



Fact Sheet

American Board of Medical Specialties (ABMS) and the ABMS Maintenance of Certification® (ABMS MOC®) Program

The American Board of Medical Specialties (ABMS), established in 1933, is a highly respected not-for-profit organization consisting of 24 Member Boards that certify physicians in over 150 medical specialties and subspecialties. ABMS and its Member Boards were created as a service for patients and health care professionals seeking to verify appropriate training, knowledge and credentials in specialty physicians.

Today, although there are approximately 200 other certifying medical boards, many are self-designated and do not require the rigorous standards, training, testing and continuous learning that are the hallmarks of Board Certification by an ABMS Member Board. Some important examples of how ABMS differs from other certification programs include:

- ABMS and its Member Boards focus on the interests of patients, maintaining their independence from the physicians they certify and from their medical specialty societies.
- Board Certification by an ABMS Member Board is widely recognized in health care as the industry standard for assessment of a physician's knowledge, experience and skills within a medical specialty. The Joint Commission (TJC), National Committee for Quality Assurance (NCQA), health care institutions, insurers, government, physicians and patients all use Board Certification status by an ABMS Member Board as an essential tool to assess physician credentials within a given medical specialty.
- Board Certification by an ABMS Member Board is an extensive, voluntary training and assessment process. It requires demonstration of knowledge and skills in a chosen specialty/ subspecialty beyond what is required to become a licensed physician. Physicians who are Board Certified by an ABMS Member Board have:
 - Earned a medical degree (MD, DO or other credential approved by the Member Board).
 - Completed a residency in training program accredited by the Accreditation Council for Graduate Medical Education (ACGME), which requires three to five years of training depending on the specialty. This requirement emphasizes the requirement set forth by ABMS that rigorous training must be a prerequisite for Board Certification, and not just performing well on a test.
 - Provided letters of attestation from the residency training program director and/or faculty.
 - Earned a license to practice medicine in at least one U.S. state, territory or Canada.
 - Passed periodic and rigorous written and, in many cases, oral exams.
 - Met other ABMS Member Board-specific qualifications.



- Only Board Certification by an ABMS Member Board enables the ABMS Maintenance of Certification® (ABMS MOC®) program, which requires physicians to participate in lifelong learning, ongoing assessment and improvement of physician practice performance and patient outcomes, and provides the systems and tools to take physician standards and accountability to increasingly higher levels.

There have been many studies done which found that physicians who are Board Certified by an ABMS Member Board deliver higher quality care and have better patient care outcomes than physicians who are not Board Certified. Some of these include:

- Chen J, Rathore SS, Wang Y, Radford MJ, Krumholz HM. Physician board certification and the care and outcomes of elderly patients with acute myocardial infarction. *J Gen Intern Med.* 2006;21:238-44. *(Heart attack patients treated by a board certified physician receive higher quality care.)*
- Hass JS, Orav EJ, Goldman L. The relationship between physicians' qualifications and experience and the adequacy of prenatal care and low birthweight. *Am J Public Health* 1995;85:1087-1091. *(Pregnant women under the care of a board certified physician are more likely to receive the recommended number of prenatal visits and have a low birthweight infant.)*
- Norcini JJ, Lipner, RS, Kimball HR. Certifying examination performance and patient outcomes following acute myocardial infarction. *Med Educ.* 2002;36:853-59. *(Patients treated for a heart attack by a board certified physician have a lower mortality rate.)*
- Pearce WH, Parker MA, Feinglass J, Ujiki M, Manheim LM. The importance of surgeon volume and training in outcomes for vascular surgical procedures. *J Vasc Surg* 1999;29:768-776. *(Board certified surgeons are associated with better patient outcomes.)*
- Prystowsky JB. Patient outcomes for segmental colon resection according to surgeon's training, certification, and experience. *Surgery.* 2002;132:663-670. *(Patients undergoing a colon resection by a board certified surgeon have a reduced illness and mortality rate.)*
- Ramsey PG, Carline JD, Inui TS, Larson EB, LoGerfo JP, Wenrich MD. Predictive validity of certification by the American Board of Internal Medicine. *Ann Intern Med.* 1989;110:719-26. *(ABIM-certified physicians score higher on the written exam than those who are non-certified, while the clinical skills of certified internists are rated higher than non-certified professional associates.)*



- Silber JH, Kennedy SK, Even-Shoshan O, et al. Anesthesiologist board certification and patient outcomes. *Anesthesiology* 2002;96:1044-1052. (Non-board certified anesthesiologists have worse patient outcomes.)

About the ABMS MOC Program

- Nearly 800,000 physicians are Board Certified by an ABMS Member Board. Currently, over 375,000 physicians have met the requirements or are engaged in ABMS MOC program activities, a nearly 20% increase over the past year.
- The ABMS MOC program is the most extensive of its kind. Rather than the traditional recertification process, which relies on the demonstration of competency via periodic tests or the accumulation of credits at educational meetings, the ABMS MOC program is an active process of assessment and continuous professional development that requires participants to keep pace and demonstrate ongoing competency with advances in the field of medicine throughout their entire careers.
- The ABMS MOC program assures that a participating physician is committed to lifelong learning and ongoing self-assessment in six areas of competency:
 - Professionalism
 - Patient Care and Procedural Skills
 - Medical Knowledge
 - Practice-based Learning and Improvement
 - Interpersonal and Communication Skills
 - Systems-based Practice

While measurement of these competencies varies according to the medical specialty, it is carried out by all Member Boards using a four-part process that is designed to keep certification continuous:

- Part I: Licensure and Professional Standing
(including an unrestricted license to practice medicine)
 - Part II: Lifelong Learning and Self-Assessment
 - Part III: Cognitive Expertise
 - Part IV: Practice Performance Assessment
- Practice performance assessment involves real-world evaluation of clinical practice and quality improvement. Quality of care is assessed compared to peers and national benchmarks. Furthermore, a quality improvement project must be implemented and measured to assess improvement – a process that, by its very nature, calls for continuous improvement for the benefit of patients, practices and the health care industry.



- The ABMS MOC program is comprehensive and also includes evaluation of physician communication skills and professionalism, both of great importance to patient care.
- A fundamental difference between traditional recertification and the ABMS MOC program was described in a 2004 article published in *The Journal of Continuing Education in The Health Professions*. The article emphasized the difference between competency (“know how”), which is the core requirement of recertification, and performance (“show how”), the additional MOC program component, which measures what physicians *do* in professional practice. The article described the MOC program as a “dramatic shift” in how graduate medical education, specialty certification and recertification are being conducted.

The ABMS MOC program, an evidence-based, multi-modal, comprehensive program, was adopted by ABMS in 1999. Early data demonstrate the link between the ABMS MOC program and improved clinical performance by physicians and quality outcomes:

- Fremont AM, Cleary PD, Hargraves JL, Rowe RM, Jacobson NB, Ayanian JZ. Patient-centered processes of care and long-term outcomes of myocardial infarction. *J of Gen Intern Med*. 2001;16:800-08. (*Heart attack patients who are properly educated about their condition prior to being discharged from the hospital are more likely to have positive long-term outcomes.*)
- Holmboe ES, Lipner R, Greiner A. Assessing quality of care: knowledge matters. *JAMA*, 2008;299(3):338-340. (*Physicians who score well on the certification exam provide better quality care.*)
- Holmboe ES, Wang Y, Meehan TP, et al. Association between maintenance of certification examination scores and quality of care for Medicare beneficiaries. *Arch Intern Med*. 2008;168(13):1396-1403. (*A physician’s cognitive skills, which are measured by a Maintenance of Certification exam, are associated with higher quality care for Medicare patients.*)
- Jamtvedt G, Young JM, Kristoffersen DT, O’Brien MA, Oxman AD. Audit and feedback: effects on professional practice and health care outcomes (Cochrane review). *The Cochrane Library* 2008, Issue 4. (*Audit and feedback, which enables health care professionals to be evaluated on their practice, can be effective in improving professional practice.*)
- Mazmanian PE, Davis DA. Continuing medical education and the physician as learner: guide to the evidence. *JAMA*. 2002;288:1057-60. (*Physicians who more frequently participate in a Continuing Medical Education activity are more likely to score higher on the American Board of Surgery’s Recertification Examination.*)



- Pham HH, Schrag D, Hargraves JL, Bach PB. Delivery of preventive services to older adults by primary care physicians. *JAMA* 2005;294:473-481. *(Physicians who are board certified in their primary specialty are more likely to deliver preventive services.)*
- Sequist T D, Schneider EC, Anastario M, Odigie EG, Marshall R, Rogers WH, Safran DG. Quality monitoring of physicians linking patients' experiences of care to clinical quality and outcomes. *J Gen Intern Med* 2008;23(11):1784-90. *(Physicians with good interactions and care coordination at the practice level are more likely to provide preventive care and disease management to patients.)*
- Simpkins J, Divine G, Wang M, Holmboe ES, Pladevall M, Williams LK. Improving asthma care through recertification: a cluster randomized trial. *Arch Intern Med*. 2007;167:2240-8. *(An asthma patient is more likely to have a better outcome if treated by a physician who is board certified by the American Board of Internal Medicine and successfully completes an asthma-specific practice improvement module.)*
- Turchin A, Shubina M, Chodos AH, Einbinder JS, Pendergrass ML. Effect of board certification on antihypertensive treatment intensification in patients with diabetes mellitus. *Circulation* 2008; 117:623-28. *(Physicians' performance decreases with time since their last board certification, which supports the current policy of mandatory regular recertification.)*
- In 2011, ABMS launched www.CertificationMatters.org, a patient-friendly website which allows patients to check for free if their doctor is Board Certified by an ABMS Member Board. It is designed specifically for the public and is aimed at presenting them with a one-stop, easy-to-use resource where they can also learn about what Board Certification means, why it's important to quality care and why "Certification Matters" to their health. The public can also receive physician verification information by calling the toll-free ABMS Certification Verification Service at 1-866-ASK-ABMS (1-866-275-2267).
- The 24 Member Boards that make up the ABMS Board Enterprise include the: American Board of Allergy and Immunology, American Board of Anesthesiology, American Board of Colon and Rectal Surgery, American Board of Dermatology, American Board of Emergency Medicine, American Board of Family Medicine, American Board of Internal Medicine, American Board of Medical Genetics, American Board of Neurological Surgery, American Board of Nuclear Medicine, American Board of Obstetrics and Gynecology, American Board of Ophthalmology, American Board of Orthopaedic Surgery, American Board of Otolaryngology, American Board of Pathology, American Board of Pediatrics, American Board of Physical Medicine and Rehabilitation, American Board of Plastic Surgery, American Board of Preventive Medicine, American Board of Psychiatry and Neurology, American Board of Radiology, American Board of Surgery, American Board of Thoracic Surgery and American Board of Urology.

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