



American Board
of Medical Specialties

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Proposed Standards for the ABMS Program for Maintenance of Certification (MOC)

For Implementation in January 2015

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Preface

1 This document introduces proposed revisions to the standards for the American Board of Medical
2 Specialties Program for Maintenance of Certification (ABMS MOC[®]). The ABMS Program for
3 Maintenance of Certification (Program for MOC) improves patient care by establishing high
4 standards for education, practice improvement, and assessment activities of diplomates who have
5 achieved initial certification from one or more of the 24 ABMS Member Boards. The Program for
6 MOC incorporates the six ABMS/ACGME Core Competencies of Practice Based
7 Learning & Improvement; Patient Care & Procedural Skills; Systems-based Practice; Medical
8 Knowledge; Interpersonal & Communication Skills; and Professionalism. The Program for MOC and
9 these revised program standards are integral to the ABMS' mission to maintain and improve the
10 quality of medical care by assisting the ABMS Member Boards in their development and use of
11 professional and educational standards for the certification of physician specialists in the United
12 States and internationally.

13 The Proposed Standards for the ABMS Program for Maintenance of Certification (MOC) continue
14 the common four-part framework of the current Program for MOC. This framework addresses 1)
15 Professional Standing and Professionalism, 2) Lifelong Learning and Self-Assessment, 3) Assessment
16 of Knowledge, Skills, and Judgment, and 4) Improvement in Medical Practice. In addition, there is a
17 section of the standards entitled General Standards which incorporate standards about each ABMS
18 Member Board's Program for MOC in its entirety. The standards are common across the ABMS
19 Member Boards and permit relevant distinctions in programs among the specialties.

20 Initial Board Certification by one or more ABMS Member Boards demonstrates that a diplomate has
21 1) completed an extended period of rigorous training in, and assessment of, the knowledge, skills, and
22 professionalism required to practice in a particular specialty or subspecialty, usually via an ACGME
23 residency program; and 2) passed additional evaluations of knowledge, skills, and professionalism. For
24 all ABMS Member Boards, this assessment includes a secure, comprehensive examination of
25 knowledge; other evaluations commonly used include oral examinations and simulation exercises as
26 well as reviews of patient cases, operative records, and patient outcomes.

27 Consistent with rapid changes in medicine and societal expectations, the ABMS Member Boards
28 gradually adopted the concept of time-limited Board Certification. In 2000, the ABMS Member
29 Boards Community adopted the Program for MOC through which diplomates maintain continuing
30 certification. In 2009, ABMS and its Member Boards approved MOC standards that formalized
31 program elements and timelines for ongoing MOC milestones among the Member Boards.

32 The revisions proposed in this document further refine the 2009 MOC standards and represent the
33 culmination of a two-year process that included gaining input from multiple constituencies such as the
34 public; specialty societies; diplomates; Associate Member organizations¹; ABMS Member Boards;
35 multiple ABMS Committees, including the Committees on Certification, Maintenance of Certification,
36 Monitoring of MOC, Ethics and Professionalism, and Health Policy; and the ABMS Board of Directors
37 and staff, among other stakeholders.

¹ The Accreditation Council for Continuing Medical Education, Accreditation Council for Graduate Medical Education, American Hospital Association, American Medical Association, Association of American Medical Colleges, Council of Medical Specialty Societies, Education Commission for Foreign Medical Graduates, Federation of State Medical Boards, and National Board of Medical Examiners.

38 Because the Program for MOC has transformed certification from an early career event to an
39 ongoing program of continuing learning and assessment, it can help diplomates remain current in an
40 increasingly complex practice environment. Furthermore, the program improves patient care through
41 practice improvement activities. MOC requirements align with other quality improvement,
42 educational, and regulatory activities in which diplomates engage. Thus, these standards outline a
43 relevant and meaningful mechanism for continuing professional development for diplomates while
44 helping support the social compact between the public and the profession.

General Standards

Purposes and Anticipated Outcomes

45 The General Standards of the Program for MOC provide the broad structure for ABMS Member
46 Boards' Programs for MOC. These standards contribute to improved patient care through the
47 development of rigorous and relevant Programs for MOC that continuously improve and assess the
48 knowledge, skills, and professionalism of diplomates who care for the patients, families, and
49 communities of the United States. The standards are intended to improve diplomates' professional
50 satisfaction by providing a relevant, user-friendly, and meaningful process of ongoing professional
51 development and assessment that is aligned with other professional expectations and requirements
52 and is recognized broadly as a mark of quality medical practice.

53 GS-I. Each ABMS Member Board's Program for MOC will incorporate all six ABMS/ACGME Core
54 Competencies: Practice-Based Learning & Improvement; Patient Care & Procedural Skills;
55 Systems-based Practice; Medical Knowledge; Interpersonal & Communication Skills; and
56 Professionalism.

57 *Annotation*

58 *The Six Core Competencies, adopted by ABMS and ACGME in 1999, are recognized as integral to quality*
59 *patient care. The following are brief descriptions of the competencies.*

60 *The competency Practice-based Learning & Improvement refers to the diplomate's ability to investigate and*
61 *evaluate patient care practices, appraise and assimilate scientific evidence, and improve the diplomate's*
62 *own practice of medicine, the collaborative practice of medicine, or both.*

63 *The competency Patient Care & Procedural Skills refers to the diplomate's clinical skills and ability to provide*
64 *care and promote health, in a compassionate and appropriate manner, fostering patient-centered decision-*
65 *making.*

66 *The competency Systems-based Practice refers to the diplomate's awareness of, and responsibility to,*
67 *population health and systems of health care. The diplomate should be able to use system resources*
68 *responsibly in providing patient care (e.g., good resource stewardship, coordinating care across sites).*

69 *The competency Medical Knowledge refers to the diplomate's demonstration of knowledge about established*
70 *and evolving biomedical, clinical, and cognate sciences, as well as the application of these sciences in patient*
71 *care.*

72 *The competency Interpersonal & Communication Skills refers to the diplomate's demonstration of skills that*
73 *result in effective information exchange and partnering with patients, their families, and professional*
74 *associates (e.g., fostering a therapeutic relationship that is ethically sound, using effective listening skills with*
75 *nonverbal and verbal communication; mindful of health literacy; and working effectively in a team both as a*
76 *team member and as a team leader).*

77 *The competency Professionalism refers to the diplomate's demonstration of a commitment to carrying out*
78 *professional responsibilities, adhering to ethical principles, and being sensitive to diverse patient populations*
79 *and workforce.*

80 *ABMS Member Boards should integrate learning and assessment of the six competencies throughout the*
81 *Program for MOC in a manner that best serves the needs of patients served by diplomates and that is*
82 *relevant to the practice of the specialty and to the specific type of practice of a diplomate.*

83 **GS-2.** Each ABMS Member Board will work to enhance the value of its Program for MOC and the
84 experience of diplomates engaged in its Program, including taking actions to increase the Program's
85 quality, relevance, and meaningfulness and with sensitivity to the time, administrative burden, and cost
86 associated with participation.

87 *Annotation*

88 *The ABMS Member Boards serve the public through developing and implementing a rigorous and relevant*
89 *Program for MOC; the Program for MOC also serves the Profession. ABMS Member Boards should be*
90 *sensitive to diplomates' complex and diverse practice environments, regulatory requirements, and learning*
91 *needs in their program design and implementation.*

92 **GS-3.** Each ABMS Member Board will engage in continuous quality monitoring and improvement of
93 its Program for MOC and will participate in the ABMS' Program for MOC Review Process.

94 *Annotation*

95 *Quality monitoring should incorporate opportunities for review of activities and materials produced and*
96 *accepted for MOC credit, examination quality and administration, customer service, relationship between*
97 *the Program for MOC and health outcomes, and other relevant factors. ABMS Member Boards may adopt*
98 *multiple approaches to quality monitoring and continuous improvement; diplomate and Public feedback*
99 *must be incorporated into each ABMS Member Board's approach.*

100 *The ABMS Program for MOC Review Process will incorporate a continuous quality improvement*
101 *mechanism and a periodic in-depth review of each ABMS Member Board's Program for MOC and for*
102 *MOC Programs sponsored by multiple ABMS Member Boards. The ABMS Review Process will involve the*
103 *ABMS Member Boards, the Public, and diplomates, among others.*

Part I Standards – Professionalism and Professional Standing

Purposes and Anticipated Outcomes

104 Part I of the Program for MOC focuses on Professionalism and Professional Standing of ABMS
105 Member Board diplomates. These standards contribute to better patient care and improved
106 medical practice by helping to assure the Public that diplomates exhibit professionalism in their
107 medical practice, including acting in the patients’ best interests; behaving professionally with
108 patients, families, and colleagues across the health professions; and representing their Board
109 Certification and Maintenance of Certification status in a professional manner. These standards
110 also contribute to improved access to quality health care for patients by facilitating re-entry to
111 certification and medical practice for former diplomates of ABMS Member Boards.

112 PPS-1. Each ABMS Member Board will identify and convey that Board’s professionalism
113 expectations to its diplomates and will incorporate professionalism learning and assessment
114 activities into its Program for MOC.

115 *Annotation*

116 *ABMS Member Boards will identify professionalism expectations for all diplomates. An ABMS Member*
117 *Board’s professionalism expectations may be articulated in documents developed or adopted by the*
118 *Member Board (examples include, but are not limited to, the ABMS Medical Professionalism definition,*
119 *the AMA Code of Medical Ethics, the AOA Code of Ethics, the American Board of Internal Medicine*
120 *Foundation [ABIMF] Charter on Physician Professionalism, and the American College of Surgeons Code*
121 *of Professional Conduct).*

122 *As with all of the six ABMS/ACGME competencies, ABMS Member Boards should incorporate*
123 *professionalism into multiple parts of their Program for MOC.*

124 PPS-2. Each ABMS Member Board will establish and maintain a process that gives former
125 diplomates an opportunity to regain Board Certification.

126 *Annotation*

127 *A process to regain Board Certification should be extended to former diplomates who have voluntarily or*
128 *involuntarily lost Board Certification unless the Member Board determines that compelling circumstances*
129 *preclude a former diplomate’s participation. The Board may develop different requirements on the basis of*
130 *the reasons for loss of Board certification. Engagement in a process to regain Board Certification does not*
131 *guarantee that a former diplomate will ultimately regain certification and is not coupled with “Board*
132 *Eligibility” status.*

133 PPS-3. Each ABMS Member Board will have a process in place to consider the circumstances of an
134 action taken against a diplomate's license by a State Medical Board or other determination of
135 unprofessional conduct and to respond appropriately.

136 *Annotation*

137 *A valid and unrestricted license to practice medicine is an indication that the State Medical Boards have*
138 *not identified a lack of professionalism or any other issue sufficient to justify an action against a*
139 *diplomate's license. Hence, this is an appropriate screening indicator. ABMS Member Boards may, but*
140 *generally do not, act as the "first investigator" of complaints about a diplomate.*

141 *In some cases of action taken against a diplomate's medical license by a State Medical Board, the*
142 *suspension or termination of Board Certification is appropriate. In other cases, the action taken against a*
143 *diplomate's medical license by a State Medical Board does not preclude continuation of Board Certification.*
144 *ABMS Member Boards will balance their primary obligation to the Public with the simultaneous obligation*
145 *of fairness and due process to the diplomate.*

146 *ABMS Member Boards with non-physician diplomates will establish appropriate mechanisms to address*
147 *actions taken against the professional licenses of these diplomates.*

Part II – Lifelong Learning and Self-Assessment of the Diplomate

Purposes and Anticipated Outcomes

148 Part II of the Program for MOC focuses on Lifelong Learning and Self-Assessment (LLS) of
149 diplomates. These standards contribute to better patient care by requiring ongoing diplomate
150 participation in high quality, unbiased learning and self-assessment activities that are relevant to
151 the diplomate’s specialty and areas of practice within the specialty. Additional anticipated
152 outcomes are that Part II activities are relevant, easy-to-use, cost-effective, and meaningful for
153 diplomates.

154 LLS-I. Each ABMS Member Board will establish requirements for LLS and document that diplomates
155 are meeting the learning and self-assessment requirements. ABMS Member Boards’ requirements
156 should address currently relevant medical knowledge and other competencies in the specialty and
157 ongoing advances relevant to the applicable specialty, and should include a requirement that LLS
158 activities be free of commercial bias and control of a commercial interest. ABMS Member Boards
159 should work to ensure that diplomates have access to tools for identifying and learning about
160 advances relevant to the specialty and for identifying professional practice gaps in the specialty and in
161 their own clinical practices. ABMS Member Boards should document that LLS activities are of high
162 quality.

163 *Annotation*

164 *Each ABMS Member Board will establish LLS requirements for its Program for MOC and determine which*
165 *activities meet the Board’s requirements. LLS activities should substantially link to the diplomate’s own*
166 *practice activities and to professional practice gaps identified within the specialty or by the diplomate.*
167 *Ideally, LLS requirements should emphasize learning based on self-assessment. These requirements should*
168 *incorporate but not be limited to engagement in CME activities that are accredited (ACCME System, AAFP, or*
169 *AOA) or certified for credit (e.g., AMA Physician’s Recognition Award [PRA] Category I, American Academy of*
170 *Family Physicians [AAFP] Prescribed Credit, American Congress of Obstetricians and Gynecologists [ACOG]*
171 *Cognates, or AOA Category IA). As a general example, no fewer than 25 CME credits (33% of which*
172 *incorporate guided self-assessment) should be required annually.*

173 *To be considered “free of commercial bias and control of a commercial interest,” LLS activities should*
174 *conform, at a minimum, to ACCME Standards for Commercial Support.*

175 *ABMS Member Boards should advocate for the development of learning and self-assessment activities*
176 *across all six competencies, particularly those competencies (e.g., professionalism, practice-based learning*
177 *and improvement) for which there is a relative shortage of available learning resources. To the degree*
178 *practical, ABMS Member Boards should support the use of specialty-specific, individualized learning and*
179 *assessment plans for diplomates.*

180 *Each ABMS Member Board may develop LLS materials itself; work with specialty societies, other Boards*
181 *and other organizations to develop such materials; adopt materials prepared by others; or otherwise make*
182 *materials available. When a learning or self-assessment activity is not accredited by the ACCME system, the*
183 *AAFP, or the AOA, the ABMS Member Board must establish an internal process for quality evaluation of*
184 *materials. ABMS Member Boards will publish and be transparent about the Board's criteria for granting*
185 *MOC credit for educational and self-assessment materials developed by other organizations.*

186 LLS-2. Each ABMS Member Board will integrate Patient Safety principles into its Program for
187 MOC requirements.

188 *Annotation*

189 *The topic of Patient Safety should be substantially reflected throughout a Program for MOC across*
190 *diplomates' careers. Patient Safety is highlighted in these standards for a number of reasons, including*
191 *(1) the science is still relatively new to many physicians, particularly those who completed Graduate*
192 *Medical Education programs before 2002; (2) studies have demonstrated the value of such knowledge in*
193 *addressing the substantial death and morbidity associated with preventable errors in the health care*
194 *system; and (3) the issue incorporates all six ABMS/ACGME Core Competencies and team activities.*

195 *ABMS Member Boards should work to ensure that diplomates have adequate knowledge of safety science*
196 *and principles. Diplomates should successfully complete a Board-approved patient safety course or equivalent*
197 *learning experience before beginning or early in the diplomate's participation in the Program for MOC.*

Part III – Assessment of Knowledge, Judgment, and Skills

Purposes and Anticipated Outcomes

198 Part III of the Program for MOC focuses on the Assessment of Knowledge, Judgment, and Skills
199 of the diplomate. Part III should build upon and link to the continuous learning and self-
200 assessment requirements of Part II of the Program for MOC. These standards contribute to
201 better patient care by incorporating an external objective assessment of the diplomate.
202 Engagement in external assessment provides an assurance that the diplomate has maintained the
203 necessary commitment to lifelong learning and seeks to remain current in the core subject
204 matter of the specialty. Furthermore, assessment can drive learning both through preparation for
205 the examination and through targeted learning in response to examination results. These
206 standards are specific to the examinations for maintaining certification.

207 KJS-I. ABMS Board Certification requires ongoing examination of diplomates' knowledge of core
208 content, judgment, and skills in the specialty no less often than every 10 years.

209 Examinations should be constructed in a manner that incorporates educational standards for test
210 development, reliability, validity, administration, scoring, and reporting. Examinations will be
211 conducted in a manner that ensures that (1) the identified test-taker is, in fact, the person who is
212 taking the test; (2) materials (and any other assistance in any form) used during the examination
213 are limited to materials (and any other assistance in any form) provided or approved by the ABMS
214 Member Board; and 3) actual test content and information about the test content are not shared
215 by examinees, examiners, or anyone else associated with the examination, unless specifically
216 approved by the Member Board.

217 *Annotation*

218 *The examination should demonstrate that the diplomate has the necessary core knowledge of the*
219 *specialty. The examination will focus on core clinical information and advances within the specialty.*
220 *An ABMS Member Board may link the examination within the Program for MOC with a diplomate's*
221 *specific practice areas within the specialty through modular components or similar elements.*

222 *Professionalism in constructing, administering, and scoring the examination is critical. The*
223 *examination process should balance sensitivity to the needs of examinees with the importance of the*
224 *intent and security of the examination.*

225 *ABMS Member Boards are exploring new methods of evaluating diplomate knowledge, judgment, and*
226 *skills; alternatives to traditional testing; and mechanisms for linking examination content to specific practice*
227 *elements. These explorations are encouraged and may affect test development and administration,*
228 *including formats, testing venues, and other aspects of the assessment process. Although these*
229 *explorations are encouraged, they will not be substituted for the examination defined above without*

230 *the approval of the ABMS' Committee on Continuing Certification (CCC). In their review, the members of*
231 *the CCC will consider elements such as methods of test development, reliability, examination validity, and*
232 *scoring.*

233 **KJS-2.** To assist diplomates in developing individualized LLS programs, the ABMS Member Board
234 will provide feedback to the diplomate about performance on secure examinations.

235 *Annotation*

236 *ABMS Member Boards should provide information about diplomates' performance on these examinations*
237 *in a manner that informs the diplomate of strengths and weaknesses, while also respecting the security*
238 *requirements of the examination.*

Part IV – Improvement in Medical Practice

Purposes and Anticipated Outcomes

239 Part IV of the Program for MOC focuses on Improvement in Medical Practice (IMP) by the
240 diplomate. These standards contribute to improved patient care through ongoing assessment and
241 improvement in the quality of care provided by diplomates either in their individual practice or in
242 the larger hospital, health system, or community setting in which the diplomates practice
243 medicine. Continuous assessment and practice improvement may include activities that result in
244 improved patient or population health outcomes, improved access to health care, improved patient
245 experience (including patient satisfaction), or increased value.

246 IMP-I. Each ABMS Member Board will incorporate practice assessment and improvement
247 activities into its Program for MOC requirements throughout diplomates' careers. Each ABMS
248 Member Board's Program for MOC will incorporate ways in which diplomates may engage in
249 specialty-relevant, performance-in-practice assessment followed by improvement activities when
250 practice gaps are identified.

251 *Annotation*

252 *The ideal outcome of this standard is the ongoing engagement of diplomates in assessment and*
253 *improvement activities relevant to improving patient outcomes, the patient care experience, and the value*
254 *of the health care experience in the diplomate's practice or within the broader system in which the*
255 *diplomate practices. Recognizing this goal, the ABMS Member Board should create appropriate*
256 *expectations for engagement of diplomates in these activities.*

257 *Each ABMS Member Board will identify a variety of ways in which practice assessment and improvement*
258 *activities can be completed; these may include the use of registries, patient logs, patient surveys, peer*
259 *surveys, practice improvement modules, etc. To the degree possible, the use of recognized performance*
260 *measures should be incorporated into these activities. The methods offered should foster ongoing*
261 *improvements in the care of patients by the physician and the health care system in which the physician*
262 *practices medicine. An ABMS Member Board's Program for MOC should construct performance-in-*
263 *practice requirements that encourage and enable diplomates to address the more difficult issues within*
264 *their practices.*

265 *ABMS Member Boards should work to ensure that diplomates have adequate knowledge of quality*
266 *improvement science and practice.*

267 IMP-2. Each ABMS Member Board should encourage diplomate involvement in
268 performance improvement activities within the context of the health care team and system
269 of practice, and in alignment with other care-related quality improvement programs.

270 *Annotation*

271 *Diplomates work across the medical specialties, as part of multi-professional health care teams, and within*
272 *complex health care systems. Substantive diplomate engagement in organizational or health care system*
273 *quality initiatives is encouraged and should be recognized for MOC credit.*