

HOD Action: Council on Medical Education Report 2 referred.

COUNCIL ON MEDICAL EDUCATION REPORT 2-A-26
Examining ABMS Processes for New Boards

EXECUTIVE SUMMARY

At the 2025 Annual Meeting of the American Medical Association (AMA) House of Delegates Policy D-275.943, “Examining ABMS Processes for New Boards,” was adopted. The policy asks that the AMA “study and define principles for board certifying bodies including, but not limited to: education and training requirements, initial and ongoing assessment of physician competence in balance with patient safety, and best practices for promoting professional self-regulation, with report back to the HOD at annual 2026.”

This report provides a brief history of specialty board formation and American Board of Medical Specialties (ABMS) approval as well as an overview of past and current ABMS requirements and criteria. It discusses input from the HOD and offers principles for board certifying bodies. Finally, the report lays out resources and related AMA policy and concludes with recommendations to the HOD.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 2-A-26

Subject: Examining ABMS Processes for New Boards

Presented by: Kelly Caverzagie, MD, MPH, Chair

Referred to: Reference Committee C

1 At the 2025 Annual Meeting of the American Medical Association (AMA) House of Delegates
2 (HOD), Resolution 301 was co-sponsored by the American College of Cardiology, American
3 Society of Echocardiography, American Society of Nuclear Cardiology, Heart Rhythm Society,
4 Society for Cardiovascular Angiography & Interventions, Society of Cardiovascular Computed
5 Tomography, and Society for Cardiovascular Magnetic Resonance. Their original resolution raised
6 concern for established criteria of oversight bodies and American Board of Medical Specialties
7 (ABMS) processes for new boards. It specifically referenced the application of a new American
8 Board of Cardiovascular Medicine (ABCVM). Testimony addressed support for the belief that
9 board certification is paramount in professional self-governance and that AMA should not interfere
10 with the American Board of Medical Specialties (ABMS) process. Alternate Resolution 301 was
11 adopted as amended in lieu of original Resolution 301 and is now AMA Policy D-275.943,
12 [“Examining ABMS Processes for New Boards,”](#) which asks the following:

13
14 Our AMA will study and define principles for board certifying bodies including, but not
15 limited to: education and training requirements, initial and ongoing assessment of physician
16 competence in balance with patient safety, and best practices for promoting professional self-
17 regulation, with report back to the HOD at annual 2026.

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19 This report is written in response to its directive.

20 21 BACKGROUND

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23 At the 2023 Interim Meeting, the AMA HOD adopted CME Report 4, [“Recognizing Specialty
24 Certifications for Physicians.”](#) It provided a detailed history of standardized certification, ABMS,
25 Accreditation Council for Graduate Medical Education (ACGME) core competencies, governance
26 of ABMS member boards, and ABMS board eligibility. The report also explained board eligibility
27 for the American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS), and
28 other entities such as the American Association of Neuromuscular & Electrodiagnostic Medicine,
29 American Board of Cosmetic Surgery, American Board of Facial Plastic and Reconstructive
30 Surgery, American Board of Oral & Maxillofacial Surgery, American Board of Physician
31 Specialties, National Board of Physicians and Surgeons, and United Council for Neurologic
32 Subspecialties. Further, it addressed the AMA’s Truth in Advertising Campaign. A review of CME
33 4-I-23 provides historical information and useful context for this report.

34 35 *History of specialty board formation and ABMS approval*

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37 The need for board certification can be traced back to the late 19th century when it was recognized
38 that medical education and training varied widely. Given the lack of universal curricula and

1 evaluation methods, there were no standardized requirements or guidelines for physicians to
2 demonstrate their specialty qualifications. The American Board of Ophthalmology was established
3 in 1917 as the first board allowing ophthalmologists to distinguish themselves from other
4 physicians. As other boards began to form, the AMA established the Advisory Board for Medical
5 Specialties in 1933 to bring order to this growing arena and address conflicts.¹ This board
6 established the first *Essentials for Approval of Examining Boards in Medical Specialties*, which
7 was approved by the HOD in June 1934. The *Essentials* described “the standards and procedures
8 by which applications for approval of new medical specialty boards are evaluated.”² In 1942, the
9 AMA Council on Medical Education and Advisory Board established the Liaison Committee for
10 Specialty Boards (LCSB) to receive applications for approval as a medical specialty certifying
11 board and evaluate applications. The Advisory Board was renamed the American Board of Medical
12 Specialties (ABMS) in 1970.³ As of June 2025, ABMS represents 24 certifying boards and just
13 over one million active board-certified physicians.⁴ Over time, other entities were established to
14 provide board certification. For example, the AOA formed the Advisory Board for Osteopathic
15 Specialists in 1939 to oversee the certification of osteopathic physicians; it eventually became the
16 AOA Bureau of Osteopathic Specialists (AOA-BOS).⁵

17
18 The HOD approved the twelfth and final revision to the *Essentials*, and they became effective in
19 November 2005. These *Essentials* were implemented until 2023 when ABMS updated their policy
20 to change the process for approval of medical specialty boards. Effective October 27, 2023, the
21 ABMS Board of Directors adopted new Policy 1.8 on [Admission of New Medical Specialty Boards](#)
22 [to Membership in ABMS](#)⁶, thereby establishing a new process for board approval and ending the
23 LCSB. Similar to the *Essentials*, ABMS Policy 1.8 lays out eight sections that describe the plans
24 and steps necessary for the creation of a new specialty board.

25 26 DISCUSSION

27 28 *Current requirements and criteria per ABMS Policy 1.8*

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30 The current necessary requirements to be recognized as an independent board are described in
31 “Section III. Required Content for Applications.” This section states, “In order to be recommended
32 for approval by the ABMS Advisory Body on Specialty Board Development (‘Advisory Body’ [see
33 Section IV]), a new applicant specialty board must demonstrate that all of the following
34 requirements have been satisfied.

- 35 1. The applicant board must demonstrate that it is primarily composed of Diplomates who
36 hold a Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), or foreign
37 equivalent (e.g., Bachelor of Medicine, Bachelor of Surgery [MBBS]) degrees. The ABMS
38 Board of Directors will determine whether this criterion has been satisfied in its sole and
39 absolute discretion based on the unique circumstances of each applicant board.
- 40 2. The applicant board must define its objectives and function, including a scientific rationale
41 demonstrating a substantial advancement in medicine or technology, evidence of a distinct
42 and well-defined field of medical practice, and/or confirmation of an interdisciplinary
43 practice field sufficiently distinct from existing fields of practice. The applicant board must
44 present data on the field’s core content/competencies and scope of practice based on a
45 validated blueprint of the professional area, including present and projected future public
46 needs and expected growth.
- 47 3. The applicant board must present a rationale for how this field of practice serves the
48 patient/public interest, as well as supports candidates’/Diplomates’ needs.
- 49 4. The applicant board must demonstrate how its training and evaluation methods satisfy
50 ABMS’ standards.

- 1 5. The applicant board must describe the training needed to meet requirements for
2 certification and delineate how this training is sufficiently distinct from the training
3 required for certification by existing ABMS medical specialty boards.
- 4 6. The applicant board must define standards for the requisite knowledge and skills in the
5 field of practice. They must demonstrate that candidates for initial certification acquire and
6 maintain these standards. A specific plan for development and validation of the
7 requirements for initial and continuing certification must be presented, along with an
8 outline of and rationale for the qualifications to be required of candidates for certification.
9 The applicant board also must provide a detailed explanation of how the program will
10 adhere to ABMS' initial, continuing, and organizational standards and provide a detailed
11 plan for program review and evaluation.
- 12 7. Except as provided in this section, the applicant board must require all new Diplomates to
13 successfully complete an ACGME-accredited residency or training program prior to
14 becoming certified. If the applicant board is in the process of obtaining ACGME
15 accreditation for the GME training program(s) for the field of practice at the time of
16 application for admission to the ABMS (and if all other conditions are satisfied), the
17 ABMS Board of Directors may conditionally approve the applicant board contingent upon
18 ACGME accreditation of the program(s). Applicant boards may not issue new certificates
19 under the ABMS imprimatur or use the ABMS seal until final approval as a medical
20 specialty board has been granted by the ABMS.
- 21 8. A plan must be presented to accommodate the certification of individuals who complete
22 their GME prior to the establishment of ACGME-accredited or other accredited programs
23 in the specialty. A description of the practice requirements for Diplomates practicing in the
24 field of practice without ACGME-accredited training must be provided. The description
25 should include a summary of the qualifications, the examination(s) required, and the
26 number of physicians or medical specialists to be certified in this manner. Applicant boards
27 with existing certified diplomates at the time of application to membership in the ABMS
28 must present a plan to accommodate the ABMS certification of individuals if such ABMS
29 certification for existing diplomates is desired by the applicant board.
- 30 9. The applicant board must demonstrate broad support from the relevant field of medical
31 practice and broad professional support. The applicant board must provide the
32 communications used to notify the field of medical practice of the proposed application.
- 33 10. The applicant board must provide the total number, along with the complete list of
34 institutions providing residency or other acceptable training programs in the field of
35 practice; the total number of residency positions available; and the number of residency
36 programs planned for creation within the next five years. This data should demonstrate the
37 growth and sustainability of these training programs. The applicant board further must
38 provide the following:
- 39 11. The official name of the proposed board, including the names and professional
40 qualifications of its officials and the organization that each official represents (if
41 applicable).
- 42 12. An operational plan, including sufficient detail for evaluation of the following areas:
 - 43 • MISSION AND OPERATIONS: The applicant board must have a mission that
44 aligns with the mission of ABMS and articulates the purpose of board certification in
45 the proposed field of medical practice. The applicant board will provide copies of
46 existing policies and procedures that promote professionalism and excellence in
47 operations and that strive to meet the needs of the public and the profession. The
48 applicant board is expected to conduct periodic reviews of its operations as
49 supported by principles of good governance.
 - 50 • GOVERNANCE STRUCTURE: The applicant board must demonstrate that its
51 Board of Trustees/Directors follows best practices for governance and is able to

1 address the needs and concerns of its stakeholders. Board members should have
2 sufficient professional expertise for effective board operation and management. The
3 applicant board must specifically articulate how the perspectives of active clinician
4 Diplomates, stakeholders in the field of medical practice, patients, and the public
5 inform board governance, and must explain the presence or absence of any structural
6 or process components related to equity.

- 7 • BUSINESS PLAN: The financial support for a valid, objective program of candidate
8 and Diplomate assessment must be presented, and the applicant board must attest
9 that adequate resources and revenue are available to support and sustain the applicant
10 board. The data should include the approximate number of physicians or medical
11 specialists currently engaged in the practice of the field of medical practice, as well
12 as projected numbers of examinees for initial and continuing certification and
13 projected certification fees. The applicant board must reflect appropriate, transparent
14 financial stewardship in a manner befitting its non-profit status,

15 13. A copy of the Constitution (if applicable) and Bylaws;

16 14. A copy of the Articles of Incorporation;

17 15. A copy of the application form for candidates for initial and continuing certification; and

18 16. A non-refundable application fee.”⁶

19
20 Notable differences between the former *Essentials* and new Policy 1.8 include: removal of
21 language regarding the LCSB, reframing oversight and procedure for the recommendation of
22 approval of new specialty boards as solely under ABMS purview, updating of terms (e.g., MOC
23 now referred to as continuing board certification), change from “appeal” to “reapplication,” and
24 new reference to “conjoint” boards. Regarding the role of the AMA in this new process, Section IV
25 of Policy 1.8 explains that the sitting Chair of the AMA Council on Medical Education or their
26 designee is a participant in the Advisory Body without vote. Further, ABMS will inform the AMA
27 of the general activities of the Advisory Body once convened, including notification of scheduled
28 meetings, notices of public comment periods, and general timelines related to the work of the
29 Advisory Body.

30 31 *Input from the HOD*

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33 Comments are regularly submitted to the HOD via the “[Forthcoming and Pending Reports for the](#)
34 [House of Delegates](#)” document to inform the drafting of forthcoming and pending reports. Three
35 comments were submitted regarding Resolution 301/Policy D-275.943. They were reviewed and
36 considered during the development of this report. One comment suggested that the AMA more
37 formally acknowledge the optional drafting note stated in the AMA Truth in Advertising (TIA)
38 campaign, as seen on page twelve of the [TIA Campaign booklet](#). However, there remains an issue
39 of consensus regarding the definition of board certification that will need to be addressed by the
40 HOD.

41 42 *Principles for board certifying bodies*

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44 Policy D-275.943 asks the AMA to develop principles for board certifying bodies with the goal of
45 providing a clear foundation that guides optimal performance of such bodies and further
46 strengthens a commitment to evidence-based lifelong learning. Principles for board certifying
47 bodies should be broad and comprehensive assumptions in alignment with AMA policy. In the
48 development of such principles, careful consideration was given to the policies and protocols of the
49 ABMS and AOA-BOS, the interest expressed in the underlying resolution (to include addressing
50 education and training requirements, initial and ongoing assessment of physician competence,
51 patient safety, and professional self-regulation), testimony from the HOD, and other input from

1 interested parties. Principles are intended to be guiding concepts and not replace or supersede
2 established policies and protocols. The Council on Medical Education offers the following
3 principles.

4
5 Physician board certifying bodies should:

- 6
7 1. Serve the public interest by supporting high-quality evidence-based care, patient safety,
8 professionalism, and ethical conduct of individual physicians.
9
- 10 2. Maintain independent governance, ensure equitable and transparent processes, engage
11 relevant parties, and uphold fair pathways for transition or reapplication when establishing
12 criteria for certification.
13
- 14 3. Align certification with recognized education and training, clearly define competencies,
15 and use objective, standards-based assessments that reflect clinical practice.
16
- 17 4. Incorporate ongoing evaluation and improvement, supported by effective use of technology
18 to enhance accessibility and efficiency.
19
- 20 5. Ensure representative physician leadership informed by diverse practice settings and
21 provide opportunities for diplomates to participate in governance. *

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23 * Principles created with author oversight by Microsoft Copilot, March 4, 2026.
24

25 *Update on American Board of Cardiovascular Medicine (ABCVM)*

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27 On January 23, 2026, ABCVM issued an update on their status, noting that their “Board of
28 Directors continues to evaluate partnerships with organizations, such as the National Board of
29 Physician and Surgeons (NBPAS), the American Board of Physician Specialties (ABPS), and the
30 American Osteopathic Association (AOA), to accelerate innovation. However, differences in scale,
31 resources, recognition and philosophy limited these options.”⁷ NBPAS published commentary on
32 this decision, stating that “differences in philosophy ultimately precluded a partnership at this
33 time.”⁸ In addition, it noted, “From its founding, NBPAS has maintained a clear and consistent
34 mission: to provide a credible, rigorous pathway and platform for lifelong learning without
35 imposing unproven requirements such as point-in-time examinations or longitudinal testing
36 models.” ABPS and AOA had not published commentary at the time of the preparation of this
37 report.
38

39 *Resources*

40
41 The ABMS [website](#) provides general information as well as the following resources:

- 42 • [Standards for Initial Certification](#) – Presents the standards and annotations for Initial
43 Certification, requirements for each ABMS Member Board’s program, and potential
44 pathways to meet the requirements. Of note, ABMS announced on February 27, 2026, a
45 [call for comment](#) on Draft Revised Standards for Initial Certification, due April 27. The
46 Council on Medical Education intends to provide comments which will be after the
47 deadline for submitting this report.
- 48 • The Recommendations of the [Vision Initiative Commission](#) – 2019 report by an
49 independent commission containing fourteen recommendations that address current
50 concerns and outline a path forward for ABMS’ continuing certification programs.

- 1 • [Standards for Continuing Certification](#) – Effective January 2024, provides a comprehensive
2 framework for Member Boards to design certification programs that meaningfully engage
3 diplomates in activities relevant to their practice.
- 4 • ABMS [Guide to Medical Specialties](#) – Provides descriptions and contact information for
5 the ABMS member board specialties and subspecialties.
- 6 • ABMS [Board Certification Report](#) – Released annually, it contains data on the specialty
7 and subspecialty certificates approved by ABMS, the number of new specialty and
8 subspecialty certificates issued in the last 10 years, and the distribution of board-certified
9 diplomates by ABMS Member Board, specialty, and state.

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11 Other board certification entities provide their own information. For example, the AOA [website](#)
12 offers the “[Handbook of the Bureau of Osteopathic Specialist](#),” which includes AOA-BOS policies
13 and new board processes.

14

15 RELEVANT AMA POLICY

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17 AMA Policy [H-275.926 “Medical Specialty Board Certification Standards”](#) addresses board
18 certified physicians, ABMS member boards, and ABMS/AOA-BOS board certification processes.
19 Of note, the third clause states, “It is AMA policy that when the equivalency of board certification
20 must be determined, the certification program must first meet accepted standards for certification
21 that include both

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- a. a process for defining specialty-specific standards for knowledge and skills and
- b. offer an independent, external assessment of knowledge and skills for both initial
certification and recertification or continuous certification in the medical specialty. In
addition, accepted standards, such as those adopted by state medical boards or the
Essentials for Approval of Examining Boards in Medical Specialties, will be utilized for
that determination.”

Given the *Essentials* are defunct, this reference should be removed from clause (3b) of the policy.

AMA Policy [D-275.943 “Examining ABMS Processes for New Boards”](#), is the policy resulting
from adoption of Resolution 301 that calls for this report. This report fulfills that directive.

33 CONCLUSION

Board certification provides an ongoing independent evaluation of individual physicians to assure
that the specialty physician workforce is clinically competent, skilled, participates in lifelong
learning, and meets the standards of practice established by their peers. Further, there is public
interest in seeking out board-certified physicians and specialists. The public seeks to trust their
physicians with the significant responsibility of care and decision making when it comes to both
personal and population health. Such trust exemplifies great public value. Contributing factors to
the building of such trust include demonstrated quality care and patient safety as well as expertise
and ongoing professional development – all of which are represented through board certification.
Board certification also provides a process to ensure new boards meet the same foundational
principles that guide certification itself including competency standards, training requirements,
public accountability, and the ability to perform valid, independent assessments. Thorough, high-
quality requirements and protocols for new boards are imperative. AMA’s continued collaboration
with its HOD, ABMS and its member boards, AOA-BOS, and other board certifying entities will
ensure ongoing prioritization and review of board approval processes.

1 RECOMMENDATIONS

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3 The Council on Medical Education recommends that the following be adopted in lieu of Resolution
4 301-A-25, and the remainder of the report be filed:

- 5
6 1. Policy [H-275.926, "Medical Specialty Board Certification Standards."](#) item 3b, be amended
7 by deletion to read as follows:

8 3b. offer an independent, external assessment of knowledge and skills for both initial
9 certification and recertification or continuous certification in the medical specialty. ~~In~~
10 ~~addition, accepted standards, such as those adopted by state medical boards or the~~
11 ~~Essentials for Approval of Examining Boards in Medical Specialties, will be utilized~~
12 ~~for that determination.~~ (Modify Current HOD Policy)

- 13
14 2. Our AMA supports the following principles to inform the development of new board
15 certifying bodies:

16
17 Principles for New Board Certifying Bodies

- 18 1. Serve the public interest by supporting high-quality evidence-based care, patient
19 safety, professionalism, and ethical conduct of individual physicians.
20 2. Maintain independent governance, ensure impartial and transparent processes, engage
21 relevant parties, and uphold fair pathways for transition or reapplication when
22 establishing criteria for certification.
23 3. Align certification with recognized education and training, clearly define
24 competencies, and use objective, standards-based assessments that reflect clinical
25 practice.
26 4. Incorporate ongoing evaluation and improvement, supported by effective use of
27 technology to enhance accessibility and efficiency.
28 5. Ensure representative physician leadership informed by diverse practice settings and
29 provide opportunities for diplomates to participate in governance.
30 (New HOD Policy)

- 31
32 3. Policy [D-275.943, "Examining ABMS Processes for New Boards,"](#) be rescinded as having
33 been accomplished by this report. (Rescind HOD Policy)

Fiscal note: Minimal

RELEVANT AMA POLICY

[Medical Specialty Board Certification Standards H-275.926](#)

1. Our American Medical Association 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. Our AMA 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. Our AMA 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, the certification program must first meet accepted standards for certification that include both
 - a. a process for defining specialty-specific standards for knowledge and skills and
 - b. offer an independent, external assessment of knowledge and skills for both initial certification and recertification or continuous certification in the medical specialty.In addition, accepted standards, such as those adopted by state medical boards or the Essentials for Approval of Examining Boards in Medical Specialties, will be utilized for that determination.
4. Our AMA 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. Our AMA advocates for nomenclature to better distinguish those physicians who are in the board certification pathway from those who are not.
6. Our AMA 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.
7. Our AMA encourages continued advocacy to federal and state legislatures, federal and state regulators, physician credentialing organizations, hospitals, and other interested parties to define physician board certification as the medical profession establishing specialty-specific standards for knowledge and skills, using an independent assessment process to determine the acquisition of knowledge and skills for initial certification and recertification.

[Examining ABMS Processes for New Boards D-275.943](#)

Our AMA will study and define principles for board certifying bodies including, but not limited to: education and training requirements, initial and ongoing assessment of physician competence in balance with patient safety, and best practices for promoting professional self-regulation, with report back to the HOD at annual 2026.

REFERENCES

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