quarantine period for residents without affecting board eligibility. 3. ABEM does not define what constitutes 44-week training programs. Program directors and the ACGME define those requirements. ABEM does not define, police, or regulate clinical hours or other forms of educational activity. ABEM strongly supports asynchronous learning as part of training during any time at which a candidate might be quarantined. 4. ABEM has relaxed deadlines and simplified logistics for recent residency graduates who are pursuing initial certification in Emergency Medicine and a subspecialty. The new deadline for completing certification requirements is June 30, 2021. Subspecialty certification deadline is now December 31, 2021 for: Anesthesiology Critical Care Medicine, Hospice and Palliative Medicine, Internal Medicine-Critical Care Medicine, Pain Medicine, and Sports Medicine. 5. The virtual Oral Exam will be piloted and then fully implemented in 2021. Candidates who were scheduled for the Oral Exam in 2020 will be the first to be scheduled for the virtual Oral Exam.	1. ABEM extended the grace period for certification by six months for those physicians whose certificates expire in 2020. The new deadline for meeting certification requirements is July 2021. 2. Beginning in spring 2021, ABEM-certified physicians will be able to meet continuing certification requirements by completing four MyEMCert modules (online and open book, approximately 50 questions each) instead of taking the ConCert Exam. The switch to MyEMCert will emphasize relevant content, save emergency physicians time and money, and better accommodate their busy schedules. ABEM will no longer offer ConCert after 2022. Starting in 2021, ABEM will move to a 5-year certification period for physicians when they next recertify. Specifically, any certificate awarded or renewed in 2021 and after will be for a 5-year duration. It is important to note the move from a 10-year to 5-year certification length will not increase total requirements or increase the cost to stay certified. This change is in response to physician requests to use MyEMCert to recertify sooner. By moving to a 5-year certification period, physicians will now be able to use MyEMCert to recertify starting in 2021. As physicians move to a 5-year certification period, ABEM will also move to an annual fee structure. We recognize this change affects physicians differently based on where they are in their current continuing certification process. ABEM has set a cap on fees paid by physicians so no physician will pay more than $1,400 to renew their certification. This approach levels the costs associated with certification. ABEM has identified physicians who have exceeded this fee cap and will issue a refund.
Family Medicine	1. ABP cancelled initial certification exams, which includes the Adolescent Medicine initial certification exam necessary for candidates for Adolescent Family Medicine. ABFM reached out to those physicians and is monitoring what ABP does before making any decisions. 2. ABFM relies on Program Director attestation that the resident has completed all ACGME requirements for training and that the program's CCC agrees that the resident is ready for autonomous practice. Specifically important for board eligibility are that the resident has completed 1,650 in person patient encounters and has had	1. ABFM extended the 2020 FMCLA quarterly deadlines by 3 months each. 2. ABIM cancelled their Spring exam, which includes the Geriatric Medicine continuing certification exam necessary for diplomates specializing in Geriatric Family Medicine. There was a 2nd administration of that exam in the Fall. 3. Diplomates with a stage ending in 2020 will have a one-year extension to complete stage requirements. 4. Physicians due to take their examination in 12/31/2020 will have the option for an additional year to complete the examination requirement while remaining certified.

	40 weeks of continuity practice in each year of training. For COVID accommodations, ABFM is allowing for the 1,650 visits to be either in person or virtual and accepting Program Director attestation on any modifications of rotation requirements based on ACGME's direction. Additionally, ABFM has stated that any time away from residency related to a resident requiring quarantine for COVID exposure or personal treatment for COVID will not count against the time away from training/family leave policy.	5. Diplomates who participate in certification activities this year will have the option to defer paying certification fees due to financial hardship until next year. 6. Diplomates in the 2021 cohort of FMCLA had their meaningful participation requirement in the first year reduced from 80 completed items to 50 items. 7. A new COVID-19 Self-Directed PI activity provides a mechanism for meeting the Performance Improvement (PI) requirement by reporting on the unprecedented and rapid changes they had to make as a result of the pandemic. 8. Any board-eligible family physician with an eligibility end date in 2020, or anyone participating in the re-entry process with an end date in 2020, will have an additional year to obtain their certification. 9. Any Diplomate who also holds a Certificate of Added Qualification with an examination deadline in 2020 will have the option for an additional year to complete the examination requirement.
Internal Medicine	1. Any absence related to COVID-19 will not affect board eligibility for residents. 2. ABIM has decided to cancel all Spring assessments, including the Critical Care Medicine Knowledge Check-in. ABIM will extend the assessment deadline so that rescheduling does not reduce the number of opportunities to pass the exam prior to the deadline. 3. ABIM unable to print Specialty certificates for physicians due to the Philadelphia stay at home order. ABIM encourages physicians to find their digital badge on the Physician Portal. No proof or documentation is needed if you schedule for a future date. 4. The IM Certification exam has been cancelled. Candidates will receive a $150 credit and can reschedule their exam for the following dates:	1. ABIM is extending deadlines for all Maintenance of Certification (MOC) requirements to 12/31/22. 2. Diplomates can reschedule their exam at no additional cost. 3. There will be no negative impact to certification status due to cancellation of Spring assessments. No one will lose their certification status if they are not able to complete a requirement this year. Any physician who is currently certified and has a Maintenance of Certification (MOC) requirement due in 2020—including an assessment, point requirement, or attestation—will now have until the end of 2021 to complete it. Physicians currently in their grace year will also be afforded an additional grace year in 2021. 4. ABIM is working with ACCME to ensure their virtual education offerings that earn CME also count for MOC points.

Medical Genetics and Genomics	1. Time spent in quarantine can count as clinical hours for residents as long as the program director defines continued learning and training activities that can be accomplished and documented. 2. Extended absences for those who contract COVID-19 will be considered on a case-by-case basis. 3. Any required rotation experiences may require an extension of training which will be determined by the program director. 4. Telemedicine sessions may be included in logbooks for both clinical and laboratory trainees as long as appropriate learning objectives have been fulfilled. 5. Laboratory Fellows: The number of cases per time period may be modified such that up to 35 cases may be collected in a given month for clinical biochemical genetics and up to 40 cases may be collected in a given month for laboratory genetics and genomics. 6. LGG Mentored Cases: The ACMG is working with the faculty mentors in each pathway on a detailed schedule. Registered participants sent link via Zoom meeting and assigned to breakout groups. The groups rotate with the mentors to go through the cases. 7. The requirement for the ACMG hands-on short course has been modified for the 2021 Examination cycle. If you could not participate in the 2020 virtual course, you will be able to take the course offered in April 2021 at the ACMG annual meeting to meet requirements for the 2021 Certification Examination. You will have to submit to the ABMGG proof of course registration before the March 10, 2021, deadline and your certificate of attendance after the course is completed.	1. The total number of required CME is reduced from 25 to 15 hours. 2. LGG Alternative Pathway Logbook Requirements: The ABMGG continues to monitor the impact of COVID-19 pandemic and urges you to prioritize your safety and that of your colleagues. To accommodate the potential impact of the pandemic on the LGG Alternative Certification Pathway, the ABMGG will allow the following adjustments to logbook requirements for the 2021 examination only: • The deadline for logbook submission is now May 10, 2021. • Up to 30 cases may be collected in a given week. • If a diplomate is unable to complete all logbook requirements by May 10, 2021, up to 15% fewer total cases may be submitted. However, the logbook must still reflect substantive experience in ALL required categories and be reviewed by the supervising geneticist. In such instances, a letter of explanation from the diplomate and the supervising geneticist must be included with the logbook submission. 3. ABMGG Board of Directors has extended the alternative pathway through 2025 to allow diplomates more time to gain their required training and be able to sit the exam in 2025. Note that all requirements for training remain the same.
Neurological Surgery	1. The ABNS Primary exam for self-assessment is not considered mandatory. Those who schedule to take the 2020 self-assessment may choose to wait until next year to take the exam.	
Nuclear Medicine	1. ABNM modified their leave policy to include 2 weeks of quarantine. 2. If a resident exceeds an 8-week absence, program directors will need to have a plan approved by ABNM to compensate for lost educational time. 3. Candidates for the ABNM certification examination are also required to be certified in advanced cardiac life support (ACLS). The American Heart Association	

	is allowing a 60-day extension of ACLS instructor cards beyond the renewal date and recommends that employers and regulatory bodies extend provider cards 60 days beyond renewal date. The ABNM is adopting this recommendation: ACLS certification – 60-day extension beyond renewal date of current provider cards. 4. If trainees do not meet these modified requirements, program directors will be required to provide the ABNM with an educational plan and request for exemption that will be considered on a case-by-case basis.	
Obstetrics and Gynecology	2021 Specialty CE: • Application Fee: Candidate can request a refund if request is based on inability to take exam due to COVID-19. Or candidate can choose to roll this fee into 2022 exam year. • Application Deadline: Application deadline is extended to June 21, 2021 (instead of May 21). Late fee deadlines are extended out by one month (1st late fee applies 5/4 instead of 4/2; 2nd applies 6/4 instead of 5/4). • Case List and Exam Fee Deadlines: Deadlines are extended to August 31, 2021 (instead of August 16) and late fee deadline is extended to August 16, 2021 (instead of August 2). Case lists requirements have been reduced. Increasing the amount of leave time allowed during case collection from 12 to 24 weeks. 2022 Subspecialty CE: • Application fee: Candidate can request a refund if request is based on inability to take exam due to COVID-19. Or candidate can choose to roll this fee into 2022 exam year. • Application deadline: Application deadline is extended to July 31, 2021 (rather than June 30). Late fee deadlines are extended out by one month (1st late fee applies 7/7 instead of 6/4; 2nd applies 7/20 instead of 6/18). 2021 Specialty and Subspecialty QEs: • Applications and processes already completed for the 2021 QEs. No changes. NOTE regarding FLS Certification: Requirement to complete by Qualifying Exam date is lifted. Completion and	▪ All articles released within ABOG's MOC Part II Lifelong Learning and Self - Assessment in January and May this 2021 MOC year will be designated as incentivized. ▪ Each incentivized article has eight questions to complete (instead of the usual four). ▪ ABOG Diplomates will read half the number of required articles (15 instead of the usual 30) but still answer a total of 120 questions to complete the requirement for 2021 MOC year. ▪ There will be no articles released in August as Diplomates will be able to complete their article requirements using the incentivized process. ▪ This incentivization applies to both OB GYN specialists and subspecialists. ▪ Diplomates who participate in the 2021 MOC year will be automatically granted Part IV IMP credit in recognition for the COVID-19 practice improvement that they will continue to do this year during the evolving pandemic. ▪ If Diplomates have completed the IMP requirement prior to this ABOG action, ABOG will apply the credit towards their 2022 MOC year. ▪ The deadline to take and pass the ABOG MOC Re-Entry Exam will be extended through June 30, 2021, to allow physicians to have more time to take and pass the exam. ▪ There will be additional COVID-19 articles included in the 2021 MOC year, especially regarding COVID-19 vaccines.

	submission of documentation (FLS certificate) required to be eligible to submit application for Certifying Examination. Subspecialty Training • Completion of Research/Thesis: Fellows can finalize research and theses after completion of training, provided Program Director (PD) contacts ABOG to request the extension. The PD must include how long they are requesting the research be extended and a new estimated completion date for review by the Credentials Subcommittee. Typically, research and theses to be presented during the Certifying Examinations are required to be completed by the end of fellowship training.1. As an alternative to the May 11 date, ABOG is offering affected candidates (lost seats, other issues) the option of taking a proctored paper examination. Additional Notes: • Time spent in quarantine will count as clinical experience. Residents can coordinate with their program directors to arrange academic, research, and study activities. • Time spent taking care of a family member, partner, or dependent in COVID-19 quarantine will count as clinical experience. This is a local decision based on local program requirements. • Eligibility period for certification will be extended by one year for any resident, fellow, residency graduate, or active candidate who requests such an extension due to the COVID-19 crisis. • ABOG is increasing the allowed weeks of leave from 12 to 24 weeks. This includes medical leave, maternity leave, caregiver leave, vacation, furloughs, and other situations. • Candidates may list COVID-19 patients if they were primarily responsible for their inpatient or outpatient care. • As part of its COVID-19 response, ABOG has established a policy extending eligibility by two years for all candidates currently eligible for initial OB GYN and subspecialty certification. This policy applies to physicians who have graduated from residency and/or fellowship and whose eligibility for certification has not	

	previously expired or whose eligibility was previously reestablished.	
Ophthalmology	1. Oral exams have been cancelled. After surveying the 650 candidates scheduled to take the oral exam, ABOp has decided to move to a virtual oral exam. ABOp intends to preserve the original case-based format of the face-to-face oral examination when they shift to a virtual administration (VOE20). Beta testing is going well. 2. All exam fees are transferable to the next exam administration and each candidate's board eligibility window will be extended accordingly. 3. Seven-year board eligibility window following graduation from residency will be extended by one year if you are unable to sit for the VOE20. 4. ABOp has an informational video for candidates concerning what to expect from the Virtual Oral Examination.	1. ABOp diplomates are actively looking for ABOp MOC content and resources to use during this period of time when many of them are unable to see non-emergency patients. 2. Many of our colleagues requested that we release Quarterly Questions content ahead of schedule so that they can use unanticipated downtime productively. The second quarter's installment, originally slated for release on April 1st, was distributed by email on March 24th. 3. With the help of many dedicated ophthalmologist volunteers, we released new COVID-19-related article-based material for Quarterly Questions on March 31st. 4. Several dozen diplomates have embraced a new option for creating Improvement in Medical Practice projects that are designed to improve the care of patients with COVID-19 and to protect the health of ophthalmologists and their staff. Completion earns credit for one Improvement in Medical Practice activity. 5. Newly approved CME activities focused on

		the COVID-19 pandemic are available on the CME Finder Menu. These activities may be counted toward the ABO's requirement for lifelong learning and self-assessment. 6. Extensions may be requested by those whose certificates expire on December 31, 2020, to allow additional time to complete Maintenance of Certification (MOC) activities.
Orthopaedic Surgery	1. ABOS rules and procedures changed to allow for 6 weeks of time away from education per year of residency. 2. Candidates for the 2021 ABOS Part II Oral Examination must collect and submit all consecutive surgical cases that they perform as primary surgeon beginning January 1, 2020, for a minimum of six consecutive months. On July 1, 2020, if the Candidate has reached 250 surgical cases, they can cease collecting. If not, the Candidate will continue to collect cases until they have entered 250 consecutive surgical cases, or until September 30th, whichever comes first. 3. The ABOS is transitioning their oral exam to an online, case-based exam. Details about the exam are in the "other" column.	ABOS will make ABOS WLA available to diplomates who did not start the program last year. Diplomates who have ABOS Board Certification expiration dates between 2019 and 2020 and who did not participate in the 2019 ABOS WLA, may now participate beginning this year.
Otolaryngology - Head and Neck Surgery	1. The October in-person exam administrations have been cancelled. ABOHNS is working to develop a virtual exam format for all exams, including the first virtual oral examination. They plan to administer these exams in October or November to Neurotology subspecialty candidates. ABOHNS will use that same format to administer the Otolaryngology-Head and Neck Surgery oral certifying exam and are currently working toward a January 2021 tentative date. 2. For the PGY-1 residents for the 2019-2020 academic year, the ABOHNS expects a minimum of 3 months of otolaryngology rotations and 3 months of non-otolaryngology rotations chosen from amongst the options described in the Booklet-of-Information dated June 2019. For the remaining 6 months, the ABOHNS will allow flexibility for the rotations at the discretion of the residency program director if necessary to ensure best care for patients with COVID-19. If changes need to be made to a resident's rotations that	CC diplomates who expired in June 2020 – Diplomates given option to defer to May 2021 exam and certification extended until that time.

	result in the usual requirements not being met, the Residency Program Director needs to inform the Board at the conclusion of the resident's PGY-1 year. No rotations will need to be made up as long as the minimum requirements described above are met. 3. Clinical time caring for patients with COVID-19 will be counted toward the training requirements for Board Eligibility. At the conclusion of the academic year, the residency program director with input from the CCC will still be required to decide whether a resident has acquired/demonstrated the knowledge, skills, and behaviors necessary to advance to the subsequent PGY-year or graduate from residency and enter autonomous practice if in the ultimate year. If a determination is made that a resident's training needs to be extended based on effects of the COVID pandemic on their Otolaryngology-Head and Neck Surgery training/experience, then the ABOHNS requests being proactively informed by the program director of this decision as soon as feasible. 4. If an Otolaryngology-Head and Neck Surgery resident requires a 2-week self-isolation/quarantine, this time will not count toward the 6-weeks allowed leave time for the PGY-year if the program arranges for the resident to complete academic/study activity during that time. The Residency Program Director will need to provide a written description of the academic/study activity to the ABOHNS. Extended absences (> 2 weeks) for residents that contract and require care for COVID-19 will be considered on a case-by-case basis. 5. Oral Certifying Exam – Spring 2020 postponed, moving to virtual exam in Feb 2021 6. Board Eligibility extended by 1 year for all WQE candidates – Candidates were given the option to defer or to take the exam.	

Pathology	The American Board of Pathology will allow the following reasons for absence from on-site training to count as clinical training if the resident/fellow arranges with their program director to continue learning and training activities. Residents/fellows should keep a daily log of time spent and a brief description of the activities. The Program Director must attest that the overall competency of the resident/fellow at the completion of training was not adversely affected by the absence. • COVID-19 illness or exposure • Mandated quarantine • Shelter in place/shelter at home directives • Self-imposed isolation because of significant underlying health issues • Care for a sick or quarantined immediate family member • Providing childcare due to school/childcare closures • Volunteering or being assigned to other institutional or clinical duties The ABPath will consider additional requests for absences on a case-by-case basis from residents who miss training for an extended period of time for other reasons. Due to the ongoing health risks of COVID-19, the ABPath has been working diligently to administer this year's certification exams remotely. ABPath is making a one-time exception to policy that will allow candidates who have completed ACGME subspecialty fellowship training to apply for and take 2020 Subspecialty exams prior to passing the primary exam. Candidate subspecialty examination results will be placed in a Withhold Results status. The results of their subspecialty exam will not be released to you until you achieve primary certification. Candidates will have until 2022 (2 years) to become certified in AP and/or CP. If they do not achieve primary certification before the end of 2022, the subspecialty examination results will be declared null and void. Candidates will be required to retake the subspecialty exam again and only after you have achieved primary certification. If their period of board eligibility for primary certification ends prior to 2022, their subspecialty examination results will become null and void at that time. 2020 candidates for certification have already completed their	1. At this time, ABPath Continuing Certification requirements, except for ABPCL, have not changed. 2. The 2021 Subspecialty and Fall Primary Exams (AP and CP) will be administered using Pearson VUE Professional test centers 3. The American Board of Pathology (ABPath) is announcing two changes to the Continuing Certification (CC) Program that have been approved by the American Board of Medical Specialties. Beginning in 2021, the ABPath will no longer require: • Self-Assessment Modules (SAMs) for Part II Lifelong Learning of the CC program • a Patient Safety Course. The "SAMs" requirement was developed by ABPath to ensure that at least 20 of the required 70 CME credits had a self-assessment activity. Since ACCME accreditation requires that the CME provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions, having a SAMs requirement is no longer necessary and is burdensome for diplomates and CME providers. ABPath's CertLink® longitudinal assessment has been approved by ABMS as a permanent change to our CC program in 2021 and this provides diplomates with self-assessment of medical knowledge as well. Diplomates will still be required to complete and report a minimum of 70 AMA PRA Category 1 CME credits for each two-year CC reporting period. Participation in Patient Safety CME will be encouraged, but no longer required. 4. The American Medical Association (AMA) has recently announced added enhancements to their online education portal AMA Ed Hub™ aimed at offering physicians a centralized location for finding, earning, tracking, and reporting continuing medical education (CME) and other education on a wide range of clinical and professional topics. The platform now allows physicians who are board-certified with the American Board of Pathology (ABPath) to have their credits automatically reported to ABPath.

	50 autopsies. The ABPath recognizes that some 2021 candidates may have difficulty achieving 50 autopsy cases. We will address this when applications become available for them in the fall.	
Pediatrics	1. Residents should address training absences with their program director. 2. If candidates are unable to reschedule their exam, they can request a refund of the exam fees. If a candidate chooses not to take the exam this year, their eligibility will not be extended. 3. There will be a one-year extension for general pediatrics candidates who cancel their certification exam due to COVID-19. The same extension applies to all candidates taking the subspecialty exam. 4. Prometric has rescheduled a small number of subspecialty exam candidates from test centers due to COVID-19 social distancing guidelines.	1. Prometric has suspended their proctored MOC exams, and they are reaching out to individuals with testing appointments in order to reschedule. 2. No pediatrician will lose their ABP certification because of the extraordinary patient care pressures associated with this pandemic. 3. The ABP will recognize board certified pediatricians for their COVID-19 related contributions to the MOC program. 4. Diplomates unable to participate in MOC activities or MOCA-Peds because of the pandemic; it will not jeopardize their certificate or ability to re-enroll in MOC. 5. ABPeds is actively working on ways to accommodate pediatricians due to enroll in 2021 who continue to face significant financial hardship through the end of the year. In the meantime, all pediatricians should be aware of the smaller ($280 for those with one certification) annual payment option for MOC. 6. For those pediatricians who have already completed their Part 2 and Part 4 activity requirements for their MOC cycle ending in 2020, thank you! We will award 25 Part 2 points and 25 Part 4 points for COVID-19-related learning and improvement in January 2021 to count toward your next cycle.

Physical Medicine and Rehabilitation	1. Exam applications for Brain Injury Medicine, Neuromuscular Medicine, Pediatric Rehabilitation Medicine, Spinal Cord Injury Medicine, and Sports Medicine have been extended. 2. ABPMR understands that changing the date of the exam may introduce scheduling conflicts, but it is extremely important that candidates make every attempt to take the exam in September. If too many 2020 candidates delay taking the exam until next year, it is likely that the ABPMR will need to place a cap on 2021 Part II Examination applications, potentially turning applicants away for the first time in our history. 3. ABMPR urges candidates to continue exam preparation efforts. We will be releasing additional vignette and roleplay videos over the next few weeks to help candidates prepare. 4. Candidates need to wait for announcements about subspecialties. If they had plans to take the Part II Examination and a subspecialty examination consecutively in 2020, we realize postponing Part II presents timing issues for some of these exams. We are currently evaluating options and will make announcements when more information is available. In some cases, it may be necessary to defer taking the subspecialty exam to the next administration. 5. ABPMR will administer a virtual certification oral exam in the fall. 6. After hearing reports that candidates were unable to find seats at a testing center near them, the American Board of Anesthesiology (ABA, the administering board for the Pain Medicine Examination), offered to extend the Pain Medicine Examination date to a 2-week window for ABPMR candidates. We quickly agreed; all ABPMR candidates can now schedule on any day in that two-week window. Candidates should reach out to the ABA for more information. 7. Through June 30, 2021 — Up to 30 additional working days spent away from training due to mandated quarantine, institutional restriction, or illness directly related to COVID-19 will be permitted provided the trainee is otherwise competent, per the Program Director, at the conclusion of training. These 30 working days are in addition to overall	1. No ABPMR diplomate will lose certification or experience a status change due to not being able to complete an MOC requirement in 2020. Any outstanding MOC requirements on primary certificate at the end of 2020 will carry over into the first 5-year continuing certification cycle, giving an extended timeline of 2025. 2. ABPMR will give full carryovers for all 2020 ABPMR computer-based exams. 3. In order to maintain a reduced burden on diplomates during the pandemic, the next LA-PM&R 'quarter' will extend from August through December, with only 20 questions for participants to answer for the remainder of the year. All diplomates' quotas and scoring will be adjusted automatically.

	leave time and will not result in a mandated increase to training time.	
Plastic Surgery	1. Candidates taking WE in 2020 were allowed to shift to 2021 w/o penalty. 2. Alternate dates for scheduling the WE were offered, 3. Required number of cases for candidate case logs were reduced, 4. Certain documentation requirements for case lists were eliminated, 5. OE exam was switched to a virtual exam for 2020 and 2021, 6. Eligibility will be extended for any candidate who could not schedule for the WE in 2020.	1. ABPS has given every Diplomate who needed to report CME in 2020 an extension to 2021. 2. The self-assessment exam and the practice improvement activities remain the same. The practice improvement activity can use cases from as far as three years back. 3. All self-assessment exams including prior years that still need to be completed are available online.
Preventive Medicine	ABPM will make accommodations for early graduations or truncated residency and/or fellowship training for physicians who would otherwise qualify to sit for this year's ABPM initial Certification Exam.	1. Effective as of April 1, 2020, and continuing through December 31, 2022, Diplomates who meet the qualifications below will not be required to complete the Transitional MOC Part 2 (CME), Part 4 (Improvement in Medical Practice) or the Patient Safety Course (PSC) requirements. ABPM will recognize these qualified Diplomates as fully participating in MOC through the remainder of the ABPM's Transitional MOC Period. To qualify for this waiver of Part 2, Part 4 and PSC requirements, Diplomates must possess current, unexpired Certification in at least one ABPM Specialty or Subspecialty and must by December 31, 2020. 2. Diplomates with ABPM Certificates expiring between August 1, 2020, and January 31, 2023, and who have; (I) taken and passed the MOC Exam prior to the expiration date on the Diplomate's Certificate and, (ii) by the December 31, 2020, deadline, have registered their Diplomate account on the ABPM's Physician Portal, will be deemed to be fully compliant with the Transitional MOC requirements. 3. Diplomates with ABPM Certificates

		expiring on or after February 1, 2023, and who have, by the December 31, 2020, deadline, registered their Diplomate account on the ABPM's online Physician Portal, need take no further action and shall be deemed to be fully compliant with all Transitional MOC requirements. 4. While not required, Diplomates who complete a Part 4 activity between February 1, 2020, and December 31, 2022, will receive credit toward the first Improvement in Medical Practice requirement (or its equivalent) of ABPM's Continuing Certification Program which is currently scheduled to launch in April of 2023. 5. Diplomates who do not qualify for the waiver by registering their Diplomate account on the ABPM's Physician Portal by the December 31, 2020, deadline will be required to complete all Transitional MOC requirements as set forth on the ABPM website. 6. Additionally, the ABPM has partnered with its specialty societies to provide a list of free online courses on COVID-19. Diplomates who complete these courses may request credit towards the ABPM's Transitional MOC Part 2 requirements using the online attestation found in the Physician Portal.
Psychiatry and Neurology	1. All late payment fees have been waived. 2. If any candidate cannot make it to a Pearson Vue testing center within 50 miles of their location, ABPN will assist them in scheduling their exam date. 3. ABPN has decided to extend its current board eligibility policy through June 30, 2021. Program Directors can be assured that the Board will continue to follow their lead with respect to whether or not a particular resident has completed the specific training needed for graduation. The ABPN will continue to be flexible with respect to senior residents as long as the Program Director agrees. 4. Through June 30, 2021, the ABPN will continue to accept virtual CSEs completed via a remote conferencing platform such as Zoom for all psychiatry and neurology residents as part of the credentialing requirements to sit for an ABPN initial certification exam.	1. The ABPN and the American Academy of Neurology (AAN) have collaborated to provide ABPN diplomates complimentary access to American Academy of Neurology (AAN) 2019 meeting programming. Through an educational grant from the ABPN to the AAN, ABPN diplomates now have free access to both the AAN Annual Meeting on Demand 2019 program and the NeuroSAE 2019 Annual Meeting Edition. 2. For diplomates whose specialty or subspecialty certificates would have expired in 2020, we will defer the 2020 CC/MOC exam requirement for 1 year until December 31, 2021. Certificates expiring in 2020 will be extended to the end of 2021. This extension does not include certificates that lapsed prior to February 1, 2020. 3. For diplomates currently in the CC program, ABPN will not change a certification status negatively even if there are insufficient or incomplete activities (CME, Self-Assessment or PIP) recorded in Physician Folios at the end of 2020. Incomplete CC program activities will be deferred until the end of 2021. 4. Extending deadlines for all current 2020

		and 2021 Continuing Certification Program examination and activity requirements until Dec. 31, 2022. 5. The APA and ABPN have collaborated to provide diplomates with complimentary programming to satisfy ABPN CME and self-assessment CME activity requirements. ABPN diplomates have access to the APA's Spring Highlights meeting 2020, held virtually on April 25-26, 2020. 6. The APA is also providing CME credit and access to select articles included in ABPN's MOC Part III journal-based pilot project.
Radiology	1. ABR canceled the RISE administration scheduled for April 6, 2020, in Tucson. The next available RISE administration is scheduled for October 4, 2021, at the ABR Exam Centers in Tucson and Chicago. 2. The ABR will continue to rely on program directors, supported by their Clinical Competency Committees, to provide attestation to the completion of individual training. Details regarding rescheduling of delayed ABR Core, Qualifying and Certifying exams will be provided to the stakeholder community as soon as information is available. Additionally, we are working with the Commission on Accreditation of Medical Physics Education Programs (CAMPEP) regarding the impact on medical physics residency training. 3. The current exam schedule is as follows: • DR RISE: postponed until 2021 (Chicago and Tucson) • DR Subspecialty: postponed until 2021(Chicago and Tucson) • DR Certifying: postponed until 2021 (Chicago and Tucson) • RO Oral: postponed until 2021 (Tucson) • MP Part 3 (Oral): Postponed until 2021 (Tucson) • DR, IR/DR Core: postponed until 2021 (Chicago and Tucson)	Reduction in SA-CME requirement from 15 every three years to 10 for those completing their previous year's Online Longitudinal Assessment annual progress requirement.

	4. In response to the growing health situation posed by the coronavirus (COVID-19) pandemic, for candidates whose application to take the medical physics Part 1 Exam was set to expire on December 31, 2020, we are extending the deadline until December 31, 2021. 5. The ABR has committed to a remote exam platform starting in 2021. The decision was made after weeks of consultation with key stakeholders, including candidates, programs, associations, and societies. We are continuing those discussions as we move forward in our exam development process. 6. ABR computer-based initial certification exams will take place in a remote location of the candidate's choosing, provided that place meets a few basic requirements. Remote computer-based exams are not likely to be given at commercial testing centers (e.g., Pearson VUE) or ABR centers. The exams will use an ABR-developed exam interface similar to what has previously been used for computer-based exams. In addition, we will likely use a third-party vendor to handle exam-day security and remote monitoring. We will provide additional details about the requirements when we know more. The oral exam will use an ABR-developed platform that will combine remote proctoring with video conferencing. As with the computer-based exams, candidates will have the freedom to select a location, but it must meet a few basic requirements. The details about exam-day location and other logistics are still in development and will be communicated when we have more information. 7. The ABR Board of Governors this week determined remote exam dates for the first half of 2021. Dates for the second half of the year will be established shortly and posted on their website.	

Surgery	1. ABS family leave policies allow for an additional 2 weeks of non-clinical time beyond 4 weeks. The existing family leave policy may be applied to quarantine/COVID-19. This does not require special permission from ABS. 2. Non-voluntary offsite time that is used for clinical or educational purposes can be counted as clinical time. The types of activities done in this time should be documented by the program. 3. The ABS will accept 44 weeks of clinical time (including the non-voluntary time) for the 2019-20 academic year, without the need for pre-approval, permission, or explanation. This represents approximately a 10% decrease in time requirements. 4. For those specialties with case requirements, the ABS will accept a similar 10% decrease in total cases without the need for further documentation. 5. Program directors are entrusted, as they always are, to make a decision about the readiness of the resident for independent practice. If a resident falls below the 90% mark for cases or the 44-week mark for time in training, and the PD nevertheless endorses them as ready for independent practice, the ABS will seek a more detailed supporting statement. This might include information from the CCC, milestones achievements, entrustment through EPAs, ITE scores, evidence of leadership during this crisis, or other information. 6. Residents should assess their own progress toward the standard requirements in terms of rotations, cases, and specialty specific requirements. Residents should make a remediation proposal for gaps and share with their PDs. 7. The QE applications (and CE application for SCC) are being modified to be all online, and to allow for these variances. 8. ABS will consider on a case-by-case basis those situations in which a resident missed training for an extended period due to severe COVID-19 illness. 9. The virtual General Surgery Qualifying Exam administration failed. ABS will issue refunds. The exam will not take place in July. FAQ page can be found here http://www.absurgery.org/default.jsp?faq_virtualgsqe2020 10. The 2020 General Surgery Qualifying	ABS encourages anyone who has a grace year available to them and feels they are unable or unprepared to take this year's assessment to take their grace year.

	Exam (QE) has been rescheduled for Thursday, April 15, 2021, and will be held at Pearson VUE exam centers across the country. 11. In recognition of the negative impact of participating in the administration of the July exam, candidates who had registered for the 2020 QE will receive a $400 discount on the next exam, bringing the new price to $950. 12. ABS will extend Board Eligibility for one year for those candidates whose eligibility would expire in 2020.	
Thoracic Surgery	1. The Oral Exam that was tentatively scheduled for October 16-17, 2020, will be postponed until winter/spring of 2021. 2. Programs or candidates who anticipate a problem in achieving the ABTS case requirements for a particular pathway should contact the ABTS to request a ruling as to whether or not their case-list would be acceptable for entry into the certification process.	1. ABTS also plans to work with the doctors if they are short on CMEs since so many Annual Meetings have been postponed this spring. At this time, it will be handled on a case-by-case basis. 2. The newest edition of SESATS, XIII, is now available. SESATS is a comprehensive online tool used to study and review the essential aspects of cardiac and thoracic surgery. This latest version features 400 brand new questions with instant access to the items, in-depth critiques, real-time abstracts, and linked references. Completion of this online activity permits one to claim up to 70 AMA PRA Category 1 CME credits.
Urology	ABU will be working with the RRC to make efforts not to punish candidates who miss training due to circumstances out of their control.	1. ABU tried to offer CMEs that did not require travel to the AUA Annual Meeting. If Annual Meeting was the only option for diplomates to achieve CMEs, AUA will remain flexible about other options. 2. ABU will work with physicians to meet the deadline to submit surgical logs. It is recommended for people who are recertifying to consider waiting until 2021. 3. For those diplomates recertifying this year and unable to delay a year, log submission timeline has been extended.

**Used with permission from the ABMS. The information in this table was sourced from the ABMS on July 12, 2021, per the member board websites; some items may have expired given the fluidity of the pandemic.

APPENDIX C:
ANNOTATED BIBLIOGRAPHY

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APPENDIX D:
CURRENT HOD POLICIES RELATED TO CBC

H-275.924, "Continuing Board Certification"

AMA Principles on Continuing Board Certification
1. Changes in specialty-board certification requirements for CBC programs should be longitudinally stable in structure, although flexible in content.
2. Implementation of changes in CBC must be reasonable and take into consideration the time needed to develop the proper CBC structures as well as to educate physician diplomates about the requirements for participation.
3. Any changes to the CBC process for a given medical specialty board should occur no more frequently than the intervals used by that specialty board for CBC.
4. Any changes in the CBC process should not result in significantly increased cost or burden to physician participants (such as systems that mandate continuous documentation or require annual milestones).
5. CBC requirements should not reduce the capacity of the overall physician workforce. It is important to retain a structure of CBC programs that permits physicians to complete modules with temporal flexibility, compatible with their practice responsibilities.
6. Patient satisfaction programs such as The Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient survey are neither appropriate nor effective survey tools to assess physician competence in many specialties.
7. Careful consideration should be given to the importance of retaining flexibility in pathways for CBC for physicians with careers that combine clinical patient care with significant leadership, administrative, research and teaching responsibilities.
8. Legal ramifications must be examined, and conflicts resolved, prior to data collection and/or displaying any information collected in the process of CBC. Specifically, careful consideration must be given to the types and format of physician-specific data to be publicly released in conjunction with CBC participation.
9. Our AMA affirms the current language regarding continuing medical education (CME): Each Member board will document that diplomates are meeting the CME and Self-Assessment requirements for CBC Part II. The content of CME and self-assessment programs receiving credit for CBC will be relevant to advances within the diplomate s scope of practice, and free of commercial bias and direct support from pharmaceutical and device industries. Each diplomate will be required to complete CME credits (AMA PRA Category 1 Credit, American Academy of Family Physicians Prescribed, American College of Obstetricians and Gynecologists, and/or American Osteopathic Association Category 1A).
10. In relation to CBC Part II, our AMA continues to support and promote the AMA Physician s Recognition Award (PRA) Credit system as one of the three major credit systems that comprise the foundation for continuing medical education in the U.S., including the Performance Improvement CME (PICME) format; and continues to develop relationships and agreements that may lead to standards accepted by all U.S. licensing boards, specialty boards, hospital credentialing bodies and other entities requiring evidence of physician CME.
11. CBC is but one component to promote patient safety and quality. Health care is a team effort, and changes to CBC should not create an unrealistic expectation that lapses in patient safety are primarily failures of individual physicians.
12. CBC should be based on evidence and designed to identify performance gaps and unmet needs, providing direction and guidance for improvement in physician performance and delivery of care.
13. The CBC process should be evaluated periodically to measure physician satisfaction, knowledge uptake and intent to maintain or change practice.
14. CBC should be used as a tool for continuous improvement.

15. The CBC program should not be a mandated requirement for licensure, credentialing, recredentialing, privileging, reimbursement, network participation, employment, or insurance panel participation.
16. Actively practicing physicians should be well-represented on specialty boards developing CBC.
17. Our AMA will include early career physicians when nominating individuals to the Boards of Directors for ABMS member boards.
18. CBC activities and measurement should be relevant to clinical practice.
19. The CBC process should be reflective of and consistent with the cost of development and administration of the CBC components, ensure a fair fee structure, and not present a barrier to patient care.
20. Any assessment should be used to guide physicians' self-directed study.
21. Specific content-based feedback after any assessment tests should be provided to physicians in a timely manner.
22. There should be multiple options for how an assessment could be structured to accommodate different learning styles.
23. Physicians with lifetime board certification should not be required to seek recertification.
24. No qualifiers or restrictions should be placed on diplomates with lifetime board certification recognized by the ABMS related to their participation in CBC.
25. Members of our House of Delegates are encouraged to increase their awareness of and participation in the proposed changes to physician self-regulation through their specialty organizations and other professional membership groups.
26. The initial certification status of time-limited diplomates shall be listed and publicly available on all American Board of Medical Specialties (ABMS) and ABMS Member boards websites and physician certification databases. The names and initial certification status of time-limited diplomates shall not be removed from ABMS and ABMS Member boards websites or physician certification databases even if the diplomate chooses not to participate in CBC.
27. Our AMA will continue to work with the national medical specialty societies to advocate for the physicians of America to receive value in the services they purchase for Continuing Board Certification from their specialty boards. Value in CBC should include cost effectiveness with full financial transparency, respect for physicians' time and their patient care commitments, alignment of CBC requirements with other regulator and payer requirements, and adherence to an evidence basis for both CBC content and processes.
(Policy Timeline: CME Rep. 16, A-09 Reaffirmed: CME Rep. 11, A-12 Reaffirmed: CME Rep. 10, A-12 Reaffirmed in lieu of Res. 313, A-12 Reaffirmed: CME Rep. 4, A-13 Reaffirmed in lieu of Res. 919, I-13 Appended: Sub. Res. 920, I-14 Reaffirmed: CME Rep. 2, A-15 Appended: Res. 314, A-15 Modified: CME Rep. 2, I-15 Reaffirmation A-16 Reaffirmed: Res. 309, A-16 Modified: Res. 307, I-16 Reaffirmed: BOT Rep. 05, I-16 Appended: Res. 319, A-17 Reaffirmed in lieu of: Res. 322, A-17 Modified: Res. 953, I-17 Reaffirmation: A-19 Modified: CME Rep. 02, A-19)

D-275.954, "Continuing Board Certification"

Our AMA will:
1. Continue to monitor the evolution of Continuing Board Certification (CBC), continue its active engagement in discussions regarding their implementation, encourage specialty boards to investigate and/or establish alternative approaches for CBC, and prepare a yearly report to the House of Delegates regarding the CBC process.
2. Continue to review, through its Council on Medical Education, published literature and emerging data as part of the Council s ongoing efforts to critically review CBC issues.
3. Continue to monitor the progress by the American Board of Medical Specialties (ABMS) and its member boards on implementation of CBC, and encourage the ABMS to report its research findings on the issues surrounding certification and CBC on a periodic basis.

4. Encourage the ABMS and its member boards to continue to explore other ways to measure the ability of physicians to access and apply knowledge to care for patients, and to continue to examine the evidence supporting the value of specialty board certification and CBC.
5. Work with the ABMS to streamline and improve the Cognitive Expertise (Part III) component of CBC, including the exploration of alternative formats, in ways that effectively evaluate acquisition of new knowledge while reducing or eliminating the burden of a high-stakes examination.
6. Work with interested parties to ensure that CBC uses more than one pathway to assess accurately the competence of practicing physicians, to monitor for exam relevance and to ensure that CBC does not lead to unintended economic hardship such as hospital de-credentialing of practicing physicians.
7. Recommend that the ABMS not introduce additional assessment modalities that have not been validated to show improvement in physician performance and/or patient safety.
8. Work with the ABMS to eliminate practice performance assessment modules, as currently written, from CBC requirements.
9. Encourage the ABMS to ensure that all ABMS member boards provide full transparency related to the costs of preparing, administering, scoring and reporting CBC and certifying examinations.
10. Encourage the ABMS to ensure that CBC and certifying examinations do not result in substantial financial gain to ABMS member boards, and advocate that the ABMS develop fiduciary standards for its member boards that are consistent with this principle.
11. Work with the ABMS to lessen the burden of CBC on physicians with multiple board certifications, particularly to ensure that CBC is specifically relevant to the physician s current practice.
12. Work with key stakeholders to (a) support ongoing ABMS member board efforts to allow multiple and diverse physician educational and quality improvement activities to qualify for CBC; (b) support ABMS member board activities in facilitating the use of CBC quality improvement activities to count for other accountability requirements or programs, such as pay for quality/performance or PQRS reimbursement; (c) encourage ABMS member boards to enhance the consistency of quality improvement programs across all boards; and (d) work with specialty societies and ABMS member boards to develop tools and services that help physicians meet CBC requirements.
13. Work with the ABMS and its member boards to collect data on why physicians choose to maintain or discontinue their board certification.
14. Work with the ABMS to study whether CBC is an important factor in a physician s decision to retire and to determine its impact on the US physician workforce.
15. Encourage the ABMS to use data from CBC to track whether physicians are maintaining certification and share this data with the AMA.
16. Encourage AMA members to be proactive in shaping CBC by seeking leadership positions on the ABMS member boards, American Osteopathic Association (AOA) specialty certifying boards, and CBC Committees.
17. Continue to monitor the actions of professional societies regarding recommendations for modification of CBC.
18. Encourage medical specialty societies leadership to work with the ABMS, and its member boards, to identify those specialty organizations that have developed an appropriate and relevant CBC process for its members.
19. Continue to work with the ABMS to ensure that physicians are clearly informed of the CBC requirements for their specific board and the timelines for accomplishing those requirements.
20. Encourage the ABMS and its member boards to develop a system to actively alert physicians of the due dates of the multi-stage requirements of continuous professional development and performance in practice, thereby assisting them with maintaining their board certification.
21. Recommend to the ABMS that all physician members of those boards governing the CBC process be required to participate in CBC.

22. Continue to participate in the National Alliance for Physician Competence forums.
23. Encourage the PCPI Foundation, the ABMS, and the Council of Medical Specialty Societies to work together toward utilizing Consortium performance measures in Part IV of CBC.
24. Continue to assist physicians in practice performance improvement.
25. Encourage all specialty societies to grant certified CME credit for activities that they offer to fulfill requirements of their respective specialty board s CBC and associated processes.
26. Support the American College of Physicians as well as other professional societies in their efforts to work with the American Board of Internal Medicine (ABIM) to improve the CBC program.
27. Oppose those maintenance of certification programs administered by the specialty boards of the ABMS, or of any other similar physician certifying organization, which do not appropriately adhere to the principles codified as AMA Policy on Continuing Board Certification.
28. Ask the ABMS to encourage its member boards to review their maintenance of certification policies regarding the requirements for maintaining underlying primary or initial specialty board certification in addition to subspecialty board certification, if they have not yet done so, to allow physicians the option to focus on continuing board certification activities relevant to their practice.
29. Call for the immediate end of any mandatory, secured recertifying examination by the ABMS or other certifying organizations as part of the recertification process for all those specialties that still require a secure, high-stakes recertification examination.
30. Support a recertification process based on high quality, appropriate Continuing Medical Education (CME) material directed by the AMA recognized specialty societies covering the physician s practice area, in cooperation with other willing stakeholders, that would be completed on a regular basis as determined by the individual medical specialty, to ensure lifelong learning.
31. Continue to work with the ABMS to encourage the development by and the sharing between specialty boards of alternative ways to assess medical knowledge other than by a secure high stakes exam.
32. Continue to support the requirement of CME and ongoing, quality assessments of physicians, where such CME is proven to be cost-effective and shown by evidence to improve quality of care for patients.
33. Through legislative, regulatory, or collaborative efforts, will work with interested state medical societies and other interested parties by creating model state legislation and model medical staff bylaws while advocating that Continuing Board Certification not be a requirement for: (a) medical staff membership, privileging, credentialing, or recredentialing; (b) insurance panel participation; or (c) state medical licensure.
34. Increase its efforts to work with the insurance industry to ensure that continuing board certification does not become a requirement for insurance panel participation.
35. Advocate that physicians who participate in programs related to quality improvement and/or patient safety receive credit for CBC Part IV.
36. Continue to work with the medical societies and the American Board of Medical Specialties (ABMS) member boards that have not yet moved to a process to improve the Part III secure, high-stakes examination to encourage them to do so.
37. Our AMA will, through its Council on Medical Education, continue to work with the American Board of Medical Specialties (ABMS), ABMS Committee on Continuing Certification (3C), and ABMS Stakeholder Council to pursue opportunities to implement the recommendations of the Continuing Board Certification: Vision for the Future Commission and AMA policies related to continuing board certification.
38. Our AMA, through its Council on Medical Education, will continue to work with the American Board of Medical Specialties (ABMS) and ABMS member boards to implement key recommendations outlined by the Continuing Board Certification: Vision for the Future Commission in its final report, including the development of new, integrated standards for continuing certification programs by 2020 that will address the Commission’s recommendations

for flexibility in knowledge assessment and advancing practice, feedback to diplomates, and consistency.
(Policy Timeline: CME Rep. 2, I-15 Appended: Res. 911, I-15 Appended: Res. 309, A-16 Appended: CME Rep. 02, A-16 Appended: Res. 307, I-16 Appended: Res. 310, I-16 Modified: CME Rep. 02, A-17 Reaffirmed: Res. 316, A-17 Reaffirmed in lieu of: Res. 322, A-17 Appended: CME Rep. 02, A-18 Appended: Res. 320, A-18 Appended: Res. 957, I-18 Reaffirmation: A-19 Modified: CME Rep. 02, A-19, Appended: CME Rep. 1, I-20)

H-275.926, "Medical Specialty Board Certification Standards"

Our AMA:
(1) Opposes any action, regardless of intent, that appears likely to confuse the public about the unique credentials of American Board of Medical Specialties (ABMS) or American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) board certified physicians in any medical specialty, or take advantage of the prestige of any medical specialty for purposes contrary to the public good and safety.
(2) Opposes any action, regardless of intent, by organizations providing board certification for non-physicians that appears likely to confuse the public about the unique credentials of medical specialty board certification or take advantage of the prestige of medical specialty board certification for purposes contrary to the public good and safety.
(3) Continues to work with other medical organizations to educate the profession and the public about the ABMS and AOA-BOS board certification process. It is AMA policy that when the equivalency of board certification must be determined, accepted standards, such as those adopted by state medical boards or the Essentials for Approval of Examining Boards in Medical Specialties, be utilized for that determination.
(4) Opposes discrimination against physicians based solely on lack of ABMS or equivalent AOA-BOS board certification, or where board certification is one of the criteria considered for purposes of measuring quality of care, determining eligibility to contract with managed care entities, eligibility to receive hospital staff or other clinical privileges, ascertaining competence to practice medicine, or for other purposes. Our AMA also opposes discrimination that may occur against physicians involved in the board certification process, including those who are in a clinical practice period for the specified minimum period of time that must be completed prior to taking the board certifying examination.
(5) Advocates for nomenclature to better distinguish those physicians who are in the board certification pathway from those who are not.
(6) Encourages member boards of the ABMS to adopt measures aimed at mitigating the financial burden on residents related to specialty board fees and fee procedures, including shorter preregistration periods, lower fees and easier payment terms.
(Policy Timeline: Res. 318, A-07 Reaffirmation A-11 Modified: CME Rep. 2, I-15 Modified: Res. 215, I-19)

REFERENCES

1. Report 1-N-20, Update on Maintenance of Certification and Osteopathic Continuous Certification.

2. Report 2-A-19, Update on Maintenance of Certification and Osteopathic Continuous Certification.

3. Report 2-A-18, Update on Maintenance of Certification and Osteopathic Continuous Certification.

4. Report 2-A-17, Update on Maintenance of Certification and Osteopathic Continuous Certification.

5. Report 2-A-16, Update on Maintenance of Certification and Osteopathic Continuous Certification.

6. Report 2-A-15, Update on Maintenance of Certification and Osteopathic Continuous Certification.

7. Report 6-A-14, Update on Maintenance of Certification, Osteopathic Continuous Certification, and Maintenance of Licensure.

8. Report 4-A-13, An Update on Maintenance of Certification, Osteopathic Continuous Certification, and Maintenance of Licensure.

9. Report 10-A-12, An Update on Maintenance of Certification, Osteopathic Continuous Certification, and Maintenance of Licensure.

10. Report 11-A-12, Impact of Maintenance of Certification, Osteopathic Continuous Certification, Maintenance of Licensure on the Physician Workforce.

11. Report 3-A-10, Specialty Board Certification and Maintenance of Licensure.

12. Report 16-A-09, Maintenance of Certification/Maintenance of Licensure.

Past reports of the AMA Council on Medical Education related to CBC can be found at: https://www.ama-assn.org/councils/council-medical-education/certification-licensure-council-medical-education-reports