



## **Fact Sheet**

### **American Board of Medical Specialties (ABMS) and ABMS Maintenance of Certification® (ABMS MOC®)**

The American Board of Medical Specialties (ABMS) is a highly respected, 76-year-old not-for-profit organization consisting of 24 Member Boards that certify physicians in 147 medical specialties and subspecialties. ABMS and its Member Boards were created as a public service that would enable patients to determine whether their physicians were appropriately trained and knowledgeable in their specialties.

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

- With their focus on the interests of patients, ABMS and its Member Boards maintain their independence from the physicians they certify and from their medical specialty societies.
- Certification by an ABMS Member Board is widely recognized as the highest healthcare 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), healthcare institutions, insurers, physicians and patients use ABMS Member Board certification status as an essential tool to assess physician credentials within a given medical specialty.
- Certification by an ABMS Member Board is an extensive, voluntary training and assessment process that 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 one or more of the 24 ABMS Member Boards have:
  - Earned a medical degree (M.D., D.O. or other credential approved by the Member Board)
  - Completed a residency in a 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 ABMS recognition 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 ABMS Member Board certification enables Maintenance of Certification® (ABMS MOC®), which requires physician participation 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 that show how 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.
- 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.
- Norcini JJ, Lipner, RS, Kimball HR. Certifying examination performance and patient outcomes following acute myocardial infarction. *Med Educ.* 2002;36:853-59.
- 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.
- Prystowsky JB. Patient outcomes for segmental colon resection according to surgeon's training, certification, and experience. *Surgery.* 2002;132:663-670.
- 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.
- Silber JH, Kennedy SK, Even-Shoshan O, et al. Anesthesiologist board certification and patient outcomes. *Anesthesiology* 2002;96:1044-1052.

**ABMS MOC®, an evidence-based, multi-modal, comprehensive program, was adopted by the ABMS in 1999. Early data demonstrate the link between ABMS MOC® 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.
- Holmboe ES, Lipner R, Greiner A. Assessing quality of care: knowledge matters. *JAMA,* 2008;299(3):338-340.
- 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.



- 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.
- Mazmanian PE, Davis DA. Continuing medical education and the physician as learner: guide to the evidence. JAMA. 2002;288:1057-60.
- Pham HH, Schrag D, Hargraves JL, Bach PB. Delivery of preventive services to older adults by primary care physicians. JAMA 2005;294:473-481.
- 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.
- 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.
- Turchin A, Shubina M, Chodos AH, Einbinder JS, Pendergrass ML. Effect of board certification on antihypertensive treatment intensification in in patients with diabetes mellitus. Circulation 2008; 117:623-28.

### **About ABMS MOC**

- Over 750,000 physicians hold certificates from ABMS Member Boards (according to the most current 2010 data). Currently, approximately 300,000 physicians have met the requirements or are engaged in ABMS MOC® activities.
- ABMS MOC® is the most extensive program of its kind. Rather than the traditional recertification process, which relies on the demonstration of competency via methods such as periodic tests or the accumulation of credits at educational meetings, MOC® 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.
- ABMS MOC® assures that a participating physician is committed to lifelong learning and ongoing self-assessment in six areas of competency:
  - Patient care
  - Medical knowledge
  - Practice-based learning and improvement
  - Interpersonal and communications skills
  - Professionalism
  - 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.



## American Board of Medical Specialties

Higher standards. Better care.®

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- The four-part MOC process comprises: professional standing, including an unrestricted license to practice medicine; lifelong learning and self-assessment; demonstrated cognitive expertise; and 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 healthcare industry.
- As a comprehensive program ABMS MOC also includes evaluation of physician communication skills and professionalism, both of great importance to patient care.
- A fundamental difference between traditional recertification and ABMS MOC 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 component, which measures what physicians *do* in professional practice. The article described MOC as a “dramatic shift” in how graduate medical education, specialty certification and recertification are being conducted.
- For more information about the American Board of Medical Specialties and MOC, a complete list of specialties and subspecialties ABMS Member Boards certify, or to check the board certification status of an individual physician, visit the ABMS Web site at [www.abms.org](http://www.abms.org) or call toll-free, 1-866-ASK-ABMS.
- The 24 Member Boards that make up the ABMS Board Enterprise include: 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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