

REPORT OF THE COUNCIL ON MEDICAL EDUCATION
REPORT

CME Report 2-I-23

Subject: Update on Continuing Board Certification

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Referred to: Reference Committee C

1 At the 2022 Annual Meeting, the House of Delegates (HOD) called upon the American Medical
2 Association (AMA) to “continue to monitor the evolution of Continuing Board Certification
3 (CBC), continue its active engagement in discussions regarding their implementation, encourage
4 specialty boards to investigate and/or establish alternative approaches for CBC, and prepare a
5 report regarding the CBC process at the request of the House of Delegates or when deemed
6 necessary by the Council on Medical Education” (Policy [D-275.954](#)). This policy resulted from
7 [CME Report 2-A-22](#), “An Update on Continuing Board Certification,” which provided a detailed
8 account of updates as well as a list of improvements to assessment of knowledge, judgment, and
9 skills (Part III) and improvement in medical practice (Part IV) found in the appendix.

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11 Further, the AMA reaffirmed Policy [H-275.924](#), “Continuing Board Certification,” at the 2022
12 Interim Meeting and amended Policy D-275.954 to include a new clause that the AMA “continue
13 to publicly report its work on enforcing AMA Principles on Continuing Board Certification.”

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15 Given the interest of the HOD demonstrated at A-22 and I-22, the Council offers this informational
16 report to provide allopathic and osteopathic updates on CBC since the last report was adopted at A-
17 22.

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19 **BACKGROUND**

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21 CBC is an ongoing process that simultaneously supports diplomates in keeping their knowledge
22 and skills current while validating their increasing expertise in a specialty. First established in
23 1933, the American Board of Medical Specialties (ABMS) is comprised of 24 certifying boards,
24 representing nearly one million active board-certified physicians. The ABMS oversees continuing
25 certification, and its mission is “to serve the public and the medical profession by improving the
26 quality of health care through setting professional standards for lifelong certification in partnership
27 with Member Boards.”¹ The ABMS has been very engaged in the continued evolution of CBC.
28 Such efforts are summarized in this report.

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30 *Standards for Continuing Certification*

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32 In 2018, the ABMS formed an independent body comprised of 27 individuals representing diverse
33 stakeholders called the [Vision for the Future Commission](#) (“Commission”). They were tasked with
34 reviewing continuing certification within the current context of the medical profession. The
35 Commission released draft recommendations, on which the AMA Council on Medical Education
36 provided comments.² The Commission released their final report in 2019, which contained
37 research, testimony, and public feedback from stakeholders throughout the member boards and

1 health care communities. The report offered 14 recommendations intended to modernize CBC and
2 included a commitment by the ABMS to develop new, integrated Standards for continuing
3 certification programs.³ Delayed due to the COVID-19 pandemic, the final [Standards](#) were released
4 in late 2021.⁴ The Commission and new Standards are described in detail in [CME 2-A-22](#).⁵

5 6 ALLOPATHIC CONTINUING CERTIFICATION UPDATES

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8 As of June 30, 2022, the ABMS database of board certification reflects 975,000 ABMS board-
9 certified diplomates across 40 specialties and 89 subspecialties. Among them, 690,518 diplomates
10 participate in continuing certification.⁶ Board-certified diplomates are required to participate in
11 continuing certification; however, some individuals do not as the requirement may not have been in
12 place when they were first certified. Voluntary participation is strongly encouraged.

13 14 *ABMS Strategic Plan*

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16 In 2022, the ABMS began drafting a five-year [Strategic Plan](#) (2023-2028) to define major needs,
17 expectations, and opportunities and define guiding themes and topics (“imperatives”) as well as to
18 anticipate key changes and new demands in the external environment.⁷ Approximately 100
19 individuals from ABMS, the Member Boards, and partner organizations participated in the
20 development of this plan and formed 10 workgroups using a community-based process of
21 exploration, discussion, and decision-making while also being mindful of internal and external
22 conditions. The title of each workgroup represents an identified “imperative.” The titles/
23 imperatives are Advocacy; Communications; Culture; Diversity, Equity, and Inclusion (DEI);
24 Governance; Innovation; Metrics; Products and Services; Professionalism; and Program
25 Evaluation. Each workgroup developed an aim and strategic goals for their respective imperative.
26 These imperatives are represented within five strategic themes. Specific initiatives and tactics are
27 being established and deployed to meet the goals of these five strategic themes: increase value for
28 stakeholders, promote professionalism, commit to DEI, promote and protect the ABMS brand, and
29 enhance ABMS culture and decision-making. More information is available in the [Executive](#)
30 [Summary](#) of the strategic plan.⁸

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32 Given the advent of the workgroups and plan, the previous task forces of the Vision Commission
33 were disbanded. Those task forces, as described in CME 2-A-22, were: Achieving the Vision,
34 Improving Health & Health Care, Information and Data Sharing, Professionalism, Remediation,
35 and Standards.

36 37 *ABMS Committees*

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39 The Committee on Continuing Certification (“3C”) oversees the review process of Member
40 Boards’ continuing certification programs and any progress regarding the implementation of the
41 new Standards by collecting data, developing metrics, and monitoring progress toward meeting the
42 new Standards. Also, 3C reviews and makes recommendations for program and policy
43 improvements, performance standards, security considerations, and psychometric characteristics of
44 longitudinal assessment programs. ABMS staff provide additional support to the Member Boards.
45 This committee continues to work with Member Boards to review assessment data and make
46 recommendations for modifications in their longitudinal assessment programs. Specifically, a
47 Psychometrician Advisory Group is working to define best practices for Member Boards so that 3C
48 may consider them in designing and assessing continuing certification assessments.

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50 The ABMS Stakeholder Council, established in 2018 to ensure that the decisions of the ABMS
51 Board of Directors are grounded in an understanding of the perspectives, concerns, and interests of

1 the multiple constituents impacted by ABMS' work, is an advisory body representing the
2 viewpoints of practicing physicians, patients, and the public. Since the publication of the Council
3 on Medical Education's last *Update on Continuing Board Certification*, the Stakeholder Council
4 has provided guidance to the ABMS Board of Directors regarding a comprehensive
5 communications strategy, including engagement with hospitals, patients, and diplomates; offered
6 input into ABMS' recently completed five year strategic planning process; described insights
7 related to a more transparent display of diplomate certification status; shared thinking regarding
8 how to better communicate recent changes to ABMS Member Board certification programming;
9 reviewed a draft ABMS policy related to diplomate professionalism; discussed the role of Member
10 Boards in supporting diplomate mental health; and made recommendations in support of efforts
11 related to diversity, equity, and inclusion.

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13 The Accountability and Resolution Committee (ARC) is a dispute resolution body that has
14 jurisdiction over allegations against directors or members of the ABMS regarding violations of or a
15 failure to comply with actions or standards adopted by the Board of Directors; the amended and
16 restated bylaws of the ABMS; and any other policies, procedures, regulations, rules, or standards
17 adopted by the Board of Directors. Upon receipt of a referral for noncompliance that has not been
18 resolved through other mechanisms, ARC is authorized to attempt to resolve the complaint through
19 an established dispute resolution process, after which it may issue findings of fact and
20 recommendations to the Board of Directors for its consideration and adoption. The ARC also
21 maintains oversight of the ABMS Organizational Standards, which establish core standards for the
22 Member Boards regarding issues related to organizational mission; governance and leadership;
23 financial and organizational management; stakeholder engagement; examinations; and data
24 management.

25
26 After the release of the new Standards, the ABMS formed the Improving Health and Health Care
27 Learning Collaborative (IHHC-LC) to assist Member Boards with meeting Standards 18 and 19.
28 They host quarterly meetings to foster meaningful engagement opportunities for diplomates across
29 all specialties.

30 *Updates and Innovations in Assessment*

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33 All 24 ABMS Member Boards have implemented formative assessments for continuing
34 certification since the release of ABMS' Vision [recommendations](#), which called for Member
35 Boards to create formative processes that offer opportunities for learning and improvement and an
36 alternative to the secure, point-in-time examinations of knowledge. Longitudinal assessment is now
37 implemented by 17 of the Member Boards, offering assessments that are shorter, content specific,
38 current, and based on needs and interests; recurring assessments over time to reinforce concepts
39 and promote retention; ongoing performance feedback to note areas of additional learning; and
40 follow-up assessments to gauge proficiency. Physicians can choose when, where, and how they
41 answer questions given accessibility of longitudinal assessments on personal devices. Of the 17,
42 seven Member Boards execute their longitudinal assessments via [CertLink®](#), a technology
43 platform developed by ABMS; more than four million questions have been answered to date.
44 Further updates from Member Boards include:

- 45 • Four boards now provide point-in-time knowledge assessments, offered at less frequent
46 intervals (e.g., semi-annual, every three years). They are the American Board of Allergy
47 and Immunology (ABAI), American Board of Emergency Medicine, American Board of
48 Neurological Surgery, and American Board of Surgery.
- 49 • Three boards have implemented "customized to practice" assessments whereby physicians
50 can select from among topic areas based on practice setting and/or patient mix. They can
51 be question-based and use multiple-choice questions or article-based and involve

1 reviewing articles and responding to related questions. They are the American Board of
2 Obstetrics & Gynecology (ABOG), American Board of Psychiatry and Neurology
3 (ABPN), and American Board of Thoracic Surgery (ABTS).

- 4 • Eight boards no longer offer the traditional exam. They are the American Board of Colon
5 and Rectal Surgery, American Board of Dermatology, American Board of Emergency
6 Medicine, American Board of Medical Genetics and Genomics, American Board of
7 Neurological Surgery, American Board of Ophthalmology, American Board of Pathology,
8 American Board of Plastic Surgery, and ABTS.
- 9 • Three boards only use the traditional exam for re-entry. They are the American Board of
10 Anesthesiology, American Board of Urology, and ABAI.
- 11 • Twelve boards have elected to keep an exam option, at the discretion of the physician.
12 They are the American Board of Family Medicine, American Board of Internal Medicine,
13 American Board of Nuclear Medicine, American Board of Orthopaedic Surgery, American
14 Board of Otolaryngology – Head and Neck Surgery (2023 is the last year), American
15 Board of Pediatrics, American Board of Physical Medicine and Rehabilitation, American
16 Board of Preventive Medicine, American Board of Radiology, ABU, ABOG, and ABPN
17 (ABMS, written communications, June-August, 2023).

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19 In addition, there are examples of new board-specific innovations. According to the ABMS, the
20 American Board of Pediatrics (ABP) reports that nearly 30,000 board-certified pediatricians and
21 pediatric subspecialists now participate in an ABP continuing certification activity called “Question
22 of the Week.” It provides participants with relevant, high-quality questions and supporting
23 material. Each question features a case scenario, pre-test, abstract, commentary, and final question.
24 Participants can answer as many questions as they wish and can share their thoughts with each
25 other by leaving comments. Feedback to ABP has been positive.

26
27 In 2024, the American Board of Internal Medicine (ABIM), in collaboration with the Society of
28 Hospital Medicine, will launch assessment options designed for those who practice primarily in an
29 inpatient setting, including an Internal Medicine Longitudinal Knowledge Assessment (LKA[®]) and
30 a traditional, 10-year exam. These options will be available to any eligible diplomate certified in
31 internal medicine.

32
33 Following the successful pilot and launch of longitudinal assessment for continuing certification in
34 Physical Medicine and Rehabilitation, the American Board of Physical Medicine and
35 Rehabilitation (ABPMR) will offer longitudinal assessment for Brain Injury Medicine (LA-BIM).
36 Starting in 2024, this assessment for continuing certification in BIM is shorter and will be offered
37 quarterly with a five-year cycle. The BIM examination will be offered for diplomates with cycle
38 end dates in 2024. All BIM diplomates are encouraged to participate in LA-BIM to continue their
39 certification.

40 *ABMS Portfolio Program*

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43 The [ABMS Portfolio Program](#)[™] enables a national network of organizations (“sponsors”) to assist
44 physicians and physician assistants in submitting their quality improvement (QI) efforts for
45 continuing certification credit. Program sponsors administer activity submissions and attestation
46 approvals and send confirmation of activity completion to ABMS. These sponsors have facilitated
47 more than 27,000 individuals in receiving certification credit for thousands of QI activities. The
48 ABMS supports a myriad of [sponsors](#) including the AMA. To aid sponsors in their work, ABMS
49 offered a webinar in May 2023 entitled “Offer a More Meaningful and Relevant QI Experience
50 with the ABMS Portfolio Program” that featured two program sponsors who are creating thriving
51 programs in their organization.

1 *Exploring Competency-Based Medical Education*

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3 The ABMS is collaborating with the Accreditation Council for Graduate Medical Education
4 (ACGME) to investigate competency-based medical education (CBME) as it relates to CBC. The
5 ACGME accredits programs that assess individuals during residency, and the ABMS Member
6 Boards assess individuals for specialty certification as they make the transition from training into
7 practice. Given some of the boards are incorporating, piloting, or exploring assessment approaches
8 as part of a CBME model, this collaborative will foster communication and information sharing.
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10 OSTEOPATHIC CONTINUING CERTIFICATION UPDATES

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12 The American Osteopathic Association (AOA) is the professional home for more than 178,000
13 osteopathic physicians (DOs) and medical students. AOA offers board certification in 27 primary
14 specialties and 48 subspecialties (including certificate of added qualification). Nine of the 48
15 subspecialties are conjoint certifications managed by multiple AOA specialty boards. As of
16 December 31, 2022, a total of 39,111 physicians held 46,101 active certifications issued by the
17 AOA's specialty certifying boards. AOA Certifying Board Services Department, in collaboration
18 with each of the 16 osteopathic medical specialty certifying boards, develops and implements
19 certification programs and assessments. With the guidance of the AOA Bureau of Osteopathic
20 Specialists, specialty certifying boards commit to enhancing board certification services that better
21 serve candidates and diplomates pursuing and maintaining AOA board certification and life-long
22 learning. AOA specialty certifying boards provide a modernized, expedited approach to the
23 delivery of relevant and meaningful competency assessment for board-certified diplomates. As part
24 of Osteopathic Continuous Certification (OCC), longitudinal assessment programs have been
25 developed and implemented for each of the 27 primary specialty board certifications. The
26 longitudinal assessments replaced the high stakes recertification exams previously required. AOA
27 specialty certifying boards are beginning the process of developing longitudinal assessment
28 programs for 14 of the subspecialty board certifications, five of which are anticipated to launch in
29 2024. AOA continues to offer its candidates and diplomates online remote proctored delivery of its
30 certification and OCC exams. (AOA, written communications, June-August, 2023).
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32 LITERATURE REVIEW

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34 The body of evidence regarding the value and importance of CBC continues to grow. A review of
35 the literature published between January 1, 2022 – July 4, 2023, illuminated a number of relevant
36 articles addressing continuing certification and maintenance of certification. An annotated
37 bibliography of such articles can be found in Appendix A of this report.
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39 AMA ENGAGEMENT IN CBC

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41 *Council on Medical Education*

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43 The AMA and its [Council on Medical Education](#) (CME) have been actively engaged in the
44 evolution of CBC, formerly called maintenance of certification (MOC) in past reports and
45 resolutions, for many years. At this time, the Council has made available on its [webpage](#) 18 reports
46 addressing certification and licensure since 2012. These reports are informed by the work of the
47 ABMS. The board certification program of the ABMS provides continuous development and
48 professional assessment.
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50 The CME maintains a close relation with the ABMS and its member boards. The 2023-2024 chair
51 of the Council also serves as a member of the ABMS Stakeholders Council. Dr. Richard Hawkins,

1 president and CEO of the ABMS, was invited by the Council to attend its fall 2022 meeting to
2 provide an update on the new [Standards](#) for continuing certification. He also presented to the AMA
3 on April 5, 2023, co-hosted by the Academic Physician Section and Young Physician Sections, to
4 further discuss the new Standards as well as share related concerns from physicians and the ABMS
5 response to those concerns. Dr Hawkins also discussed structural changes to ABMS governance
6 and the organization's collaboration with associate members. He clarified current misinformation.
7 Further, the Council invited Dr. Hawkins to attend their assembly during the 2023 Annual Meeting.
8 Dr. Hawkins shared that they've received largely favorable feedback on the new Standards. Boards
9 are working on their implementation plans given that the Standards take effect January 1, 2024; the
10 Council asked that ABMS consider challenges faced by physicians in independent private practice.
11 Also, Dr. Hawkins reported on their collaboration with ACGME on CBME and attentiveness to
12 equity in assessment. He shared concerns regarding alternative certifying bodies, specifically the
13 National Board of Physicians and Surgeons, citing how they fall short of the norms set by the
14 ABMS as publicly addressed in their July 2022 [statement](#).⁹ Lastly, Dr. Hawkins shared that ABMS
15 is looking into ways continuing certification can promote well-being and decrease burnout.

16

17 In addition, the Council will proffer a report at the 2023 Interim Meeting that provides an overview
18 of several entities that provide board certification including the ABMS, AOA Bureau of
19 Osteopathic Specialists (BOS), National Board of Physicians and Surgeons (NBPAS), American
20 Board of Physician Specialties (ABPS), and American Board of Cosmetic Surgery (ABCS) and
21 how their standards for board certification differ. It is important to note that while there are
22 different ways to achieve continuing board certification, it is debatable whether they produce the
23 same outcomes for patients.

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25 *Relevant AMA policies*

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27 AMA policy related to CBC and lifelong learning can be accessed in the [AMA PolicyFinder](#)
28 database. Policies most relevant to CBC are provided in Appendix B and are listed here:

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CONCLUSION

The AMA will continue to monitor the evolution of CBC and provide updates, as directed by this House of Delegates. The Council is grateful to ABMS and AOA for their contributions to the creation of this report. Following this report, the Council will provide further updates in the form of issue briefs as pertinent information arises. In the event of significant changes to CBC impacting practicing physicians, the Council will consider initiating a report to the House of Delegates. Reports and issue briefs are posted to the Council's report [webpage](#) and promoted through various AMA medical education communications. Reports can also be found via the AMA [Council Report Finder](#) search tool.

Fiscal note: \$500

APPENDIX A: ANNOTATED BIBLIOGRAPHY

Berland LL, Mary Jo Tarrant, Heitkamp DE, Beavers K, Lewis CS. [Maintenance of Certification in Radiology: Eliciting Radiologist Preferences Using a Discrete Choice Experiment](#). Journal of The American College of Radiology. 2022 Sep 1;19(9):1052–68.

Bradley S, Lindquist LA, Jones E, Rowe T, O'Brien K, Dobschuetz D, et al. [Development and evaluation of a simulation-based mastery learning maintenance of certification course](#). Gerontology & Geriatrics Education. 2021 Feb 25;43(3):397–406.

Driscoll SW, Raddatz MM, Sabharwal S, Francisco GE, Nguyen V, Kinney CL. [American Board of Physical Medicine and Rehabilitation Diplomate Customization Choices on the Longitudinal Assessment for Physical Medicine and Rehabilitation](#). American Journal of Physical Medicine & Rehabilitation. 2022 Jul 1;101(7):S21–5.

Faulkner LR, Juul D, Thomas CR, Anzia JM, Lewis SL, Schor NF, et al. [An Article-Based Format for Medical Specialty and Subspecialty Maintenance of Certification](#). Journal of Continuing Education in the Health Professions. 2022 Feb 17; Publish Ahead of Print.

Fraudorf S, Caddick Z, Rottman B, Nokes-Malach T, Swanson D, Bazemore A, et al. Conceptual Foundations for Designing Continuing Certification Assessments for Physicians [Internet]. American Board of Medical Specialties. [cited 2022 Jul 27]. Available from: <https://www.abms.org/wp-content/uploads/2022/07/conceptual-foundations-continuing-certification-assessments-for-physicians.pdf>

Hawkins RE, Ogrinc G, Ramin SM. [American Board of Medical Specialties and New Standards for Continuing Certification](#). JAMA. 2022 May 3;327(17):1645.

Hendricks JJ, Theis R, Mann KJ, Turner AL, Filipp SL, Leslie LK, et al. Exploring paediatricians' experiences with performance improvement modules and quality improvement. BMJ Open Quality [Internet]. 2022 May 1 [cited 2022 Jul 22];11(2):e001674. Available from: <https://bmjopenquality.bmj.com/content/11/2/e001674.abstract>

Lyness JM, McMahon GT. [The Role of Specialty Certification in Career-Long Competence](#). Academic Medicine. 2023 Jul 4.

Main PAE, Anderson S. [Evidence for continuing professional development and recency of practice standards for regulated health professionals in Australia: protocol for a systematic review](#) (Preprint). JMIR Research Protocols. 2021 Mar 8.

Norcini JJ, Weng W, Boulet J, McDonald F, Lipner RS. [Associations between initial American Board of Internal Medicine certification and maintenance of certification status of attending physicians and in-hospital mortality of patients with acute myocardial infarction or congestive heart failure: a retrospective cohort study of hospitalisations in Pennsylvania, USA](#). BMJ Open. 2022 Apr;12(4):e055558.

Sheth BP, Schnabel SD, Beth Ann Comber, Martin B, McGowan M, Bartley GB. [Relationship Between the American Board of Ophthalmology Maintenance of Certification Program and Actions Against the Medical License](#). American Journal of Ophthalmology. 2023 Mar 1;247:1–8.

Siegel RD, Garrett-Mayer E, Lipner RS, Kozlik MMP, Vandergrift JL, Crist STS, et al. [Relationship Between Participation in ASCO's Quality Oncology Practice Initiative Program and American Board of Internal Medicine's Maintenance of Certification Program](#). JCO Oncology Practice. 2022 Apr 1.

Sliwa JA, Sherilyn Whately Driscoll, Robinson LR, Walker ML, Garrison CJ, Kinney CL. [Improving Patient Safety and Quality in Physical Medicine and Rehabilitation Through Participation in the American Board of Physical Medicine and Rehabilitation Continuing Certification Program](#). American Journal of Physical Medicine & Rehabilitation. 2022 Jul 1;101(7):S10–4.

Peterson LE, Johannides J, Phillips RL. [Physicians' Choice of Board Certification Activity Is Unaffected by Baseline Quality of Care: The TRADEMaRQ Study](#). The Annals of Family Medicine. 2022 Mar;20(2):110–5.

Tanoue LT, Evans L. [Maintaining Your Certification in Pulmonary Disease and Critical Care Medicine](#). Chest. 2023 May 1;163(5):1020–2.

Ward RC, Baker KA, Spence D, Leonard C, Sapp A, Choudhry SA. [Longitudinal Assessment to Evaluate Continued Certification and Lifelong Learning in Healthcare Professionals: A Scoping Review](#). Evaluation & the Health Professions. 2023 Mar 24;016327872311643-016327872311643.

APPENDIX B: RELEVANT AMA POLICIES

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.

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 report regarding the CBC process at the request of the House of Delegates or when deemed necessary by the Council on Medical Education.
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 Coalition for Physician Accountability, formerly known as 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, through its Council on Medical Education, will 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 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.
39. Our AMA will 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.

40. Our AMA will continue to publicly report its work on enforcing AMA Principles on Continuing Board Certification.

H-275.926, Medical Specialty Board Certification Standards

1. 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, 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) 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.

D-275.957, An Update on Maintenance of Licensure

Our American Medical Association will: 1. Continue to monitor the evolution of Maintenance of Licensure (MOL), continue its active engagement in discussions regarding MOL implementation, and report back to the House of Delegates on this issue.

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 MOL issues.

3. Work with the Federation of State Medical Boards (FSMB) to study whether the principles of MOL are important factors in a physician's decision to retire or have a direct impact on the U.S. physician workforce.

4. Work with interested state medical societies and support collaboration with state specialty medical societies and state medical boards on establishing criteria and regulations for the

implementation of MOL that reflect AMA guidelines for implementation of state MOL programs and the FSMB's Guiding Principles for MOL.

5. Explore the feasibility of developing, in collaboration with other stakeholders, AMA products and services that may help shape and support MOL for physicians.

6. Encourage the FSMB to continue to work with state medical boards to accept physician participation in the American Board of Medical Specialties maintenance of certification (MOC) and the American Osteopathic Association Bureau of Osteopathic Specialists (AOA-BOS) osteopathic continuous certification (OCC) as meeting the requirements for MOL and to develop alternatives for physicians who are not certified/recertified, and advocate that MOC or OCC not be the only pathway to MOL for physicians.

7. Continue to work with the FSMB to establish and assess MOL principles, with the AMA to assess the impact of MOL on the practicing physician and the FSMB to study its impact on state medical boards.

8. Encourage rigorous evaluation of the impact on physicians of any future proposed changes to MOL processes, including cost, staffing, and time.

REFERENCES

1. American Board of Medical Specialties. [cited 2023 Jun 16]. Available from: <https://www.abms.org/>
2. Continuing Board Certification: Vision for the Future Initiative Selects Commission Members [Internet]. American Board of Medical Specialties. [cited 2023 Jun 16]. Available from: <https://www.abms.org/newsroom/continuing-board-certification-vision-for-the-future-initiative-selects-commission-members/>
3. Continuing Board Certification: Vision for the Future Commission, Final Report [Internet]. American Board of Medical Specialties. [cited 2023 Jun 16]. Available from: https://www.abms.org/wp-content/uploads/2020/11/commission_final_report_20190212.pdf
4. Standards for Continuing Certification [Internet]. American Board of Medical Specialties. [cited 2023 Jun 16]. Available from: <https://www.abms.org/board-certification/board-certification-standards/standards-for-continuing-certification/>
5. An Update on Continuing Board Certification (CME 2-A-22) [Internet]. American Medical Association. Council on Medical Education; [cited 2023 Jun 17]. Available from: https://councilreports.ama-assn.org/councilreports/downloadreport?uri=/councilreports/CME_Report_02_A_22_final.pdf
6. Board Certification Report 2021-2022 [Internet]. American Board of Medical Specialties. [cited 2023 Jun 17]. Available from: <https://www.abms.org/abms-board-certification-report/>
7. Strategic Plan 2023-2028 [Internet]. American Board of Medical Specialties. [cited 2023 Jun 17]. Available from: <https://www.abms.org/newsroom/abms-strategic-plan-2023-2028/>
8. Strategic Plan 2023-2028, Executive Summary [Internet]. American Board of Medical Specialties. [cited 2023 Jun 17]. Available from: <https://www.abms.org/wp-content/uploads/2023/05/abms-strategic-plan-2023-2028-executive-summary-external.pdf>
9. The ABMS Response to National Board of Physicians and Surgeons' Assertion of Certifying Body Equivalency [Internet]. American Board of Medical Specialties. 2022. Available from: <https://www.abms.org/newsroom/abms-response-to-nbpas-assertion-of-certifying-body-equivalency/>