About American Board of Medical Specialties (ABMS®)

I. A PRIMER ON ABMS®
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ABMS Member Boards provide physician certification information to ABMS which is distributed through a variety of certification verification service programs. In addition to this publication, you may visit www.abms.org or call 1-866-ASK-ABMS to find out if your physician is board-certified by an ABMS Member Board free of charge. Information provided by these resources does not fulfill requirements by accrediting organizations. Contact ABMS for information on how to obtain full certifying information, including Primary Source Verification.

A. BACKGROUND
Established in 1933, ABMS is a not-for-profit, physician-led organization that establishes standards for, oversees the certification and continuing professional development of, physician specialists by approved boards in 24 broad medical specialties. As part of its public service mission, ABMS provides information to verify the fact of physician's board certification throughout the physician's career. The mission of the ABMS is to provide assurance to the public that a physician has had appropriate education and training and is well qualified to provide good care in their specialties.

B. MISSION AND VISION OF ABMS
As written in the ABMS Corporate Bylaws, Amended and Restated 3/19/07.

ABMS incorporates the mission of board certification by the American Board of Medical Specialties (ABMS) to improve the performance, quality, efficiency, and validity of certification criteria, standards and processes.

1. Advocate for and facilitate the development of educational and evaluation processes that improve the performance, quality, efficiency, and validity of certification criteria, standards and processes.
2. Advocate for the development and dissemination of accurate, credible, and valid information about the knowledge, skills and experience a physician of specialty, those with specialized training or skills in the specialty, or subspecialty certification, and the Maintenance of Certification. The ABMS certifies specialists in the particular field represented by the American Board of Medical Specialties (ABMS). The ABMS certifies board-certified physicians who have demonstrated the expertise, motivation and ability to provide patients with the highest standards of care. The ABMS certifies physicians who have successfully completed an approved educational program and evaluation process which includes components designed to assess the knowledge, judgment, professionalism and clinical skills required to provide quality patient care in that specialty. The ABMS serves to coordinate the activities of its Member Boards and to provide information to the public, the government, the profession and its Members concerning issues involving certification of physicians.

C. PURPOSES OF ABMS

1. Participate in the establishment of standards and requirements for graduate medical education in the respective specialties represented by the ABMS Member Boards.
2. Ensure that ABMS Member Boards establish and maintain standards for the administration of examinations for initial specialty and subspecialty certification, and Maintenance of Certification.
3. Ensure that ABMS Member Boards establish and maintain standards for the Maintenance of Certification that assess the general competencies of the certified physician.
4. Set standards for, receive and act upon applications from ABMS Member Boards for approval of new types of specialty and subspecialty certification, Maintenance of Certification or modifications of the certification process.
5. Encourage and facilitate the exchange of information among ABMS Member Boards and other professional organizations and agencies to elevate the standards of medical education and evaluation of physician capability.
6. Coordinate peer review of ABMS Member Boards’ activities of the American Board of Medical Specialties (ABMS). ABMS serves to coordinate the activities of its Member Boards and to provide information to the public, the government, the profession and its Members concerning issues involving certification of physicians.

D. ABOUT ABMS MEMBER BOARDS

1. Participate in the establishment of standards and requirements for graduate medical education in the respective specialties represented by the ABMS Member Boards.
2. Ensure that ABMS Member Boards establish and maintain standards for the administration of examinations for initial specialty and subspecialty certification, and Maintenance of Certification.
3. Maintain standards for the Maintenance of Certification that assess the general competencies of the certified physician.
4. Receive and act upon applications for membership in the specialty.
5. Maintain standards for the Administration of Examinations and related processes.
7. Maintain standards for the Administration of Examinations and related processes.
10. Maintain standards for the Administration of Examinations and related processes.
12. Encourage and facilitate the development of educational and evaluation processes that improve the performance, quality, efficiency, and validity of certification criteria, standards and processes.
13. Serve as a forum for discussion among ABMS Member Boards and any other organizations that will improve the performance, quality, efficiency, and validity of certification criteria, standards and processes.
14. Conduct educational programs designed to make information about the board certification processes and the certification status of physician specialists readily available to the public and throughout the profession in an easily understandable manner.
15. Provide a voice to the public, the government, the profession and its Members concerning issues involving certification of physicians.
16. Represent the ABMS Member Boards in collaboration with other professional organizations and agencies to elevate the standards of medical education and evaluation of physician capability.

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E. THE ASSOCIATE MEMBERS OF ABMS

ABMS has nine Associate Members which are not specialty boards.

Accreditation Council for Continuing Medical Education (ACCME)

ACCME sets and administers standards and criteria for providers of quality Continuing Medical Education (CME) for physicians and related professionals. Its mission is to promote the public's health by enhancing the quality of patient care. ACCME is responsible for the accreditation of providers of CME and continuing medical education programs that meet the standards and criteria established by ACCME. CME providers are required to verify that their activities meet the standards and criteria established by ACCME, and that their activities are accredited by ACCME. ACCME also sets and administers standards and criteria for providers of quality Continuing Medical Education (CME) for physicians and related professionals. Its mission is to promote the public's health by enhancing the quality of patient care. ACCME is responsible for the accreditation of providers of CME and continuing medical education programs that meet the standards and criteria established by ACCME. CME providers are required to verify that their activities meet the standards and criteria established by ACCME, and that their activities are accredited by ACCME.

Association of Medical Specialty Societies (AMSS)

AMSS is a non-profit association of medical schools, teaching hospitals and academic societies. It is the national organization for all United States licensing and disciplinary boards. AMSS provides education for healthcare leaders and is a source of information on healthcare issues and trends.

American Medical Association (AMA)

AMA is the national organization that represents and serves all types of hospitals, healthcare networks and their patients and communities. Through its representation and advocacy activities, AMA assures that members' perspectives and needs are heard and addressed in national health policy development, legislative and regulatory debates, and judicial matters. AMA provides education for healthcare leaders and is a source of information on healthcare issues and trends.

American Medical Association (AMA)

As the nation's largest physician group, AMA advocates on issues vital to the nation's health and healthcare system.

Association of American Medical Colleges (AAMC)

AAMC is a non-profit association of medical schools, teaching hospitals and academic societies. It is the national organization for all United States licensing and disciplinary boards. AAMC provides education for healthcare leaders and is a source of information on healthcare issues and trends.

Council of Medical Specialty Societies (CMSS)

CMSS serves to represent the views of specialist physicians in influencing policy, medical education and accreditation on a local, state, and national level. CMSS provides education for healthcare leaders and is a source of information on healthcare issues and trends.

M. THE ASSESSMENT OF THE RECOGNITION PROFILES OF ABMS SPECIALTY AND SUBSPECIALTY BOARDS

ABMS MOC was initially proposed in 1998-99 and developed with the involvement of a broad spectrum of medical and surgical specialties. The effort is supported by many major medical organizations, including the:

- American Medical Association (AMA)
- American Hospital Association (AHA)
- National Board of Medical Examiners (NBME)
- Council of Medical Specialty Societies (CMSS)
- Association of American Medical Colleges (AAMC)
- Accreditation Council for Graduate Medical Education (ACGME)
- Association of American Medical Colleges (AAMC)
- Educational Commission for Foreign Medical Graduates (ECFMG)
- Federation of State Medical Boards (FSMB)
- National Board of Medical Examiners (NBME)
- American Board of Medical Specialties (ABMS)
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FAPPROVAL OF NEW EXAMINING BOARDS IN MEDICAL SPECIALTIES

Since 1954, specialty medical boards have been approved jointly by action of ABMS and the American Medical Association Council on Medical Education (AMA/CME). This determination is subject to review by the Liaison Committee for Specialty Boards (LCSB), on application sponsored by ABMS and the AMA/CME. The function of the LCSB is to review and evaluate applications for approval of new medical specialty boards according to the current version of Essentials for Approval of Examining Boards in Medical Specialties. The original Essentials for Approval of Examining Boards in Medical Specialties was based on recommendations of the ABMS...
About American Board of Medical Specialties (AMBS) (Continued)

Committees on Standards and Examinations and was ap-
proved by the AMA House of Delegates in June, 1934. The
Essentials have undergone several revisions, both major
and minor, since 1934. The present version of the Essen-
tials is a joint document approved by both organizations. It
embodies the policies of both AMBS and the AMA perma-
nently in special ways, even after each organization’s privilege of independent consideration and action. The
Essentials describe the standards and procedures by which
applications for approval of new medical specialty boards are evaluated.

TENTH REVISION OF ESSENTIALS FOR
APPROVAL OF EXAMINING BOARDS IN MEDICAL
SPECIALTIES

Approved by AMBS September 2005 and AMA CME Au-
gust 2005. Approved by the House of Delegates of the AMA
November 2005.

Section I. Structure and Function of the Liaison
Committee for Specialty Boards (LCSB)
The American Board of Medical Specialties (ABMS) by
authority of the Assembly, and the American Medical Asso-
ciation’s Council on Medical Education (AMA/CME), by au-
thority delegated by the AMA House of Delegates, have
established the LCSB, consisting of voting representa-
tives selected from each body. The Chair of the AMA/CME
shall be the Chair of the LCSB (with vote). All ex officio
members of the LCSB shall be the Secretary of the LCSB.

The functions of the Liaison Committee for Specialty
Boards is to:

A. To provide a mechanism for communication with
and to receive presentations from candidates for
approval of new medical specialty boards;
B. To receive presentations in the form of applica-
tions for approval of medical specialty boards, to
develop evaluation criteria, and to determine whether
an application should be accepted by the applicant
board has complied with the “Essentials For
Approval of Examining Boards in Medical
SPECIALTIES” and to make recommendations to the
secretary of the LCSB.

Section II. Definition of a Medical Specialty
Board
A medical specialty board must be a separately incor-
porated, financially independent body which determines its
requirements and policies for certification, selects the
members of its governing body in accordance with the proce-
sure established by its bylaws, accepts its candidates for
certification from persons who fulfill its stated require-
ments, administers examinations, and issues certificates to
those who satisfy its standards and pass its examinations.

Section III. Objectives of Medical Specialty
Boards
The fundamental objective of all approved AMBS medi-
cal specialty boards is to act in the public interest and con-
tribute to the improvement of medical care by establishing
the qualifications for certification, evaluating the qualifica-
tions of candidates who apply, and certifying those candi-
dates who are found to be qualified and to en-
sure that certified diplomates maintain their qualifications. A
related objective is to assist in securing high standards for
graduate medical education and facilities for specialty train-
ing in collaboration with other concerned organizations and
agencies.

To accomplish these objectives, medical specialty
boards should:
A. Determine whether or not candidates have
received adequate preparation in accord with
educational standards established by the specialty
board and approved by the appropriate orga-
nizations.
B. Conduct comprehensive evaluations of the
knowledge and experience of such candidates,
both through initial certification, recertification and
Maintenance of Certification; and
C. Issue certificates to those physicians found
qualified under the stated requirements of the
board.

Section IV. Criteria for Recommending Approval
of New ABMS  Certifying Boards
In order to be recommended for approval by the LCSB,
a new medical specialty board must demonstrate that it
meets all the following requirements:
A. The emergence of a new medical specialty must be
based on substantial advancement in medical sciences and
represent a distinct and well-defined field of medical practice.
It may entail special attention to the problems of patients according
to age, gender, organ system, or interaction of patients with their
environment.
B. To provide public and professional understanding
that there is a single standard of preparation for
and evaluation of expertise in each specialty, only
one medical specialty board will be recognized in
each specialty.
C. The training needed to meet requirements for
certification by the applicant must sufficiently
distinct from the training required for certification
by approved ABMS Boards and sufficiently
complex or extended so that it is not feasible to
allow institutions in established training programs
leading to certification by approved ABMS Boards.
D. A medical specialty board must demonstrate that
candidates for certification will acquire, and its
diplomates will maintain, capacity in a defined
area of medicine and demonstrate specialist
knowledge and competencies in that field.
E. Evidence must be presented that the new board
will establish defined standards for training and
that there is a system for evaluation of educational
program quality. The required graduate medical
education programs must be accredited by the
Accreditation Council for Graduate Medical
Education (ACGME), or a plan must be presented for
the interim approval of training programs,
under conditions defined by the applicant and in
accordance with ABMS requirements for training programs,
until ACGME approved training programs are
established and functioning. In addition, a plan must be presented to
certify the certification of individuals who
complete their graduate medical education prior to
the establishment of ACGME accredited programs
in the specialty defined by the applicant board.
F. The applicant medical specialty board must
demonstrate support from the relevant field of
medical practice and broad professional support.
G. Operational Plan: The operational plan submitted
to the LCSB must include sufficient detail to allow
a judgment to be made in the following areas.
(1) Governance Structure. Demonstrate that the com-
position of the board provides for representation of appro-
priate organizations and that board members have suffi-
cient expertise and stature for the effective operation of the
board.
(2) Business Plan. The financial structure for a solid,
objective program of candidates and diplomate evaluation,
as well as other necessary activities in graduate education,
must be presented. The data should include projected
numbers of examinees for initial and continuing certification
and projected certification fees.
(3) Content of the Field. Data should be presented on
the core content/competencies and scope of practice,
based on a detailed analysis of the professional area,
including present and future public needs.
(4) Requirements for Certification. A specific plan for
development and validation of the requirements for certifi-
cation, recertification and maintenance of certification
should be presented, along with an outline of and rationale
for the qualifications to be required of candidates for certifi-
cation.
(5) Evaluation Plan. A detailed plan for evaluation of
individual candidates for initial certification and diplomas
for MOC should be presented.

Section V. Content for the Submission to the LCSB
The applicant board must provide the following informa-
tion:
(1) The name of the proposed medical specialty board;
(2) The proposed objective of the new specialty board;
(3) The purposes, the number of physicians, training
programs, and the number of residency programs planned
for creation within the next five years.
(4) A copy of the proposed or existing Articles of Incor-
noration.
(5) A copy of the proposed or existing Bylaws or
Regulations.
(6) The proposed program of study for practitioners
in the specialty.
(7) The total number, along with the names, of institu-
tions providing residency or other acceptable training pro-
grams in the specialty, the total number of residents avail-
able, and the number of residency programs planned for
creation within the next five years.
(8) The number of physicians currently engaged in the
practice of the specialty.
(9) A copy of the application form for candidate
in
(10) A description of the provisions, if any, that will be
made for physicians practicing in the specialty without ex-
amination or accredited training. The statement should in-
clude a summary of the qualifications and the number of
physicians to be certified in this manner.
(11) A detailed description demonstrating compliance with
each of the criteria in Section IV (A to Q). Reference may
be made to information provided in Section V (1 to 10).

Section VI. Procedure for the Recommendation
of New Specialty Medical Boards by the LCSB
In order to be recommended for approval by the LCSB,
the board, as a body, will determine if a conflict of interest exists
with any of the members of the LCSB. Each member of the LCSB shall
decide whether he or she believes that a conflict of interest exists in his
or her participation. All other members of the LCSB may raise the possi-
bility of a conflict of interest in another member. If a substantial conflict is
determined to exist by the LCSB chair, a replacement member will be
appointed by the relevant sponsoring organization.

Upon receipt of a completed application, the Secretary of
the LCSB will send the Chair of the applicant board a letter of receipt of
the submission from the applicant board, along with any
additional documents, that will be included in the Agenda
for the next scheduled LCSB. The Secretary will send to
the applicant board the date and location of the meeting and invite
members of the LCSB to make oral presentations.

Twenty copies of any third-party comments should be
sent to the Secretary of the LCSB. Anonymous comments will not
be accepted. If the LCSB accepts written materials from third
categories, copies of these materials will be provided to the
applicant. The LCSB has discretion to allow the applicant to
submit a written response to the submissions (or) third par-
ties, subject to any factual errors in those submit-
tions.

With the concurrence of the LCSB chair, the Secretary
may invite third parties to make an oral presentation to the
LCSB. The Chair and the Secretary will determine the
agenda for the meeting and the allocation of time allotted
for each presentation. The Chair will have discretion to
allow the applicant to submit a written response to the
submissions (or) third parties, subject to any factual errors in those submit-
tations.

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Oral presentations made by the applicant board and third parties are intended solely to assist the LCSB in making its determination. The LCSB is authorized to appoint consultants to assist it in evaluating the applicant’s submission.

After review of the written materials and oral presentations, the LCSB will make a recommendation for either approval or disapproval, based on an assessment of each of the criteria for approval in the “Essentials.” The LCSB Secretary will be responsible for keeping and maintaining minutes of the meeting and for transmitting the LCSB decision. Reasons for the recommendation will be provided to the applicant, the AMCS and the AMA/CME.

A. Procedure in the Case of a Positive LCSB Decision to Recommend Approval

In the case of a positive LCSB decision, the LCSB Secretary will prepare and send, in a timely fashion, written notice of the LCSB recommendation for approval for transmission to the LCSB sponsors, AMCS, and the AMA/CME, and a copy of those recommendations will be sent to the applicant. The AMCS and the AMA/CME shall act independently on the application. An affirmative vote of two-thirds of the AMCS and the AMA/CME Assembly, acting as proposed in the AMCS Bylaws, and two-thirds of the members of AMCS/CME present and voting as long as a quorum is present, is required to approve a new medical specialty board. Each sponsor of the LCSB will report its action to the LCSB Secretary. If one of the sponsors disapproves, it must supply a reason for the disapproval.

B. Procedure in the Case of a Negative LCSB Decision to Recommend Approval

In the case of a negative LCSB decision to recommend approval, the applicant has the right of appeal. Request for appeal must be submitted in writing to the LCSB Secretary no later than six (6) months after the year the LCSB met. The appeal will be heard by an independent Appeal Panel. The LCSB Secretary will schedule an appeal hearing date for the appeal.

1. Composition of the Appeal Panel

The Appeal Panel will consist of five (5) members: two (2) members from the ABMS Board of Directors who are not members of the LCSB (appointed by the ABMS Board of Directors); two (2) members of the AMCS who are not members of the LCSB (appointed by the AMCS Executive Committee); and a “public” member who is not a member of the AMCS or the AMCS/CME (chosen by majority vote by the other four (4) members of the Appeal Panel). The chair of the Appeal Panel will be selected by the panel members. No member of the Appeal Panel may be from the same specialty as the applicant board. The LCSB Secretary, acting as the Secretary of the Appeal Panel, and the AMCS/CME Secretary will attend the appeal (ex officio without vote). Before review of Appeal, the chair of the Appeal Panel will determine if a conflict of interest exists with any potential Appeal Panel member. The Appeal panel, as a body, will determine if a conflict of interest exists with the Chair of the Appeal Panel. Each member of the Appeal Panel must declare whether he or she believes that a conflict of interest exists in regard to his/her participation. Also, other members of the Appeal Panel may raise the possibility of a conflict of interest in another member. If a substantial conflict in any member is deemed to exist by the LCSB, then a replacement member will be appointed by the relevant sponsoring organization or, in the case of a public member, by the Appeal Panel chair.

2. Scope of Review: Materials Submitted to the Appeal Panel

The members of the Appeal Panel will receive the application, documents, other evidence previously submitted to the LCSB and the minutes of the relevant LCSB meeting from the Secretary of the LCSB. The applicant may also submit a brief written statement (no longer than 10 pages) explaining his position. Ten copies of all materials must be submitted to the LCSB Secretary at least 30 days before the scheduled date of the appeal hearing.

3. Standard of Review

The Appeal Panel may recommend modification of the LCSB findings only if it finds one or both of the following:

a. | Procedural errors by the LCSB. That the LCSB failed to follow the procedures set forth in the “Essentials” for approval and that there is a substantial likelihood that the LCSB’s error altered the outcome of the LCSB’s decision.

b. | Substantive errors for LCSB decision. That the LCSB’s application of the Criteria for Approval of New Examining Boards was clearly erroneous.

4. Conduct of the Appeal

Third party written comments (limited to 10 pages and restricted to the scope of review (VII.B.2) will be accepted. These should be sent to the LCSB Secretary. Any written materials should be submitted at least 30 days before the scheduled Appeal. Ten copies of the other parties’ materials will be provided to the applicant and any third parties that have submitted written materials. Brief oral statements by the petitioner and any third parties that have submitted written materials will be provided to the other parties’ materials before the scheduled Appeal, and copies of the other parties’ materials will be provided to the applicant and any third parties that have submitted written materials. Brief oral statements by the petitioner and any third parties that have submitted written materials will be provided to the Appeal Panel. The Appeal Panel will determine in advance the amount of time allowed for oral presentations. Oral statements must be restricted to the scope of review (VII.B.2). All other procedures for the conduct of the Appeal hearing will be determined by the chair in consultation with the other members of the Appeal panel.

5. Appeal Panel Determination

After consideration of the written and oral presentations, the Appeal Panel may decide to affirm the original decision of the LCSB or to recommend that the LCSB reconsider the application. The Appeal Panel recommendations, along with the reasons for the determination, will be prepared by the Appeal Panel/Appeal Panel Secretary and distributed to the applicant and the LCSB within 30 days of the meeting of the Appeal Panel. The Appeal Panel Secretary will prepare and send, in a timely fashion, written notice of the LCSB decision.

6. Reapplication to the LCSB

In the event an application for a new specialty board is denied, a new application may be filed no sooner than twelve (12) months following notification, to the applicant, of the final recommendation of the LCSB.

Section VII. Meetings of the LCSB

The LCSB shall meet at least once a year. On petition of at least five (5) members of the LCSB, the Chair shall call a special meeting. The Chair may also call a special meeting to conduct any business which comes to the attention of the Secretary of the LCSB. If no meeting of the LCSB in a given year the Secretary of the LCSB shall submit an annual report to both sponsoring organizations summarizing any remaining or pending issues or should appear before the appropriate person at a regularly scheduled meeting.

Section VIII. Amendments or Revisions of the Essentials for Approval of Examining Boards in Medical Specialties

Amendments or revisions of the Essentials must be approved by AMCS, in accordance with its Bylaws, and the AMCS Council on Medical Education and House of Delegates. Those amendments or revisions which have been approved by two-thirds of the LCSB shall be transmitted by the Secretary to these parent groups for consideration and vote at their next regularly-scheduled meetings. Changes in the Essentials shall take effect on approval of the AMCS, the AMCS/CME and the AMA House of Delegates.

About American Board of Medical Specialties (ABMS®) (Continued)